

JICA Workshop on 5S- KAIZEN-TQM for Quality Improvement in health sector

27 January 2022
13 : 00-14:30 EAT
10:00-11:30 GMT
19:00-20:30 JST

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Program

- 1 Background and purpose of the Workshop
- 2 Opening remarks
- 3 Basic concept and the purpose of 5S-KAIZEN-TQM
- 4 Sharing experience of implementing 5S-KAIZEN-TQM in Tanzania for quality improvement of health services
- 5 Comments on 5S-KAIZEN-TQM implementation
- 6 Discussion and Q&A
- 7 Wrap up
- 8 Closing remarks

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1. Background and purpose of the Workshop

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Background and purpose of the Workshop

Background:

- Universal Health Coverage (UHC) - all individuals and communities should have access to quality essential health services without suffering financial hardship - one of the targets committed at SDGs in 2015
- Quality of health services need to accompany when improving access to the services

Purpose:

- To share the concept of 5S-KAIZEN-TQM in health sector and experience of implementing 5S-KAIZEN-TQM for quality improvement

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2. Opening remark

Dr. Aifelo Sichalwe, Chief Medical Officer

Ministry of Health, Community
Development, Gender, Elderly and Children,
United Republic of Tanzania

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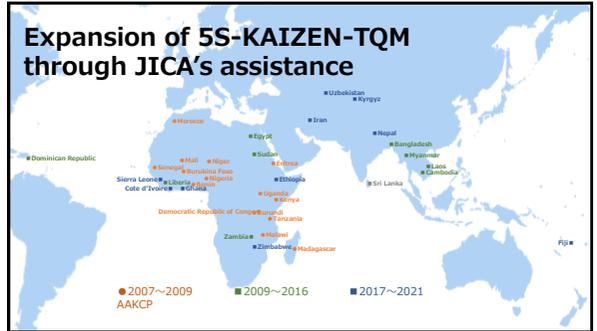
3. Basic concept and purpose of 5S-KAIZEN-TQM

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Brief History of 5S-KAIZEN-TQM approach

- “KAIZEN” originated in manufacturing sector and adapted by health sector for improving **safety** and **quality**
 - **5 million deaths – poor quality care**
 - **10% of hospital expenditure – correcting preventable medical mistakes**
- JICA developed “5S-KAIZEN-TQM” approach to reduce these incidences that are preventable

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5S-KAIZEN-TQM is

- **5S** = Sort, Set, Shine, Standardise and Sustain
- **KAIZEN** = “change for the better” or improvement in Japanese
- **TQM** = Total Quality Management, the overall optimisation of the production/service provision system of the health facility

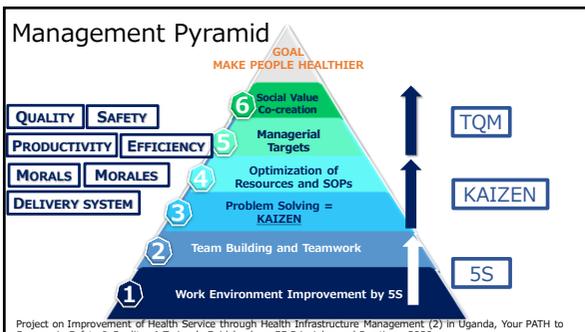
• A **Stepwise Quality Improvement** Approach

Tanzania MOHCDGEC, Implementation Guideline on 5S-KAIZEN-TQM Approach in Tanzania: The path to Total Quality Managed Hospital 4th edition, 2019

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Achievements through 5S-KAIZEN-TQM

Improving

- Work environment
- Cleanliness
- Waiting time of clients
- Efficient use of medical supplies
- Waste management
- Culture of quality improvement development
- Overall hospital performance

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3. Basic concept and purpose of 5S-KAIZEN-TQM
 -5S-KAIZEN-TQM as a useful QI tool under the threat of COVID-19 pandemic

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In times of COVID-19 and other infectious diseases

- COVID-19 has posed threat to health system and there have been too many human tolls
- 5S-KAIZEN-TQM can contribute to Infection Prevention Control through optimising the space with limited resources
 - 5S – clean and efficient facilities
 - KAIZEN – Improvised PPE and necessary items
 - TQM – optimise organisation as a whole

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Case **		Description: Institut de Santé - KAYEN SOA/FACILITATION	
		Date of implementation: 2020	
		The improvement: 5S-KAIZEN	
Before KAIZEN			
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SITUATION BEFORE: Purchasing of soap and disinfectant for hospital use, defined government procedure

What was done: Interboard Over-booking and disinfectant distribution

Description of the situation after: Reduced cost, improved availability of soap and disinfectant, less improved IPC practices

Benefits achieved through KAIZEN:

- Reduce cost
- Improve patient safety
- Improve staff satisfaction

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4. Sharing experience of implementing 5S-KAIZEN-TQM in Tanzania

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Presenters

- Mr. Lusajo Ndagile
Assistant Director Policy and Planning, Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC)
- Dr. Caroline Mayengo
Assistant Director Curatives Services, MoHCDGEC
- Mr. Joel Fares
Health Secretary, Centre for Educational Development in Health, Arusha (CEDHA)

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Mr. Lusajo Ndagile,
Assistant Director Policy and Planning
Ministry of Health, Community Development,
Gender, Elderly and Children

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5S-KAIZEN-TQM FOR QUALITY IMPROVEMENT IMPLEMENTATION AT THE MINISTRY OF HEALTH

Workshop on 5S-KAIZEN-TQM for Quality Improvement in
Health Sector

Presentation by: Lusajo E. Ndagile
Assistant Director Policy and Planning

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CONTENT

- Background
- 5S-KAIZEN-TQM in the National Policy documents
- Expanding 5S-KAIZEN-TQM in the country
- Achievements
- Way forward and advice to other countries

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BACKGROUND

- First Team of Tanzanians participated Asia Africa Knowledge Co-creation Program on 5S-KAIZEN training in Japan and Sri Lanka in 2007
- Pilot Project started in August 2007 at Mbeya Zonal Referral Hospital
- Outcome and impact of 5S activities were recognized and the approach was officially adopted by MoH
- National Rollout of the 5S followed and 1st Training of Trainers was conducted in 2008

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POLICY DOCUMENTS

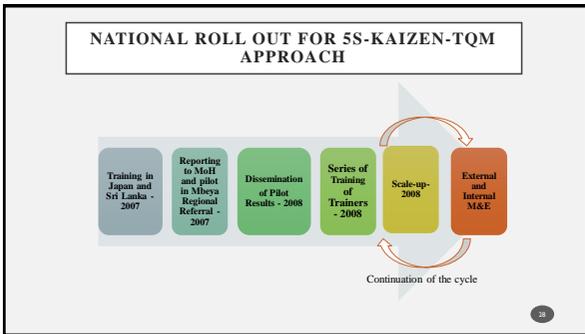
- **National Health Policy 2007**
Policy Statement: The Government to strengthen, monitor and evaluate health system in response to quality of health services with efficiency and in accordance with the required standards
- **Sustainable Development Goals # 3**
Main Targets: Universal health coverage, Maternal Mortality, Child mortality among others
- **Health Sector Strategic Plan V (2021 - 2026)**
Focus on improving quality of care through health system-level improvements.

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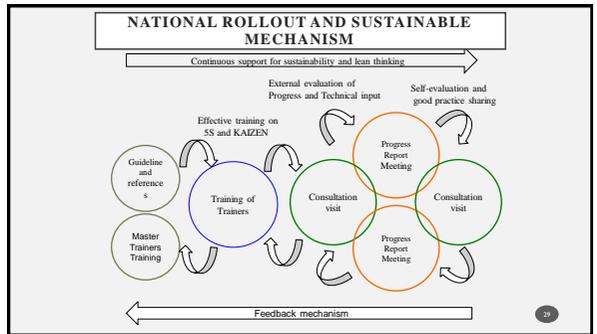
POLICY DOCUMENTS

- **5S-KAIZEN-TQM approach implementation aligned with the National Policy statements and developed;**
 - ✓ Implementation guideline for 5S-KAIZEN-TQM approach in Tanzania 1st to 4th edition
 - ✓ KAIZEN Handbook
 - ✓ Tanzania Quality Improvement Framework 2011 - 2016
 - ✓ National Quality Improvement Strategic Plan 2013 - 2018
 - ✓ QI implementation structure is established at health facilities based on the TQIF

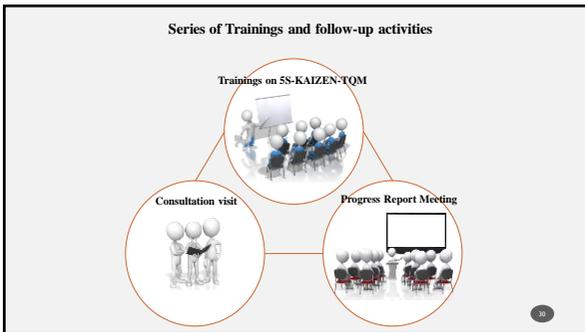
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ACHIEVEMENTS

- 67 Hospitals (National, Zonal, Regional Referrals), 396 health workers were directly trained by JICA between 2008 to 2014
- 12,766 health workers were trained on 5S-KAIZEN through in-house training in those 67 Hospitals.
- 168 health managers from 28 RRHs were trained on KAIZEN since 2015 to date
- 5S-KAIZEN-TQM approach was adopted as an effective approach for commodity management and disseminated to district health facilities in 10 regions. 3055 workers were trained between 2016-2017

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WAY FORWARD

- MoH to continue strengthening establishments and functionality Quality Improvement Units (QIU), Quality Improvement Teams (QIT) and Working Improvement Teams (WITs) at the hospitals to implement 5S-KAIZEN-TQM activities
- Continue providing support in staff, equipment, infrastructures and guidelines
- Collect and share performance and progress reports through Monitoring and Evaluation tools
- Presentations of performance reports in the Joint Review Meetings for information sharing and improvement

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THANK YOU FOR LISTENING

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**Dr. Caroline Mayengo,
Assistant Director Curatives Services
Ministry of Health, Community Development,
Gender, Elderly and Children**

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**Implementation
of
5S-KAIZEN-TQM for Quality
Improvement in Tanzania**

Workshop on 5S-KAIZEN-TQM for Quality Improvement
in
Health Sector
January 2022

Prepared by: Dr Caroline Damian Mayengo
Assistant Director, Directorate of Curative Services

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Contents

- Background
- Position of 5S-KAIZEN-TQM approach within the hospital's policy on quality improvement
- Expansion of 5S-KAIZEN-TQM in hospital and it's achievements
- Lessons learned
- Way forward and advice to other hospitals

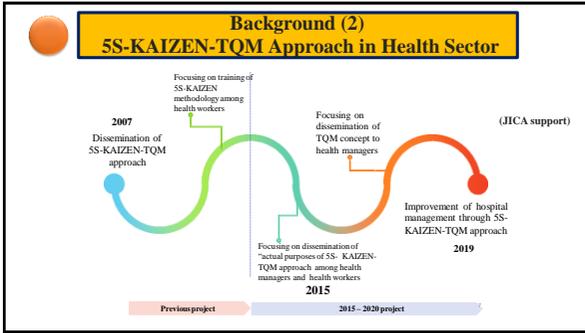
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**Background (1)
5S-KAIZEN-TQM Concepts**

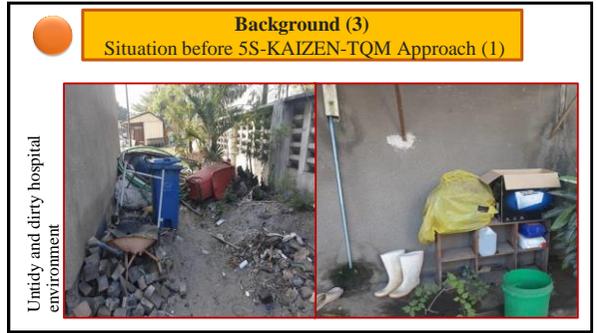
- Total Quality Management (TQM) is a **multi-disciplinary and participatory processes** with continuity by all categories of staff for realizing high quality services and organizational optimization.....
- The improvement of organizational management, quality and safety can be achieved by **continuous problem solving process**

A philosophy of **improving working environment** with focus on productivity, safety, mistake proofing, cost reduction, space utilization and communication

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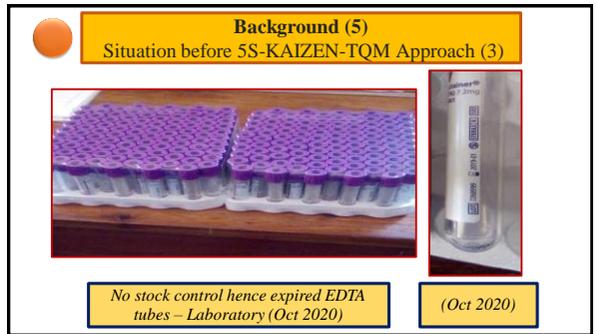
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5S-KAIZEN-TQM approach position within the hospital's policy on quality improvement

- 5S-KAIZEN-TQM Approach has continued to be implemented as a foundation for all other quality improvement approaches at health facilities (HFs)
- All HFs have QI structure with QAU/QUI/QITs dealing with 5S-KAIZEN-TQM in quality improvement and safety issues in their daily line of activities
- Each QAU/QUI/QITs has a specific allocated staff for coordinating 5S-KAIZEN-TQM

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Activities on expanding 5S-KAIZEN-TQM

These include:-

- Establishment of QITs/QUI and WITs
- Continuous training of 5S-KAIZEN to all staff
- Continuous M&E of 5S-KAIZEN activities
- Work on gaps identified and report
- Sharing of best practices within and outside the Hospitals
- Prepare and reports implementation on Quarterly and Annual basis (with HMTs / MoH)
- Continue with recognitions and awards

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Achievements of 5S-KAIZEN-TQM

- I. **Attractive environment** - The work environment improved for easy service delivery
- II. **Increased staff motivation and morale** at work
- III. **Improved customer satisfaction**
- IV. **Promotes team work** -Interdepartmental communication increased facilitating patient flow and treatment
- V. **Improved safety** for our staff and patients/ clients
- VI. **Increased Productivity**, waiting time for services was reduced from 45 min to 15min
- VII. **Cost reduction and Revenue collection increase**
 - Use of bin liners procurement
 - 169 millions to 3millions/months (MZRH)
 - 23mil to 14 million on monthly basis (MNH)
 - Reduction of re-sterilization cycles per day
 - 1077 Cycles to13 cycles) per day
 - Liquid soap/ Sanitizer/ Utilities/ (Still under analysis)

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CASE 1 • Improvement of work environment - Ward Sub-Store (MNH)

Before



Disorganized cabinets hence reduced productivity, safety and time wasting

After



Well organized store for easy identification, increase productivity and comfort of HCWs

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CASE 2 • Organized cleaning material which improves safety and productivity as per IPC SOPs at Maternity Block (MNH)

Before



Safety and productivity affected by mixing up the cleaning material

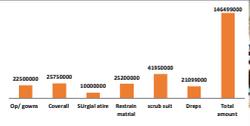
After



Safety and productivity is improved by organising cleaning material in categories according to function based on colour coded

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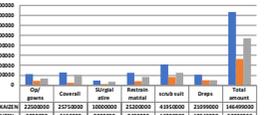
CASE 3 • Cost reduction • Increased productivity



Item	Before	After
Op/ gowns	22500000	19000000
Coverall	25750000	11000000
Stingul suite	10000000	2800000
Reserve material	21000000	7000000
scrub suit	41950000	21090000
Drugs	21090000	18000000
Total amount	164100000	98000000



Description of the situation before initiating of tailoring business unit , the Hospital spent a lot of money for buying attires like scrub suits , gowns , drapes and head covers



Item	Before	After
Op/ gowns	22500000	19000000
Coverall	25750000	11000000
Stingul suite	10000000	2800000
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scrub suit	41950000	21090000
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Total amount	164100000	98000000

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CASE 4 • Improved treatment outcome • Improved quality of life



Description of the situation before:

- Burn patients were ended with scar hypertrophy
- Increased contractures
- Long term disability
- Patients were admitted for Contracture release Surgery

Kaizen: Use of pressure garment

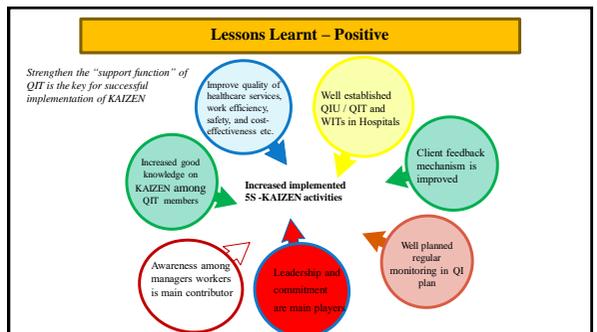




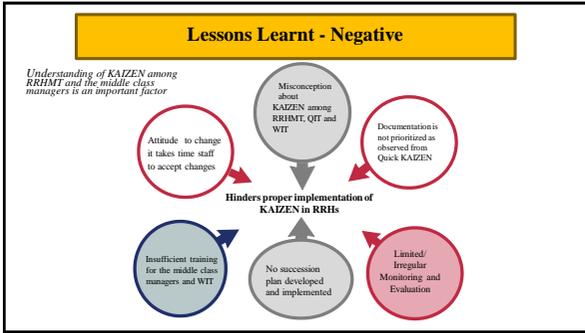
Description of the situation after:

- Increased comfort ability
- Good body range of motion
- Decreased itching
- Minimized risk for contractures
- Good body shape and images
- Reduction of unnecessary operations

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- Way forward (1)**
- For new comers (1)**
- Declare the implementation of 5S-KAIZEN- TQM Approach
 - Conduct the trainings on 5S-KAIZEN- TQM Approach
 - Adopt / use of 5S-KAIZEN - TQM Approach guideline to establish the QIU/ QIT and WITs
 - Develop or adopt M&E tools
 - Establish showcase for 5S-KAIZEN activities
 - Implement 5S-KAIZEN activities

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- Way forward (2)**
- For new comers (2)**
- Monitor implementation of 5S-KAIZEN activities
 - Share best practices within and outside the Hospitals
 - Prepare reports – Quarterly and Annual – share with HMTs / MoH
 - Establish recognitions and awarding system
 - Establishment of KAIZEN/5S/ Quality Day

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- Way forward (3)**
- For Implementers**
- Continue with : -
 - Trainings on 5S-KAIZEN- TQM Approach
 - Implementation of 5S-KAIZEN activities
 - Monitoring implementation of 5S-KAIZEN activities
 - Sharing of best practices within and outside the Hospitals
 - Preparation of reports – Quarterly and Annual – share with HMTs / MoH
 - Recognitions and awards
 - KAIZEN/5S/ Quality Day for part-time QIT members

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Mr. Joel Fares,
Health Secretary, Centre for Educational
Development in Health, Arusha (CEDHA)

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CENTRE FOR EDUCATIONAL DEVELOPMENT IN HEALTH ARUSHA

**WORKSHOP ON 5S-KAIZEN-TQM FOR
QUALITY IMPROVEMENT IN HEALTH
SECTOR**

27TH JANUARY 2022

Presented by Joel F.M
CEDHA

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CENTRE FOR EDUCATIONAL DEVELOPMENT IN HEALTH ARUSHA

BACKGROUND

- It is one of the 8 ZHRC, responsible for the Northern zone.
- Major Partner of JICA Technical Assistance for Regional Referral Hospital Management Project (RRHMP)
 - Development of Training Materials BHMT and Quality Improvement Training (BHM & QI Training)
 - Pre testing of BHMT training materials
- CEDHA was the first institution to pilot Basic Hospital Management and Quality Improvement Training under supervision of Ministry and the RRHMP.

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CENTRE FOR EDUCATIONAL DEVELOPMENT IN HEALTH ARUSHA

COURSE PACKAGE

Course Name: Basic Hospital Management and Quality Improvement Training

Course Time: 2 Weeks

Modules: 5

1st Week: General Basic Hospital Management

1. Understanding of Regional Referral Hospital Setting
2. Basic Management
3. Human Resource for Health Management
4. Basic Financial, Logistic and Information Management

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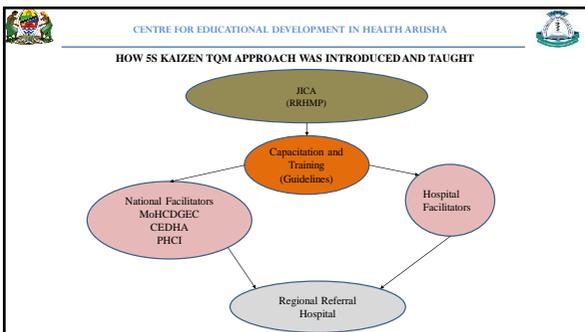
CENTRE FOR EDUCATIONAL DEVELOPMENT IN HEALTH ARUSHA

COURSE PACKAGE CONT..

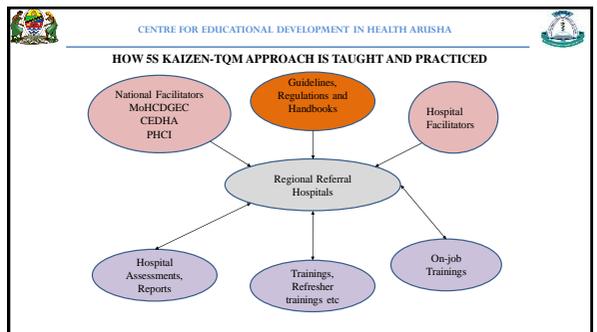
2nd Week: Quality Improvement through 5S KAIZEN TQM Approach

1. 5S approach & Tools & Implementation in Tanzania
2. Useful Tools for Effective 5S activities in Tanzania
3. 5S-KAIZEN TQM
4. 5S- Practical Session
5. KAIZEN STEPS 1-7 (Each Step done individually as session)
6. M&E Kaizen Concept
7. M&E KAIZEN activities –ISS & EHPA
8. Field Practice & Feedback (Visit to Teaching Regional Referral Hospital)

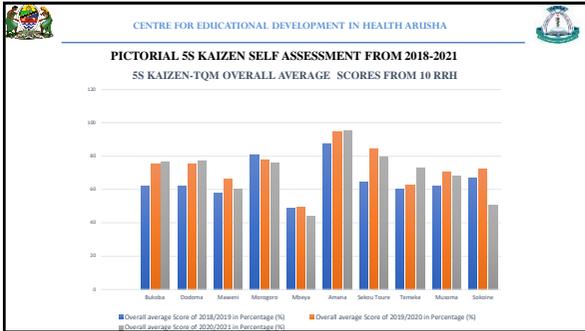
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CENTRE FOR EDUCATIONAL DEVELOPMENT IN HEALTH ARUSHA

WAY FORWARD

To establish CEDHA as National Centre of Excellence in Quality Improvement (QI) in Health Sector

How?

- Strengthening capacities of CEDHA and PHCI facilitators in Quality Improvement aspect and Management
- Negotiate with MoH to incorporate of CEDHA and PHCI team in assessment of Hospital activities such as EHPA since there is no involvement
- Review and Tailor the QI and Management training to accommodate not only Regional Referral Hospitals but Regional Management, District Hospitals and other low level Health facilities
- Involvement of CEDHA and PHCI with the Ministry – RRHU, on the follow up/ conduct Supportive Supervision to determine practicability and application of Quality Improvement in the Hospitals

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CENTRE FOR EDUCATIONAL DEVELOPMENT IN HEALTH ARUSHA

OPPORTUNITIES FOR OTHER COUNTRIES

- The International Basic Hospital Management and Quality Improvement through 5S KAIZEN-TQM
- The training will be conducted twice a year (this also will depend also with training participants request)
- Accessible and easy admission procedure (Contact will be provide if needed that is email and telephone number)
- Educational tourism and culture intelligence

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CENTRE FOR EDUCATIONAL DEVELOPMENT IN HEALTH ARUSHA

THANK YOU FOR LISTENING

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Lessons learned from past experiences

Leadership	Goal	Model	Teamwork
Nurture leadership at every level to lead the way for QI and support the staff	Understand the ultimate goal of improving quality of health services continuously	Invest in a model hospital or department to showcase their own good practices	Everyone needs to be involved and teamwork to be strengthened

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Lessons learned from past experiences

Visualize	Data	Stockpile knowledge	Think
Visualize outcome of 5S-KAIZEN-TQM activities to share lessons learned with others and for recognition	Use of data from studies on the impact of implementing 5S-KAIZEN-TQM approach to persuade those who are not willing to cooperate	Involve those who do not transfer, so the skills and knowledge stay in the facility	Provide opportunity for personnel involved to think for themselves

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Lessons learned from past experiences

Realistic	Time	Involve	Be positive
Set realistic goals, when developing action plan for 5S-KAIZEN activities. Remember to start small and steady continuation is important	Understand that QI activities to produce results and QI culture to be developed take long time, so be patient	Involve community people in QI activities to receive feedback on the quality	Have positive mindset in implementing QI activities

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5. Comments from other countries

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Comments from other countries

- **Prof. Naglaa El-sherbiny**, Vice Dean for Community Services, Faculty of Medicine, Fayoum University, TCTP Course Director, Egypt
- **Dr. Mary E. Ashinyo**, Deputy Director, Institutional Care Division, Ghana Health Service (GHS), Responsible for Quality Assurance of the GHS, Ghana
- **Dr. Owen Musopole**, Quality Management Directorate, Ministry of Health, Malawi
- **Dr. Sophie Namasopo-Oleja**, Director, Kabale Hospital, Uganda
- **Mr. Musiwarwo Chirume**, Director Quality Assurance and Improvement, Ministry of Health & Child Care, Zimbabwe

1. **Current 5S-KAIZEN-TQM implementation and way forward**
2. **How and what did your country learn from experience of Tanzania?**

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Prof. Naglaa El-sherbiny
Vice Dean for Community Services, Faculty of Medicine, Fayoum University, TCTP Course Director, Egypt

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Date	Courses	Participants
2009-2008	Suez Canal university hosted a course for Sudan	•21 countries, 251 ex-participants
2009-2012	Fayoum University hosted the training program "TCTP/TQM for health care facilities in African Countries"	•Rwanda, Cameroon, DRC, Eritria, Ethiopia, Ghana, Kenya, Liberia, Malawi, Mauritania, Mauritius, Namibia, Rwanda, Sierra Leone, Somalia, South Sudan, Sudan, Tanzania, Uganda, Zambia and Zimbabwe.
2011-2015	"TQM for health care facilities in African Countries"	
2017-2019	"Management of health care facilities in African countries"	
2020-2022	"Improvement of hospital services with quality and safety for Africa"	

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Dr. Mary E. Ashinyo
Deputy Director, Institutional Care Division, Ghana Health Service (GHS), Responsible for Quality Assurance of the GHS, Ghana

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Introducing KAIZEN Ghana's Experience

Dr. Mary E. Ashinyo

Quality & KAIZEN Lead
Ghana Health Service, Ghana.
27th January 2022.

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Introduction	<ul style="list-style-type: none"> Ghana began discussions on KAIZEN in 2019 and began pilot in January 2020 Currently pilot of 5S ongoing in 3 facilities Prior to this, Ghana was implementing KAIZEN in industry sector- clothing 	Lessons	<ul style="list-style-type: none"> Leadership commitment is key Pilot facilities need support for S4 & S5 Staff satisfaction and morale has improved High demand for KAIZEN introduction COVID -19 outbreak was a missed opportunity to use 5S-KAIZEN tools for safety
Strategies	<ul style="list-style-type: none"> Guidelines for quality management governance Capacity building Supportive supervision Learning platforms: KAIZEN Network, KAIZEN Managers Forum 	Challenges	<ul style="list-style-type: none"> KAIZEN is applicable at all levels of healthcare facilities Helpful to introduce quantitative measures with 5S High staff turn-over Procurement challenges with logistics for 5S-Tools COVID-19 disrupted project plans
Results	<ul style="list-style-type: none"> Improved workflow Increased health worker job satisfaction Foster team spirit in multi-disciplinary groups Improve quality and safety Efficiency : reduction of waste 	Next steps	<ul style="list-style-type: none"> Continue 5S implementation in pilot sites Strengthen S4 & S5 in pilot sites Continue supportive supervision New KAIZEN project: Develop training manuals for KAIZEN and train pilot facilities on KAIZEN

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Dr. Owen Musopole
Quality Management Directorate, Ministry of Health, Malawi

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Sharing experiences from Malawi

Dr Owen Musopole
Ministry of Health
Malawi

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In 2016, MoH QMD started working together with JICA to champion 5-Kaizen Activities in Malawi

- Knowledge and skills of 5S-KAIZEN activities at the QMD and Health facilities have improved.
- The 5S manual, including the KAIZEN component, is revised.
- KAIZEN Benchmark Hospitals are established as the basis for expanding KAIZEN nationwide.
- Reporting mechanisms for sharing lessons learned from 5S-KAIZEN activities have been strengthened.
- Facilities have functional QIST & WITS
- JICA experts have been very helpful
- 5S is the entry point for QI model for Malawi
- 4 benchmark sites for Kaizen



Challenges

- System challenges –Staff attrition
- Leadership interest to support 5S Kaizen activities
- QIST/WITS motivation
- Covid 19 brought in a lot of disruptions

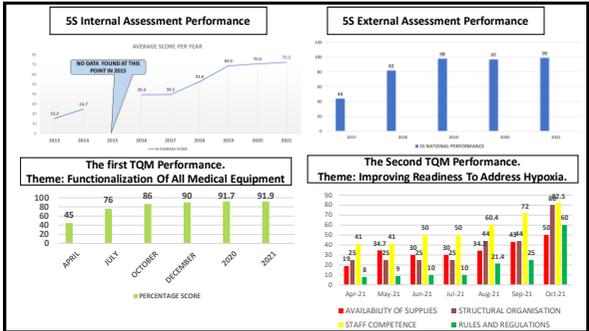
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Dr. Sophie Namasopo-Oleja
Director, Kabale Hospital, Uganda

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**5S-CQI-TQM PERFORMANCE AT
KABALE REGIONAL REFERRAL HOSPITAL
Dr. Namasopo-Oleja
Uganda**

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**Mr. Musiwarwo Chirume
Director Quality Assurance and Improvement,
Ministry of Health & Child Care, Zimbabwe**

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5S-KAIZEN-TQM ZIM PROJECT

Presentation

By

Musiwarwo Chirume
Director Quality Assurance and Improvement
Ministry of Health and Child Care
Zimbabwe

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Presentation Overview

- Background
- How 5S-KAIZEN-TQM approach is positioned within the country's policy on quality improvement
- Activities on expanding 5S-KAIZEN-TQM in the country and achievements
- Lessons learned
- Way forward in your country and advice to other countries

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Background

- Zimbabwe is one of the countries facing a myriad challenges outside a warzone
- Provision of quality services is almost impossible
- Massive brain drain left skeleton critical professionals with remaining workforce demotivated and just hanging in
- QA/QI activities were adopted to ameliorate the effect of the challenges, maximizing on the available resources
- To date 4/6 central, all 8 provincial, 12/63 district hospitals and 132/ 1503 clinics have been enrolled
- Underperforming facilities based on Results based financing program that uses quality checklists for scoring are now prioritized for enrolment

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Quality Improvement Policy

- National Quality Assurance and Quality Improvement Policy was launched in July 2015,
- Its vision was to be anchored on nurturing of a work ethic that fosters a culture of always aspiring to exceed expectations
- But how? National Quality Assurance and Quality Improvement Strategy (2016-2020) outlined the three tier QA/QI of implementation:
 - 5S- will mainly focus on priming the environment and workers for quality
 - KAIZEN-to define a systematic way of identifying and solving problems
 - TQM- to optimize and synchronize performance of all work areas ultimately achieving world class service provision
- A 5S-KAIZEN-TQM manual for training staff has been developed to ensure uniformity of implementation. This manual is generic, covering all ministry professionals, programs and work areas

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Expanding 5S-KAIZEN-TQM

- The Zimbabwe strategy is to train top tier facilities first who would cascade the training to facilities under their jurisdiction.
- Now all provincial hospitals, who oversee district and clinics in their provinces have been trained. The next steps are:
 - to identify and train district hospitals whose management shows commitment to quality
 - Identify and train provincial quality focal persons
 - Identify and train pilot district quality focal persons who will also help introduce the concept to other districts, supporting the provincial and head office teams
 - The district teams cascade the concepts to clinics and clinic staff ultimately to community workers
 - Establish and capacitate Quality committees at the provincial and district level to initiate and sustain quality implementation

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Lessons learned

- There is internal desire to do good in many employees
- Poor implementation can be attributed to limited knowledge and few champions/ success stories on 5s-Kaizen-TQM in healthcare
- Visuals makes training and information assimilation easy
- Top management support and training programs are mainly non-existent- simply there are no quality management systems
- Powerful cultures and communities of practice need to be cautiously navigated
- The culture of quality needs to be natured over time and should be everyone's business
- Sustenance and scalability should be incorporated in the design

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Way Forward

- Cascading the 5S-Kaizen-TQM concept ministry wide, maximizing on gains made by facilities and individuals that were early adopters by:
 - moving them to the next level
 - incorporate them in training new entries
 - continual training and mentorship
 - peer exchange visits
 - documentation of best practices and experience sharing symposiums
- Developing quality improvement SOPS for training, document control, communication, management of gaps, auditing etc in line with TQM requirements
- Developing, measuring and high level tracking of quality indicators

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Advice to Peers

- The quality team/champions need to be exemplary
- Results are a reflection of the systems in place; establish the system necessary to achieve results
- Systems should motivate staff to take pride in achieving results = systems should not be anchored on the punitives
- Quality will not improve much by increasing measurements frequencies without action

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6. Discussion Question and Answers

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7. Wrap up

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Request for feedback

<https://forms.office.com/r/xbvnCUR7vR>

Deadline: 4th February 2022

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8. Closing Remark

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Thank you for your participation!

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