



**Ministry of Health and Child Care  
Directorate of Quality Assurance  
and Patient Safety**

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**GOOD PRACTICE BOOKLET  
ON 5S AND QUICK KAIZEN FOR  
HEALTH FACILITIES IN ZIMBABWE**

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**March 2026**



# Good Practice Booklet for Health Facilities in Zimbabwe

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## List of Abbreviations

CCU	Cardiac Care Unit
CH	Central Hospital
DMO	District Medical Officer
FCH	Family and Child Health
HEM	Hospital Equipment Maintenance
HMT	Hospital Management Team
HOD	Heads of Department
HR	Human Resource
ICU	Intensive Care Unit
ICT	Information and Communication Technology
IPC	Infection Prevention and Control
JICA	Japan International Cooperation Agency
M&E	Monitoring and Evaluation
MOHCC	Ministry of Health and Child Care
OIC	Opportunistic Infections Clinic
OPD	Outpatient Department
PH	Provincial Hospital
PHE	Provincial Health Executive
PMD	Provincial Medical Director
PQIT	Provincial Quality Improvement Team
QAPS	Quality Assurance and Patient Safety (Directorate)
QC	Quality Control
QI	Quality Improvement
QIT	Quality Improvement Team
QM	Quality Management
SOP	Standard Operating Procedure
TQM	Total Quality Management
WIT	Work Improvement Team

## Introduction

### Purpose and scope of the booklet

The 5S-KAIZEN-TQM Approach was introduced in Zimbabwe in 2016, and an increasing number of health facilities are implementing it to create safer, more efficient workplaces and improve daily processes. Across health facilities and health offices, numerous good practices have been identified that have demonstrably addressed issues in day-to-day work. Learning from these practices can help health workers and officers strengthen workplace organisation, reduce waste, improve safety, and enhance service quality.

This booklet, “Good Practice Booklet for Health Facilities in Zimbabwe” (the “booklet”), compiles good practices of **5S** and **Quick KAIZEN** activities from Central and Provincial Hospitals as well as PMD offices under the Project for Quality Improvement of Health Service through 5S-Kaizen-TQM Approach (the Project), which is in collaboration with Japan International Cooperation Agency.

These good practices were selected by Quality Assurance and Patient Safety Directorate, Ministry of Health and Child Care based on the following criteria:

#### [Inclusion criterion]

- 5S and Quick KAIZEN activities implemented with clear objectives for improvements, resulting in practical benefits

#### [Exclusion criterion]

- Activities that required substantial financial resources or long-term interventions

Each case is intended to be easy to understand, describing the background such as challenges before, actions taken to address the challenges, improved situation after the actions, and key lessons learned.

The purpose of this booklet is to:

- Share the successful cases of 5S and Quick KAIZEN;
- Learn how to address identified issues using 5S and Quick KAIZEN;
- Support the implementation of 5S and Quick KAIZEN for the improvement in working environment and service provision through getting ideas from the cases;
- Encourage learning culture; and
- Strengthen a culture of quality improvement and patient safety.



## Who the booklet is for

This booklet is intended for:

- All staff working in health facilities, including hospital management team (HMT), heads of departments (HODs), and frontline workers;
- Staff in organizations that supervise and support health facilities (e.g., PMD offices, DMO offices);
- Anyone who aims to improve quality of health services and patient safety; and
- Anyone interested in 5S-KAIZEN-TQM Approach.

## When to use the booklet: typical situations

The good practices in this booklet are categorized into 13 categories for health facilities and six categories for PMD offices. The booklet is designed to help users identify good practices that are applicable to own situation, needs, and local context by referring to the categories along with the descriptions as showing below.

### For Health Facilities

Category	Description
1. Management of Document Accessibility	Practices to organise and standardise documents to improve accessibility (e.g., patient records, files, registers, and departmental SOPs).
2. Management of Medicines and Medical Consumables	Practices to store and manage medicines and medical consumables to improve accessibility, safety, and stock management (e.g., the 3F concept, minimum/maximum stock levels, prevention of expired items).
3. Preparedness for emergency situations	Practices to ensure medicines, medical consumables, medical equipment, etc, are ready for emergency situations (e.g., emergency trolleys, emergency kits).
4. Management of Medical Equipment	Practices to manage medical equipment from use to disposal at both department and facility levels (e.g., storage, organization, regular inspection and maintenance, and disposal).
5. Effective Utilization of Workspace	Practices to improve the working environment through sorting, rearranging, and organizing items.
6. Safety	Practices to reduce potential safety risks for patients and/or staff (e.g., safe use of vials, look-alike medicines, near-miss reporting, patient identification).
7. Infection Prevention and Control (IPC)	Practices to strengthen infection prevention and control (e.g., hand hygiene, waste segregation, management of cleaning equipment and linens).
8. Facility Maintenance	Practices to identify and address physical hazards of facility (e.g., exposed wiring, leaking pipes, and poorly maintained hospital grounds).

Category	Description
9. Communication with Patients/Relatives	Practices to enhance information sharing and communication with patients and their relatives in an Outpatient Department (OPD) or inpatient ward. (e.g., client feedback systems, to improve patient-centeredness and service provision.)
10. Communication among Staff	Practices to enhance information sharing and communication among staff. (e.g., staff feedback systems.)
11. Staff Education	Practices to contribute to increasing staff knowledge.
12. Morale/Teamwork	Practices to encourage staff morale and strengthen teamwork at both department and facility levels.
13. Others	Practices not categorized above.

#### For PMD Offices

Category	Description
1. Management of Document Accessibility	Practices to organise and standardise documents to improve accessibility (e.g., a standardised filing system, staff records, payslip).
2. Management of Office Items	Practices to organise office items to create safer and more functional working environments.
3. Management of Obsolete Items	Practices to involve the removal of obsolete items.
4. Communication among the Staff	Practices to enhance information sharing and communication among staff.
5. Morale/Teamwork	Practices to encourage staff morale and strengthen teamwork at both department and facility levels.
6. Others	Practices not categorized above.

### About 5S and Quick KAIZEN

#### What is 5S?

5S is a methodology for organizing, cleaning, developing, and sustaining a productive and safe work environment. 5S activities can assist hospital staff to improve productivity/efficiency, quality, and safety in healthcare service provision through work environment improvement.

Originally, 5S was introduced to the Japanese manufacturing sector to improve physical working environments. 5S is derived from five actions; SEIRI, SEITON, SEISO, SEIKETSU, and SHITSUKE in Japanese, and translated into English, French, and other languages.

Table 1: Brief explanation of each “S”

5S	Japanese	English	Explanation
S1	SEIRI	Sort	Removing unnecessary items that are not needed for the current work flow and working environment
S2	SEITON	Set	Arranging necessary items considering efficiency and effectiveness of work and movement, safety, ergonomics, cost-optimization, and so on.
S3	SEISO	Shine	Cleaning up one’s workplace daily considering IPC, beautification and ensuring that all the tools, machines, and equipment in work place are ready for use.
S4	SEIKETSU	Standardize	Establishing the same/uniform way of implementation of S1-S3 activities to maintain appropriate level of working environment and flow
S5	SHITSUKE	Sustain	Maintaining the highest level of S1-S4 as well as motivation and commitment to the practice of 5S activities among staff

First, S1 (Sort), S2 (Set in order), and S3 (Shine) are practised. Next, these activities should be standardized across the department and/or facility as S4 (Standardize), so that all staff implement S1 to S3 in the same way to establish a well-organised workplace. Finally, S5 (Sustain) is practised to maintain momentum and ensure the continued implementation of the standardised 5S activities, as illustrated in Figure 1 below.

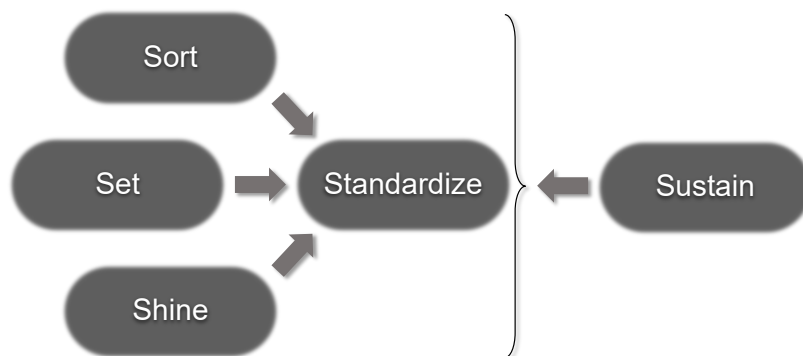


Figure 1: Conceptual framework of 5S activity

5S is not merely about beautification; it should instead emphasise the benefits of the activities, such as improved safety, effectiveness, Patient-centeredness, Timeliness, Efficiency and Equity, while reducing **Muri** (overburden), **Mura** (unevenness), **Muda** (wastefulness), errors/mistakes/ and potential risks.

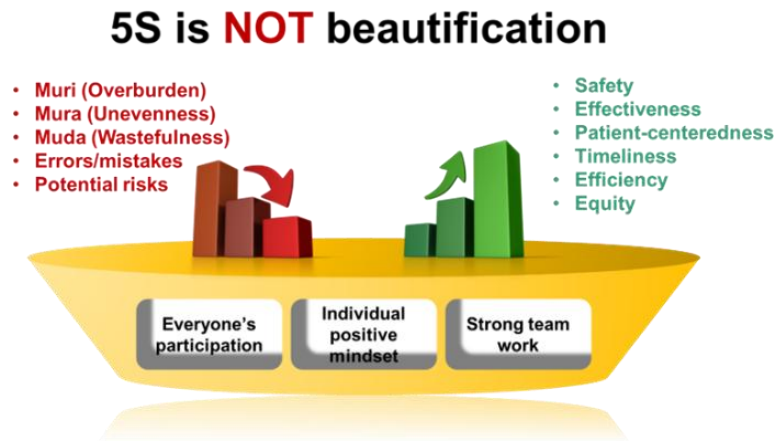


Figure 2: Example of benefits of 5S activities

## What is KAIZEN?

“KAIZEN” is a problem-solving process that leads to continuous improvement of work processes and management, aiming at optimizing departmental operations and ultimately achieve a Total Quality Managed Organization. The implementation of KAIZEN focuses on consistently creating value for both external and internal customers. Therefore, KAIZEN is a fundamental component of Quality Improvement (QI) in organizational management.

There are two types of KAIZEN methodologies: Quick KAIZEN and KAIZEN with Quality Control (QC) Story. Quick KAIZEN is usually applied to non-complicated or simple issues which are not composed of numerous factors, while KAIZEN with QC Story is for more complicated issues.

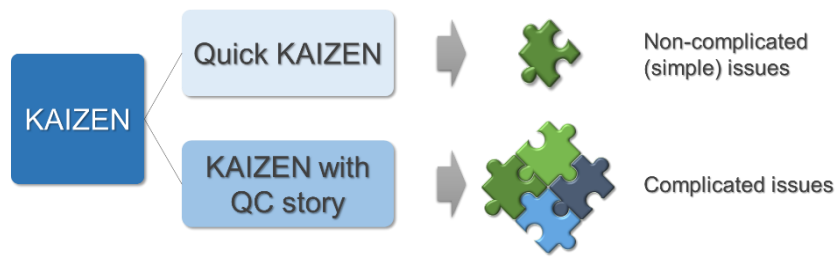


Figure 3: Two types of KAIZEN activities

For Quick KAIZEN, an improvement activity that can be implemented within a short period of time and effects can be seen immediately. It requires very little investments, in terms of time consumed, costs as available resources are used, and human resources. Examples of benefits of Quick KAIZEN are shown:

- It can improve work environment and healthcare services rapidly
- It can help frontline staff to grow own confidence by repeatedly small successful experiences
- It can cultivate positive mindset among staff

With regular practice of Quick KAIZEN, non-complicated (simple) issues will be gradually addressed. As a result, complex, time-consuming, and costly issues will become apparent. To address these, KAIZEN with QC Story can be applied to solve/reduce complicated issues and prevents their recurrence. Please refer to the “National Operational Guideline of 5S-KAIZEN-TQM Approach for Improvement of Quality and Patient Safety in Healthcare Services, Zimbabwe (2<sup>nd</sup> Edition)” for details of KAIZEN with QC story.

### **5S and Quick KAIZEN for Safety**

Everyone makes mistakes, as acknowledged in the saying, “To err is human.” Particularly, services at a healthcare facility (clinical care and treatment) involve risks, and negative incidents may easily occur.

Patient safety is defined as “the absence of preventable **harm to a patient** and reduction of risk of unnecessary harm associated with health care to an acceptable minimum. One of the

factors that can lead to harm to a patient during healthcare delivery is **medical error**. Medical errors can be attributed to the following factors:

- Patient factor and provider factors
- Task factors
- Technology and tool factors
- Team factors
- **Environmental factors: Physical space (movement flow), Layout (look-alike, sound-alike), Lighting, Noise**
- Organizational factors

Among these, environmental factors can be most effectively mitigated through the implementation of **5S** and **Quick KAIZEN**. Therefore, it is necessary to review workplaces by checking environmental factors related to medical errors and to apply/update 5S and Quick KAIZEN activities accordingly.

To eliminate errors, clinical risk management should be implemented to improve the quality and safety of healthcare services by identifying potential hazards that put patients at risk of harm and then acting to prevent or control those risks. This process is summarised as an “On-the-Job Safety Environment Activity” as described in the “Manual for On-the-Job Safe Environment Activity” (MOHCC, 2025). It is highly recommended that the On-the-Job Safe Environment Activity be implemented regularly in various settings, such as hospital rounds, internal monitoring and evaluation, meetings, and induction or orientation sessions for new employees, to enhance safety awareness and foster an organisational safety culture.

### **Achievements of 5S and Quick KAIZEN Activities in Central and Provincial Hospitals**

Good practice sheets have been introduced as a standardized format to document the implementation of 5S and Quick KAIZEN at the target hospitals and PMD offices of the Project. Each sheet includes the challenge(s) in the “before” situation, the actions taken, and the

achievements in the “after” situation, supported by photos to help readers easily understand the improvements. The documentation of good practices is recommended for the following reasons:

- Recording evidence of the improvements
- Reporting practices to the Quality Improvement Team (QIT) and other relevant bodies
- Sharing experiences to promote mutual learning
- Utilizing the records for staff education (e.g., induction training)
- Utilizing the records for internal recognition and staff motivation
- Strengthening good record-keeping habits among staff

Central and provincial hospitals have reported their good practices to the Project. The total number of good practice sheets collected during 2025 was 300, and they were classified into the following seven categories:

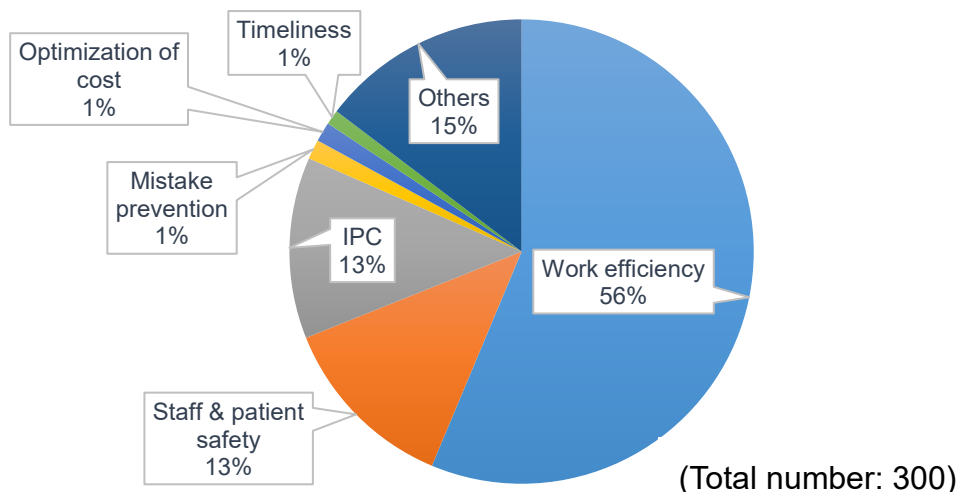


Figure 4: Good Practices Reported by Central and Provincial Hospitals in 2025

Although the achievements of the activities differ, typical achievements of the activities are “Work efficiency/productivity”, followed by “Staff and patient safety”, and “IPC”. While number of shared good practices related to “Staff and patient safety” remain limited, it has been

increasing, particularly in the latter half of 2025. It is therefore anticipated that further good practices in this area will be generated going forward.



## List of Good Practices

### Health Facilities

		Categories	Areas/Departments
1. Management of Document Accessibility	1.1	Patient Record Filing System	Health Information
	1.2	Patient Note Management	Inpatient ward
	1.3	Patient Note Management	Inpatient ward
	1.4	Registers and Files Management	Inpatient ward
	1.5	Stock Management of Patient Record Format	Store
	1.6	Filing of Departmental SOPs	Inpatient ward
	1.7	File Management	Laboratory
	1.8	Patient Notes Management	Outpatient
2. Management of Medicines and Medical Consumables	2.1	Arrangement of Medicines and Medical Consumables	Inpatient ward
	2.2	Stock Management of Medical Consumables	Outpatient
	2.3	Medications in the Refrigerator	Inpatient ward
	2.4	Medications for Inpatients	Inpatient ward
	2.5	Stock Management for the Medicines in the Emergency Trolley	Inpatient ward
	2.6	Pharmacy Ward Rounds	Pharmacy
3. Preparedness for Emergency Situations	3.1	Emergency Trolley	Inpatient ward
	3.2	Emergency Kits	Inpatient ward
	3.3	Resuscitation Area	Inpatient ward
	3.4	Resuscitation Bed	Inpatient ward
	3.5	Identification of Empty Tanks	Casualty
4. Management of Medical Equipment and Furniture	4.1	Visualised Status of Equipment	Laboratory
	4.2	Wheelchair Parking	Inpatient ward
	4.3	Departmental Regular Check of Medical Equipment	Inpatient ward
	4.4	Maintenance Information	HEM
	4.5	Arrangement of Collected Equipment in the HEM	HEM
	4.6	Management of Repair Parts	HEM
	4.7	Disposal of Obsolete Equipment	HEM
	4.8	Toilet Area Organization	Mortuary
	4.9	Reuse of the Equipment	HEM
5. Effective Utilization of Workspace	5.1	Removing Unnecessary Items	Rehabilitation
	5.2	Space Utilization and Accessibility of Items	Outpatient
	5.3	Sorting of Items at a Department	Outpatient
	5.4	Files and Environment Organization	Outpatient
	5.5	Rearrangement of Furniture and Items	Outpatient
	5.6	Organization of Equipment and Patient Flow	Rehabilitation
	5.7	Organization of Office Items	Mortuary
6. Safety	6.1	Infant Falls Prevention with Cot Rails	Inpatient ward
	6.2	Management of Multidose Vials	Inpatient ward
	6.3	Fluid Warming	Casualty
	6.4	Medications for Inpatients	Inpatient ward

Categories			Areas/Departments
	6.5	Safety Agreement with Dialysis Patients	Renal
	6.6	Reporting Near Miss Incidents	Inpatient ward
	6.7	Information on Medication Administration	Pharmacy
	6.8	Look-alike Medicines	Pharmacy
	6.9	Improved Patient Identification in Mortuary Fridge	Mortuary
7. IPC	7.1	Protective Isolation Practices	Inpatient ward
	7.2	Handwashing Reservoir	Inpatient ward
	7.3	Storage Place for Fluids for IPC	Inpatient ward
	7.4	A Box for Urine Bag Storage	Inpatient ward
	7.5	Storage of Gowns	Theatre
	7.6	Waste Bins for Segregation	Inpatient ward
	7.7	Visual Aids for Proper Waste Segregation	Inpatient ward
	7.8	Indication of Type of Wastes	Inpatient ward
	7.9	Storage of Cleaning Materials	Inpatient ward
	7.10	Laundry Trolley	Laundry
8. Facility Maintenance	8.1	Potential Hazard (Electric Wires)	Inpatient ward
	8.2	Potential Hazard (Steam Supply Restoration)	Food services
	8.3	Potential Hazard (Patient Bed Mattress)	Inpatient ward
	8.4	Grounds Clearing	Grounds
9. Communication with Patients/Relatives	9.1	Patient Triage Flowchart	Outpatient
	9.2	Triage at Waiting Area	Casualty
	9.3	Communication with Relatives	Inpatient ward
	9.4	Duty Board	Inpatient ward
	9.5	Identification of Patients' Relatives	Inpatient ward
	9.6	Personalizing Patient Identity in the CCU	Inpatient ward
	9.7	Reducing Anxiety for ICU Patients	Inpatient ward
	9.8	Confidential Feedback Box for Relatives	Inpatient ward
	9.9	Improved Customer Feedback Collection	Theatre
	9.10	Digital Feedback Collection	Inpatient ward
	9.11	Complaint Tracking and Action Log	Inpatient ward
10. Communication among Staff	10.1	Information Sharing using Colour Coding	Outpatient
	10.2	Staff Idea Collection	Inpatient ward
	10.3	Pending Investigations Booth	Inpatient ward
11. Staff Education	11.1	Orientation Plan and Training Plan	Inpatient ward
	11.2	An Educational Game	Inpatient ward
	11.3	SOP Acknowledgement Form	Pharmacy
12. Morale/Teamwork	12.1	Recognition and Engagement Activities	Outpatient
	12.2	Monthly Best-Performance Recognition	Theatre
13. Others	13.1	Key Management	Casualty
	13.2	Utilization of the Indicator	Outpatient

## Ministry of Health Offices

Categories			Areas/Departments
1. Management of Document Accessibility	1.1	File Management	QAPS Directorate Office
	1.2	A standardised filing system	Registry-Records
	1.3	Storage of Staff Records	Registry-Records
	1.4	Organized Active Files System	PMD reception
	1.5	Payslip Management	Human Resource (HR)
	1.6	Filing Management	HR
2. Management of Office Items	2.1	Office Organization	Admin and Finance
	2.2	Management of Information and Communication Technology (ICT) Tools	ICT Office
	2.3	Cable Management	ICT Office
3. Management of Obsolete Items	3.1	Space Creation by Disposal	Environmental Health storeroom
	3.2	Removing Unnecessary Items for Staff Safety	Environmental Health storeroom
4. Communication among the Staff	4.1	Staff Feedback Mechanisms	PMD reception
	4.2	5S Corner	ICT Office
5. Morale/Teamwork	5.1	Recognition	Record
6. Others	6.1	Incident reporting within the PMD office	All departments
	6.2	Dashboard for Indicators	Several departments



## **Good Practices in Health Facilities**

## **1. Management of Document Accessibility**


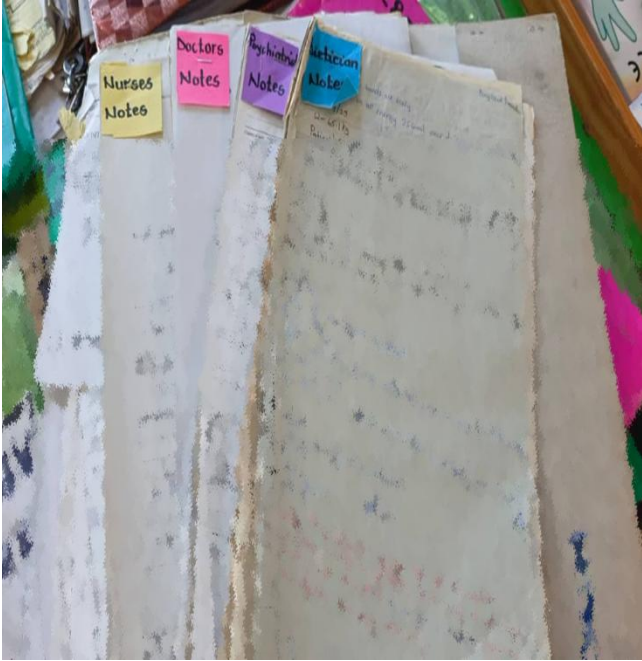
In healthcare setting, where highly sensitive personal information including the information related to their treatment histories is handled, the documents must be managed appropriately. If adequate access to information is not ensured, it may affect even the patients' physical condition. When implementing activities related to "Management of Document Accessibility," it is beneficial to consider the following points:

- Clear rules for document management are established, shared among staff, and consistently followed.
- There are no unnecessary documents or items, and the space is utilized efficiently and kept well organized.
- Cleanliness is well maintained.
- The document organization system is easy for anyone to understand, with effective use of visual controls (e.g., color-coding).
- A document register (e.g., file list) is available, updated, and supported by an index where necessary to facilitate document retrieval.
- Necessary files and required documents within each file can be located, taken out, and returned quickly (e.g., within 10 seconds), in line with the "Can See, Can Take Out, Can Return" principle.
- If 5S tools are used, they are used effectively in line with their intended purpose.
- The system is maintained in a cost-effective manner (i.e., no excessive costs are incurred).

### 1.1. Patient Record Filing System


Theme of Improvement		Improving retrieval of patient records		Department	Health Information
BEFORE		ACTIONS taken to address the challenges		AFTER	
		<ul style="list-style-type: none"> <li>Categorized and prioritized files by using folders and tags for numbering.</li> </ul>			
<b>Description of challenges hindering service provision</b> <ul style="list-style-type: none"> <li>Difficulty locating patient records quickly.</li> <li>Increased risk of losing documents.</li> <li>Time-consuming filing and retrieval.</li> </ul>				<b>Description of achievements in service provision</b> <ul style="list-style-type: none"> <li>Patient records easily located.</li> <li>Reduced risk of losing documents.</li> <li>Less time taken for filing and retrieval of documents.</li> </ul>	
<b>Achievement through 5S/Quick KAIZEN</b>					
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction		<input type="checkbox"/> Staff safety <input checked="" type="checkbox"/> Patient safety		<input checked="" type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	
				<input type="checkbox"/> Others (     )	

## 1.2. Patient Note Management

Theme of Improvement	Improving organization of patients' notes	Department	Inpatient ward
BEFORE		ACTIONS taken to address the challenges	
	<ul style="list-style-type: none"> <li>Classified the patients notes into different categories (e.g., Doctor's notes, Nurses notes, Psychologist notes and Dietician notes).</li> <li>Use of 5s tools (e.g., tagging, color coding).</li> </ul>		
<b>Description of challenges hindering service provision</b>		<b>Description of achievements in service provision</b>	
<ul style="list-style-type: none"> <li>Disordered patients' notes.</li> <li>Took extra time to find the necessary patients' notes.</li> <li>Increased risk of missing some of the patients' notes.</li> <li>Difficulty in tracking patients' progress.</li> </ul>		<ul style="list-style-type: none"> <li>Patients' notes are now well organized.</li> <li>Reduced the time to find the necessary patients' notes.</li> <li>Reduced the risk of missing patients' notes.</li> <li>Improved patient care and safety.</li> </ul>	
<b>Achievement through 5S/Quick KAIZEN</b>			
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input checked="" type="checkbox"/> Patient safety	<input type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input checked="" type="checkbox"/> Others (Timeliness)




### 1.3. Patient Note Management


<b>Theme of Improvement</b>	Improving the management of patient notes using colour coding by specialty	<b>Department</b>	Inpatient ward
<b>BEFORE / Description of challenges hindering service provision</b>	<b>AFTER</b>		
<ul style="list-style-type: none"> <li>• Patient notes were not clearly differentiated by specialty, causing confusion and delays.</li> </ul>			
<b>ACTIONS</b> taken to address the challenges			
<ul style="list-style-type: none"> <li>• Introduced a color-coding system for patient notes by specialty (e.g., Orthopaedics, General Surgery, Urology, ENT).</li> <li>• Created and displayed a clear “Key for Patient Notes” to guide staff.</li> </ul>	<p style="text-align: center;"><b>Description of achievements in service provision</b></p> <ul style="list-style-type: none"> <li>• Staff can easily identify which notes belong to which specialty using colour coding.</li> <li>• Easier retrieval and filing of patient notes.</li> <li>• Reduced misfiling and improved organization of patient notes.</li> </ul>		
<b>Achievement through 5S/Quick KAIZEN</b>			
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input type="checkbox"/> Patient safety	<input checked="" type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input type="checkbox"/> Others (            )



### 1.4. Registers and Files Management

<b>Theme of Improvement</b>	Standardizing files and registers storage for easy retrieval	<b>Department</b>	Inpatient ward
<b>BEFORE / Description of challenges hindering service provision</b>		<b>AFTER</b>	
<ul style="list-style-type: none"> <li>Registers/files were not systematically arranged, making it difficult to locate specific documents.</li> </ul>			
<b>ACTIONS</b> taken to address the challenges		<b>Description of achievements in service provision</b>	
<ul style="list-style-type: none"> <li>Files and registers were labelled and numbered clearly for quick identification.</li> <li>Posted a list of registers and files on the cabinet for easy reference.</li> </ul>	<ul style="list-style-type: none"> <li>Reduced time spent searching for documents.</li> <li>“Can see, can take out, can return” principle has been achieved.</li> </ul>		
<b>Achievement through 5S/Quick KAIZEN</b>			
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input type="checkbox"/> Patient safety	<input checked="" type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input type="checkbox"/> Others (            )

1.5. Stock Management of Patient Record Format



Theme of Improvement	Improving forms availability and retrieval	Department	Store
<p><b>BEFORE / Description of challenges hindering service provision</b></p>	<b>AFTER</b>		
<ul style="list-style-type: none"> <li>Limited visibility of where each form was stored.</li> <li>No clear stock level guidance was available, leading to occasional stock-outs or overstocking.</li> </ul>			
<p><b>ACTIONS</b> taken to address the challenges</p>	<p style="text-align: center;"><b>Description of achievements in service provision</b></p> <ul style="list-style-type: none"> <li>Easy to retrieve using the clear labels and master index.</li> <li>Improved stock control.</li> </ul>		
<b>Achievement through 5S/Quick KAIZEN</b>			
<p><input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction</p>	<p><input type="checkbox"/> Staff safety <input type="checkbox"/> Patient safety</p>	<p><input type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients</p>	<p><input type="checkbox"/> Others ( )</p>

### 1.6. Filing of Departmental SOPs



Theme of Improvement	Easy access to departmental SOPs in a file	Department	Inpatient ward
<b>BEFORE / Description of challenges hindering service provision</b>	<b>AFTER</b>		
<ul style="list-style-type: none"> <li>Departmental SOPs were not accessible.</li> <li>Staff spent time searching for SOPs.</li> </ul>			
<b>ACTIONS</b> taken to address the challenges	<b>Description of achievements in service provision</b>		
<ul style="list-style-type: none"> <li>Compiled all departmental SOPs into a single file and organized them using numbering.</li> <li>Created a clear table of contents for quick reference.</li> <li>Reviewed and obtained approval for the SOP file.</li> </ul>	<ul style="list-style-type: none"> <li>Easy to access and retrieve quickly using the table of contents.</li> <li>Better reference for staff through a standardized SOP file.</li> </ul>		
<b>Achievement through 5S/Quick KAIZEN</b>			
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input checked="" type="checkbox"/> Staff safety <input checked="" type="checkbox"/> Patient safety	<input type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input checked="" type="checkbox"/> Others (Staff education)



## 1.7. File Management

Theme of Improvement	Filing system organization through 5S	Department	Laboratory
BEFORE		AFTER	
			
<p><b>Description of challenges hindering service provision</b></p> <ul style="list-style-type: none"> <li>Files were cluttered and not sorted, making retrieval difficult.</li> <li>Old and new receipt books and boxes were mixed, causing confusion and delays.</li> </ul>		<p><b>Description of achievements in service provision</b></p> <ul style="list-style-type: none"> <li>Files sorted, covered, numbered and labelled.</li> <li>Can easily identify missing files.</li> <li>Can easily retrieve files or books needed.</li> </ul>	
<b>Achievement through 5S/Quick KAIZEN</b>			
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input checked="" type="checkbox"/> Staff safety <input type="checkbox"/> Patient safety	<input checked="" type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input type="checkbox"/> Others (                    )

### 1.8. Patient Notes Management



Theme of Improvement	Patient waiting time is reduced		Department	Outpatient	
BEFORE		ACTIONS taken to address the challenges	AFTER		
		<ul style="list-style-type: none"> <li>Files were sorted, and introduced box system according to cohort.</li> <li>Taping was also applied.</li> </ul>			
<b>Description of challenges hindering service provision</b>		<b>Description of achievements in service provision</b>			
<ul style="list-style-type: none"> <li>Staff were taking time to identify files as it was not easy to understand which batch of the patient notes is for which cohort.</li> <li>As a result, it was delaying patients to be served.</li> </ul>		<ul style="list-style-type: none"> <li>Staff are now taking less time to identify files and patients were being served on time.</li> </ul>			
<b>Achievement through 5S/Quick KAIZEN</b>					
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input type="checkbox"/> Patient safety	<input type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input checked="" type="checkbox"/> Others (Staff morale, motivation and team work)		

## **2. Management of Medicines and Medical Consumables**

Proper management of medicines and medical consumables ensures timely access to required items and provides a foundation for the safe delivery of treatment and care for patients. It also supports cost optimization of stocks. When implementing activities related to “Management of Medicines and Medical Consumables,” it is beneficial to consider the following points:



- Designated storage locations for medicines and medical consumables are clearly defined.
- Appropriate arrangements are implemented to prevent mixing of medicines and medical consumables.
- Each medicine and medical consumable item can be easily located, and supporting measures (e.g., labeling/visual controls) are implemented.
- Error-prevention measures are implemented to reduce picking errors.
- For patient-prescribed medicines, patient identification is clear, and segregation is maintained to prevent mixing with other patients’ medicines.
- Standard stock levels are established and communicated to relevant personnel.
- Expiry-control measures are implemented and operate effectively.

## 2.1. Arrangement of Medicines and Medical Consumables

Theme of Improvement	Drug cupboard improvement	Department	Inpatient ward
<b>BEFORE</b>	<b>ACTIONS</b> taken to address the challenges	<b>AFTER</b>	
	<ul style="list-style-type: none"> <li>Sorted medicines and removed unnecessary/expired items.</li> <li>Fixed the area of each medicine and put clear label and zoning.</li> </ul>		
<b>Description of challenges hindering service provision</b>		<b>Description of achievements in service provision</b>	
<ul style="list-style-type: none"> <li>Drug cupboard storage was not organised, making it time-consuming to find medicines.</li> </ul>		<ul style="list-style-type: none"> <li>Medicines are easy to identify and retrieve quickly.</li> </ul>	
<b>Achievement through 5S/Quick KAIZEN</b>			
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input type="checkbox"/> Patient safety	<input type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input type="checkbox"/> Others (            )





## 2.2. Stock Management of Medical Consumables


Theme of Improvement		Drug cabinet arrangement is improved	Department	Outpatient
<b>BEFORE</b>		<b>ACTIONS</b> taken to address the challenges <ul style="list-style-type: none"> <li>• Reorganized the drug cabinet and assigned designated locations for each item.</li> <li>• Displayed the standard quantity for each box.</li> <li>• Color code was also used to define stock level.</li> <li>• Developed an ordering index “Using Rule” (Blue: Use, Yellow: Replenish), and displayed it on the side wall.</li> </ul>	<b>AFTER</b>	
				
<b>Description of challenges hindering service provision</b> <ul style="list-style-type: none"> <li>• Frequent stockouts of consumables.</li> <li>• Poor visibility of stock levels, making re-ordering inconsistent.</li> </ul>			<b>Description of achievements in service provision</b> <ul style="list-style-type: none"> <li>• Easily identify and retrieve quickly.</li> <li>• Reduced stockouts through timely ordering.</li> <li>• “Can see”, “can take out” and “can return” principle is in place.</li> </ul>	
<b>Achievement through 5S/Quick KAIZEN</b>				
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input type="checkbox"/> Patient safety	<input type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input type="checkbox"/> Others (                    )	





### 2.3. Medications in the Refrigerator

Theme of Improvement		Improved stock control and stock management		Department	Inpatient ward
BEFORE		ACTIONS taken to address the challenges		AFTER	
		<ul style="list-style-type: none"> <li>• Trained ward staff on 5S, ordering, storage, and stock control (with QIT and pharmacy support).</li> <li>• Organized and labelled medicines in the fridge.</li> <li>• Returned unopened vials for credit and redistributed excess stock.</li> <li>• Reintroduced stock cards with daily stock counts to prevent overstocking.</li> <li>• Implemented a fridge cleaning schedule with routine supervision/spot checks.</li> <li>• Standardized opening-date and expiry labelling.</li> </ul>			
<b>Description of challenges hindering service provision</b> <ul style="list-style-type: none"> <li>• Medicines in the fridge were overstocked and disorganized.</li> <li>• Expired/near-expiry medicines were present with no opening-date labels.</li> <li>• Missing/peeled labels increased the risk of wrong administration.</li> <li>• Dirty fridge increased contamination risk.</li> <li>• Damaged insulin pens posed needle-stick risk and wastage.</li> </ul>				<b>Description of achievements in service provision</b> <ul style="list-style-type: none"> <li>• Fridge is now organized, labelled, and stock levels are well controlled.</li> <li>• Reduced expiries, wastage, and risk of wrong medication administration.</li> <li>• Improved coordination between Pharmacy and the ward; excess stock redistributed to address shortages.</li> <li>• Improved patient safety and reduced costs through effective stock control.</li> </ul>	
<b>Achievement through 5S/Quick KAIZEN</b>					
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input checked="" type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input checked="" type="checkbox"/> Patient safety	<input checked="" type="checkbox"/> Communication among the staff (pharmacy) <input type="checkbox"/> Communication with patients	<input type="checkbox"/> Others ( )		

## 2.4. Medications for Inpatients

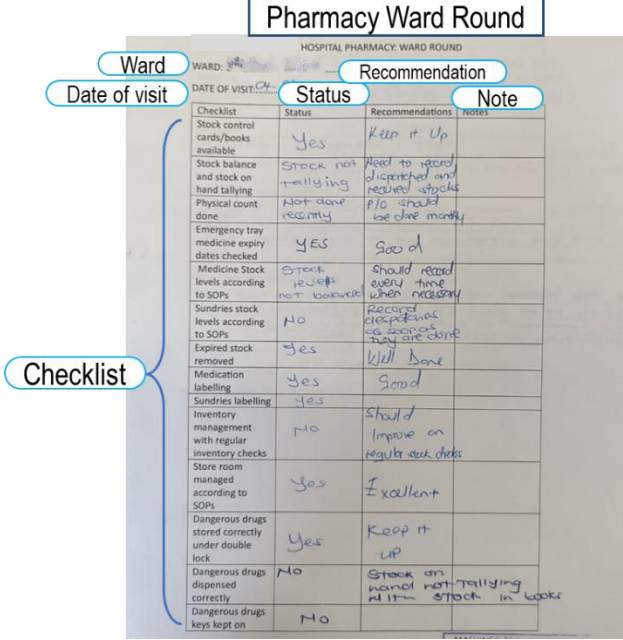
Theme of Improvement	Management of inpatient medicines is improved	Department	Inpatient ward
<b>BEFORE / Description of challenges hindering service provision</b>	<b>AFTER</b>		
<ul style="list-style-type: none"> <li>• Patient medications were being stored at patient bedsides.</li> <li>• Medication storage for each inpatient was not well organized, increasing a risk that treatment would not be administered as prescribed and undermining adherence.</li> </ul>			
<b>ACTIONS</b> taken to address the challenges	<b>Description of achievements in service provision</b>		
<ul style="list-style-type: none"> <li>• Separated medicines for each inpatient into individual boxes.</li> <li>• Labelled each box with the patient's bed number for clear identification.</li> <li>• Arranged the boxes systematically in the cabinet for easy retrieval.</li> </ul>	<ul style="list-style-type: none"> <li>• Safer medication retrieval and administration.</li> <li>• Easy retrieval of medication.</li> </ul>		
<b>Achievement through 5S/Quick KAIZEN</b>			
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input checked="" type="checkbox"/> Patient safety	<input checked="" type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input type="checkbox"/> Others (            )

## 2.5. Stock Management for the Medicines in the Emergency Trolley

<b>Theme of Improvement</b>	Management of emergency trolley medicines is improved.	<b>Department</b>	Inpatient ward
<b>BEFORE</b>		<b>AFTER</b>	
			
<p><b>Description of challenges hindering service provision</b></p> <ul style="list-style-type: none"> <li>The medicines labels were small and could cause confusion about which compartment was for each drug.</li> <li>Minimum and maximum stocks were not indicated prompting to over stocking and under stocking.</li> </ul>		<p><b>Description of achievements in service provision</b></p> <ul style="list-style-type: none"> <li>Well defined minimum and maximum stocks in place per each medicine, which helped in reducing over stocking and expiries.</li> </ul>	
<b>Achievement through 5S/Quick KAIZEN</b>			
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input checked="" type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input checked="" type="checkbox"/> Patient safety	<input type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input checked="" type="checkbox"/> Others (Service delivery)



## 2.6. Pharmacy Ward Rounds

Theme of Improvement	Management of medications in the wards is improved	Department	Pharmacy
<b>BEFORE / Description of challenges hindering service provision</b>	<b>AFTER</b>		
<ul style="list-style-type: none"> <li>Medication management in the wards depended largely on each ward's own management (e.g., stock control, expiry medications, emergency trolley, dangerous drugs, recording, regular self-check).</li> <li>As a result, medication management was inconsistent across wards, and inappropriate medication management was observed in some cases.</li> </ul>	<div style="text-align: center; border: 1px solid black; padding: 5px; margin-bottom: 10px;">Pharmacy Ward Round</div>  <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p><b>Ward</b></p> <p><b>Date of visit</b></p> <p><b>Checklist</b></p> </div> <div style="width: 45%;"> <p><b>Recommendation</b></p> <p><b>Note</b></p> <p><b>Comment and recommendation</b></p> <p><b>Action taken on day of ward round</b></p> </div> </div>		
<b>ACTIONS</b> taken to address the challenges			
<ul style="list-style-type: none"> <li>Developed a checklist to assess the status of medication management in the wards.</li> <li>Started monthly ward rounds by pharmacy to monitor medication management in the wards.</li> <li>Written feedback is provided after each round, including comments, recommendations, and actions taken on the day.</li> </ul>	<div style="text-align: center; border: 1px solid black; padding: 5px; margin-bottom: 10px;">Description of achievements in service provision</div> <ul style="list-style-type: none"> <li>Earlier identification of stock issues, helping prevent stock-outs.</li> <li>Improved control of expiry dates, reducing the risk of expired medicines.</li> <li>Better communication and coordination between pharmacy and wards.</li> </ul>		
<b>Achievement through 5S/Quick KAIZEN</b>			
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input checked="" type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input checked="" type="checkbox"/> Patient safety	<input checked="" type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input type="checkbox"/> Others (            )

### **3. Preparedness for Emergency Situations**



Emergency response must be carried out as quickly as possible. At the same time, errors are more likely to occur under such conditions. Therefore, preparation for emergency should be in place in advance to enable rapid response while minimizing errors. It is also necessary to regularly confirm that such preparedness is maintained at all times. When implementing activities related to “Preparedness for Emergency Situations,” it is beneficial to consider the following points:

- No unnecessary items are present.
- A system is in place to check emergency response readiness (e.g., emergency carts/kits), including expiry and stock status.
- Measures are in place to prevent stockouts.
- Medicines and medical supplies are easily accessible.
- Error-prevention measures are in place (e.g., clear access to the correct items, safe placement of look-alike medicines).

### 3.1. Emergency Trolley



<b>Theme of Improvement</b>	Improving the daily management of emergency trolley.	<b>Department</b>	Inpatient ward	
<b>BEFORE / Description of challenges hindering service provision</b>		<b>AFTER</b>		
<ul style="list-style-type: none"> <li>Emergency trolley items were not consistently labelled, sometimes causing delays in finding items.</li> <li>Stock levels and expiry monitoring were not standardized, risking stock-outs and expired items.</li> </ul>				
<b>ACTIONS</b> taken to address the challenges		<p style="text-align: center;"><b>Description of achievements in service provision</b></p> <ul style="list-style-type: none"> <li>Reduced stock-outs and expiries through routine checks.</li> <li>Easy access to the necessary items.</li> </ul>		
<ul style="list-style-type: none"> <li>Labelled compartments and standardized item locations.</li> <li>Set standard quantities (Min/Max).</li> <li>Recorded the standard quantities and expiry information of each medication in the register to allow staff to refer to them during the routine check.</li> <li>Conducted regular check twice a day.</li> </ul>				
<b>Achievement through 5S/Quick KAIZEN</b>				
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input checked="" type="checkbox"/> Patient safety	<input type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input type="checkbox"/> Others (                    )	

### 3.2. Emergency Kits

Theme of Improvement	Emergency kits for quick response	Department	Inpatient ward
<b>BEFORE / Description of challenges hindering service provision</b>	<b>AFTER</b>		
<ul style="list-style-type: none"> <li>Emergency items were not well organized, causing the risk of delays during emergencies.</li> </ul>	 		
<b>ACTIONS</b> taken to address the challenges	<b>Description of achievements in service provision</b>		
<ul style="list-style-type: none"> <li>Prepared and clearly labelled emergency kits (e.g., Eclampsia kit, Postpartum haemorrhage kit) for easy retrieval.</li> <li>Packed items in a standardized layout and designated a fixed storage location for each kit.</li> <li>Introduced and used a register/checklist for kit contents and restocking.</li> </ul>	<ul style="list-style-type: none"> <li>Improved readiness for the emergency.</li> <li>Reduced the risk of missing items during emergencies.</li> </ul>		
<b>Achievement through 5S/Quick KAIZEN</b>			
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input checked="" type="checkbox"/> Patient safety	<input type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input checked="" type="checkbox"/> Others (service delivery)





### 3.3. Resuscitation Area



<b>Theme of Improvement</b>	Organization of the resuscitation area for improved readiness	<b>Department</b>	Inpatient ward
<b>BEFORE</b>		<b>ACTIONS</b> taken to address the challenges	<b>AFTER</b>
		<ul style="list-style-type: none"> <li>• Returned items to their designated locations (set in order).</li> <li>• Created clear designated areas for items.</li> <li>• Cleaned the resuscitation area after each procedure.</li> </ul>	
<b>Description of challenges hindering service provision</b>		<b>Description of achievements in service provision</b>	
<ul style="list-style-type: none"> <li>• The resuscitation area was dirty and cluttered.</li> <li>• Resuscitation equipment was arranged haphazardly.</li> </ul>		<ul style="list-style-type: none"> <li>• The resuscitation area has been tidied, and items have been returned to their designated locations.</li> <li>• It is now ready for the next patients.</li> </ul>	
<b>Achievement through 5S/Quick KAIZEN</b>			
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input checked="" type="checkbox"/> Patient safety	<input type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input type="checkbox"/> Others (            )



### 3.4. Resuscitation Bed

Theme of Improvement		Improving patient safety and work efficiency	Department	Inpatient ward
<b>BEFORE</b>		<b>ACTIONS</b> taken to address the challenges <ul style="list-style-type: none"> <li>• Cannulas, syringes, and needles were sorted and placed in their designated compartments.</li> <li>• Sharps bins were removed from the floor and placed in their correct locations.</li> <li>• Unnecessary items were cleared from the bed to keep it ready for the next patient.</li> </ul>	<b>AFTER</b>	
				
<b>Description of challenges hindering service provision</b> <ul style="list-style-type: none"> <li>• The resuscitation bed was cluttered with sharps bins, cannulas, syringes/needles, and books, with an additional sharps bin on the floor.</li> <li>• This increased the risk of contamination and medico-legal incidents.</li> <li>• The clutter reduced space for patient care and made the work area inefficient.</li> </ul>		<b>Description of achievements in service provision</b> <ul style="list-style-type: none"> <li>• The bed is now clear, with all consumables in their designated places, creating a safer environment with fewer medico-legal risks.</li> <li>• The space is now ready for safe resuscitation procedures, helping reduce patient waiting time in the emergency room.</li> </ul>		
<b>Achievement through 5S/Quick KAIZEN</b>				
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input checked="" type="checkbox"/> Staff safety <input checked="" type="checkbox"/> Patient safety	<input type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input type="checkbox"/> Others (            )	

### 3.5. Identification of Empty Tanks

Theme of Improvement	Identification of full and empty gas tanks is improved.	Department	Casualty
BEFORE		AFTER	
			
<p><b>Description of challenges hindering service provision</b></p> <ul style="list-style-type: none"> <li>• There was a risk of misidentification, because full and empty cylinders were not clearly distinguishable.</li> <li>• This may result in an empty cylinder being used during urgent care, causing treatment delays and posing a patient safety risk.</li> </ul>		<p><b>Description of achievements in service provision</b></p> <ul style="list-style-type: none"> <li>• It is now easy to identify full and empty tanks.</li> </ul>	
<b>Achievement through 5S/Quick KAIZEN</b>			
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input checked="" type="checkbox"/> Patient safety	<input checked="" type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input checked="" type="checkbox"/> Others (Service provision)

#### **4. Management of Medical Equipment**

Medical equipment is essential for patient assessment, diagnosis, and the provision of appropriate treatment and care. Therefore, daily status monitoring, proper use to prevent failures, staff awareness, routine department-level checks, and periodic facility-level/external inspections are required. When implementing activities related to “Management of Medical Equipment” it is beneficial to consider the following points:

- The equipment is stored in a condition that allows immediate use.
- Equipment functionality is checked periodically.
- A maintenance mechanism (including timing and responsible personnel) is clearly defined.
- The correct method of use is clearly indicated.
- Warnings regarding potential malfunction risks are clearly provided.
- Rules for maintaining cleanliness are in place.
- Procedures for responding to equipment failure or damage are clearly defined.



Department Level

4.1. Visualised Status of Equipment

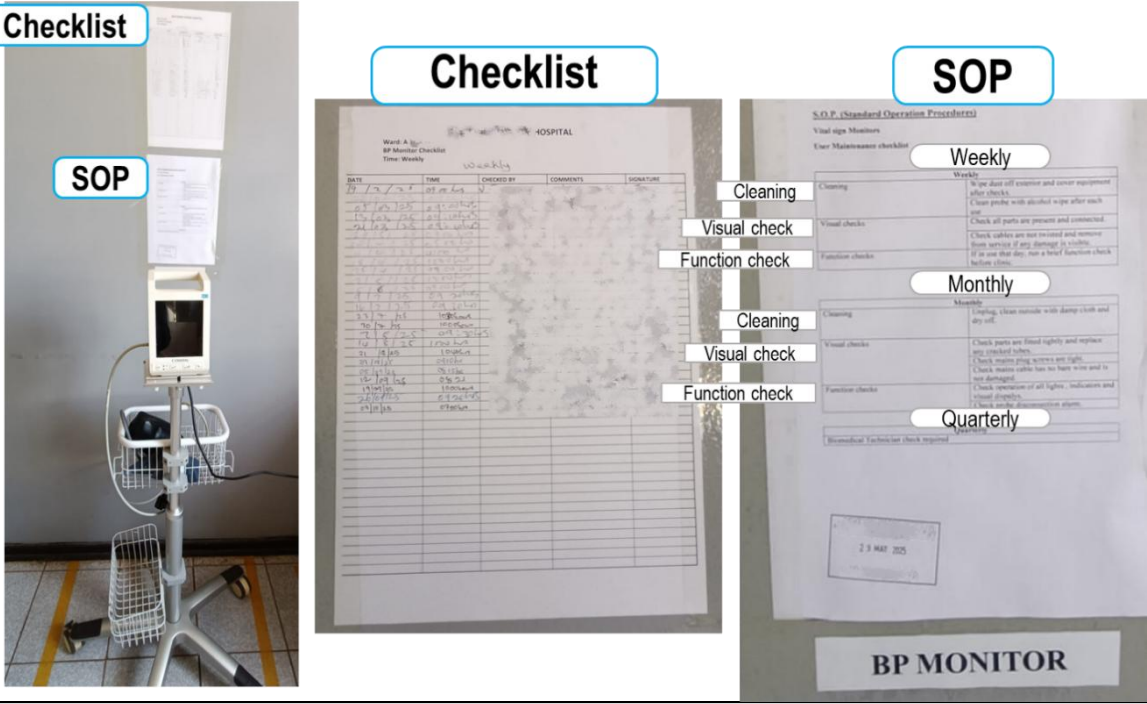
Theme of Improvement	Color-coded equipment status and red tag area	Department	Laboratory
<b>BEFORE / Description of challenges hindering service provision</b>	<b>AFTER</b>		
<ul style="list-style-type: none"> <li>It was unclear whether each machine and piece of equipment was functioning properly or needing repairing.</li> <li>Staff spent time checking the availability and serviceability of the equipment.</li> </ul>			
<b>ACTIONS</b> taken to address the challenges			
<ul style="list-style-type: none"> <li>Introduced equipment status colour codes: Green (in use), Yellow (to be fixed/standby), Red (out of order).</li> <li>Designated a "Red Tag Holding Area" for storing obsolete equipment.</li> </ul>			
<b>Description of achievements in service provision</b>			
<ul style="list-style-type: none"> <li>Equipment status is visible at a glance.</li> <li>Work space is utilised efficiently.</li> </ul>			
<b>Achievement through 5S/Quick KAIZEN</b>			
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input type="checkbox"/> Patient safety	<input checked="" type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input type="checkbox"/> Others (            )



## 4.2. Wheelchair Parking

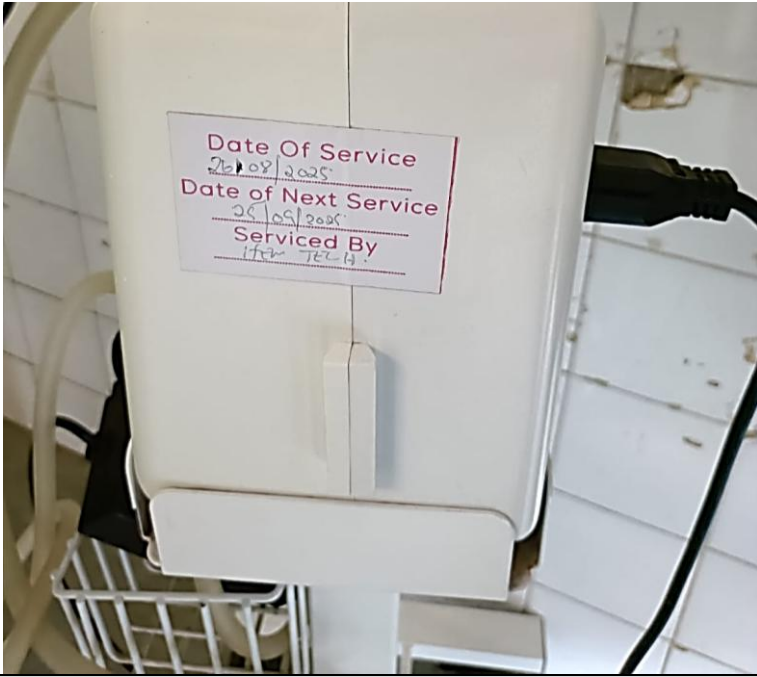
Theme of Improvement		Standardized wheelchair parking		Department	Inpatient ward
<b>BEFORE</b>		<b>ACTIONS</b> taken to address the challenges		<b>AFTER</b>	
		<ul style="list-style-type: none"> <li>Assessed patient safety risks in the area.</li> <li>Implemented zoning to create an adequate workflow and reduce the risk of injury to staff and patients.</li> <li>Assigned ID numbers to each wheelchair and labelled matching storage locations on the wall.</li> </ul>			
<b>Description of challenges hindering service provision</b> <ul style="list-style-type: none"> <li>There was a risk of injury to patients and staff due to wheelchairs blocking the passage.</li> <li>Time was wasted separating clustered wheelchairs during emergencies.</li> <li>The work environment was not user-friendly.</li> </ul>				<b>Description of achievements in service provision</b> <ul style="list-style-type: none"> <li>Patient and staff safety has improved, as adequate passage space has been created.</li> <li>Patient satisfaction has improved.</li> <li>Positive feedback has been received from visitors.</li> <li>Patients are less likely to exchange wheelchairs due to the numbering.</li> </ul>	
<b>Achievement through 5S/Quick KAIZEN</b>					
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction		<input checked="" type="checkbox"/> Staff safety <input checked="" type="checkbox"/> Patient safety		<input type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients <input type="checkbox"/> Others (            )	

### 4.3. Departmental Regular Check of Medical Equipment



<b>Theme of Improvement</b>	Regular Equipment Checks in the Annexe ward is improved	<b>Department</b>	Inpatient ward
<b>BEFORE / Description of challenges hindering service provision</b>		<b>AFTER</b>	
<ul style="list-style-type: none"> <li>No standardized routine check for medical equipment.</li> <li>Staff had limited understanding of the procedures of regular checks of the equipment.</li> </ul>			
<b>ACTIONS</b> taken to address the challenges		<b>Description of achievements in service provision</b>	
<ul style="list-style-type: none"> <li>Developed an SOP for regular checks of each piece of equipment, with support from HEM and QIT, and displayed it near each device.</li> <li>Developed a record sheet for regular checks.</li> <li>Oriented staff on how to conduct regular checks for each medical device.</li> <li>Started regular checks in accordance with the SOP.</li> </ul>	<ul style="list-style-type: none"> <li>Staff understand the condition of each piece of equipment.</li> <li>The equipment is ready for use whenever needed because routine checks are conducted.</li> <li>This reduces the risk of equipment malfunctions going unnoticed.</li> </ul>		
<b>Achievement through 5S/Quick KAIZEN</b>			
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input checked="" type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input type="checkbox"/> Patient safety	<input type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input checked="" type="checkbox"/> Others (Service delivery)

Facility Level (HEM)

4.4. Maintenance Information



<b>Theme of Improvement</b>	Introducing standardized labels for equipment maintenance information	<b>Department</b>	HEM	
<b>BEFORE / Description of challenges hindering service provision</b>		<b>AFTER</b>		
<ul style="list-style-type: none"> <li>Service history and the next service date were not visible on the equipment, which sometimes made it time-consuming to check this information.</li> <li>Maintenance status was unclear, increasing the risk of overdue servicing.</li> </ul>				
<b>ACTIONS</b> taken to address the challenges				
<ul style="list-style-type: none"> <li>Developed a standardized label format and attached labels to devices for easy checking, with support from QIT and HEM.</li> </ul>	<p style="text-align: center;"><b>Description of achievements in service provision</b></p> <ul style="list-style-type: none"> <li>Maintenance status is immediately visible and easy to confirm.</li> <li>Reduced risk of missed/overdue maintenance servicing through clear reminders.</li> </ul>			
<b>Achievement through 5S/Quick KAIZEN</b>				
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input checked="" type="checkbox"/> Patient safety	<input type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input type="checkbox"/> Others (                    )	

#### 4.5. Arrangement of Collected Equipment in the HEM



Theme of Improvement	Organizing collected equipment		Department	HEM	
BEFORE		ACTIONS taken to address the challenges	AFTER		
		<ul style="list-style-type: none"> <li>• Items were categorized according to the stage of repair.</li> <li>• Color codes were used to categorize the items.</li> <li>• Removal of obsolete equipment from those that can be repaired.</li> </ul>			
<b>Description of challenges hindering service provision</b>			<b>Description of achievements in service provision</b>		
<ul style="list-style-type: none"> <li>• Equipment was not arranged according to stage of repair.</li> <li>• No categorization of the equipment's.</li> </ul>			<ul style="list-style-type: none"> <li>• Equipment now tagged makes it easy to identify the equipment's.</li> <li>• Time taken to repair the equipment now being tracked.</li> </ul>		
<b>Achievement through 5S/Quick KAIZEN</b>					
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input type="checkbox"/> Patient safety	<input type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input type="checkbox"/> Others (            )		





#### 4.6. Management of Repair Parts

<b>Theme of Improvement</b>		Organizing repair parts inside the drawer	<b>Department</b>	HEM
<b>BEFORE</b>		<b>ACTIONS</b> taken to address the challenges <ul style="list-style-type: none"> <li>• Items were categorized for easy access.</li> <li>• 5S tools were also used (e.g., labels)</li> <li>• Removal of obsolete items.</li> </ul>	<b>AFTER</b>	
				
<b>Description of challenges hindering service provision</b> <ul style="list-style-type: none"> <li>• Items were not easy to retrieve.</li> <li>• No order in the drawers as items were mixed.</li> </ul>			<b>Description of achievements in service provision</b> <ul style="list-style-type: none"> <li>• Bolts now arranged according to sizes and this makes it easy to retrieve them within a short space of time.</li> </ul>	
<b>Achievement through 5S/Quick KAIZEN</b>				
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input type="checkbox"/> Patient safety	<input type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input type="checkbox"/> Others (            )	

#### 4.7. Disposal of Obsolete Equipment



Theme of Improvement	Space creation by obsolete equipment disposal		Department	HEM
BEFORE	ACTIONS taken to address the challenges	AFTER		
	<ul style="list-style-type: none"> <li>The equipment was sorted.</li> <li>Obsolete equipment was sent to the temporary storage point for disposal process.</li> </ul>			
<b>Description of challenges hindering service provision</b>			<b>Description of achievements in service provision</b>	
<ul style="list-style-type: none"> <li>Obsolete equipment accumulates in the department.</li> <li>Reduced workspace due to the excess accumulation of obsolete equipment.</li> <li>Potential for injury to staff due to placement and space limitations.</li> </ul>			<ul style="list-style-type: none"> <li>Space creation due to removal of obsolete equipment.</li> <li>Sorting of the work area and improved environment.</li> <li>Staff safety with improved placement of the equipment.</li> </ul>	
<b>Achievement through 5S/Quick KAIZEN</b>				
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input checked="" type="checkbox"/> Staff safety <input type="checkbox"/> Patient safety	<input type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input checked="" type="checkbox"/> Others (Space creation)	

#### 4.8. Toilet Area Organization

Theme of Improvement		Toilet area organization and hygiene improvement		Department	Mortuary
BEFORE		ACTIONS taken to address the challenges		AFTER	
		<ul style="list-style-type: none"> <li>Removed all unnecessary items from the toilet area and relocated them to the hospital storage space.</li> </ul>			
<b>Description of challenges hindering service provision</b> <ul style="list-style-type: none"> <li>The male toilet area for relatives visiting the mortuary was being used as a storeroom for unnecessary items.</li> <li>As a result, the toilet was not accessible and could not be used.</li> </ul>				<b>Description of achievements in service provision</b> <ul style="list-style-type: none"> <li>The toilet is now accessible and can be used.</li> </ul>	
<b>Achievement through 5S/Quick KAIZEN</b>					
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input type="checkbox"/> Patient safety	<input type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input checked="" type="checkbox"/> Others (space utilization, client satisfaction)		



#### 4.9. Reuse of the Equipment



Theme of Improvement	Equipment reuses for efficiency of work and cost reduction		Department	HEM
BEFORE		ACTIONS taken to address the challenges	AFTER	
		<ul style="list-style-type: none"> <li>Broken / obsolete equipment was identified during 5S implementation by HEM, including broken down cot beds.</li> <li>These items were recycled and modified to produce trolleys that met the required specifications and were ideal for the doctors round as well as procedures.</li> <li>Wheels from broken-down, non-functional stretchers were reused on the trolleys for efficient mobility.</li> </ul>		
<b>Description of challenges hindering service provision</b> <ul style="list-style-type: none"> <li>Inadequate functional trolleys.</li> <li>Delays in service provision.</li> <li>Compromised safety to patients and nurses due to dysfunctional equipment.</li> </ul>			<b>Description of achievements in service provision</b> <ul style="list-style-type: none"> <li>Availability of improvised functional trolleys.</li> <li>Service delivery improved.</li> <li>Cost reduction as obsolete equipment was used to come up with improvised trolley for free.</li> </ul>	
<b>Achievement through 5S/Quick KAIZEN</b>				
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input checked="" type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input type="checkbox"/> Patient safety	<input type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input checked="" type="checkbox"/> Others (Service delivery)	

## **5. Effective Utilization of Workspace**

For improving work environment, it is recommended to periodically review whether the current arrangement of items, equipment, furniture, and other materials is appropriate, taking into account work procedures, staff workflow, and patient flow. When implementing activities related to “Effective Utilization of Workspace,” it is beneficial to consider the following points:



- The layout of items, equipment, and furniture is appropriate for work procedures, staff workflow, and patient flow.
- Frequently used items are placed in locations that are easy to access and support efficient work.
- Pathways and work areas are kept clear to allow safe and smooth movement of staff, patients, and equipment.
- Unnecessary items are removed, and available space is used efficiently.
- Clean and orderly workspace conditions are maintained.
- The arrangement is easy for staff to understand and follow, with clear visual controls where needed.
- Risks related to congestion, obstruction, or unsafe placement of items are identified and addressed.
- The layout is reviewed periodically and adjusted as needed based on operational changes.

### 5.1. Removing Unnecessary Items



Theme of Improvement		Space creation through S1 activities	Department	Rehabilitation
BEFORE		<b>ACTIONS</b> taken to address the challenges <ul style="list-style-type: none"> <li>Removed unnecessary items as sorting.</li> <li>Arranged necessary equipment in order.</li> </ul>	AFTER	
				
<b>Description of challenges hindering service provision</b> <ul style="list-style-type: none"> <li>Unnecessary items occupied the space.</li> </ul>		<b>Description of achievements in service provision</b> <ul style="list-style-type: none"> <li>The space has been created.</li> <li>Discovered useful items through sorting activities.</li> <li>The room is now used for speech therapy and occupational therapy for children with neurological disorders.</li> <li>Patient and staff safety has improved and the working area now motivates staff to work on.</li> </ul>		
<b>Achievement through 5S/Quick KAIZEN</b>				
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input checked="" type="checkbox"/> Cost reduction	<input checked="" type="checkbox"/> Staff safety <input type="checkbox"/> Patient safety	<input type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input checked="" type="checkbox"/> Others (service delivery)	



## 5.2. Space Utilization and Accessibility of Items



Theme of Improvement		Storage room setup for improved stock management		Department	Outpatient
<b>BEFORE</b>		<b>ACTIONS</b> taken to address the challenges		<b>AFTER</b>	
		<ul style="list-style-type: none"> <li>• Reintroduced the 5S concept was to staff.</li> <li>• Converted the selected room into a storeroom.</li> <li>• Sorted items, and arranged sundries and consumables systematically.</li> <li>• Labelled shelves.</li> <li>• Defined stock level for each item, including maximum, minimum, and emergency reorder points.</li> <li>• Trained staff on how to order sundries and consumables and how to update stock cards to sustain the new standard.</li> </ul>			
<b>Description of challenges hindering service provision</b> <ul style="list-style-type: none"> <li>• Underutilized storage room with poorly organized obsolete items.</li> <li>• High risk of staff injury and poor hygiene.</li> <li>• The space was just lying idle, being occupied with unnecessary items.</li> </ul>				<b>Description of achievements in service provision</b> <ul style="list-style-type: none"> <li>• Space creation with disposal of obsolete equipment, creating clean and safe environment.</li> <li>• Well organized storage unit with 3F (fixed items, fixed position, fixed quantity) principle applied.</li> <li>• Improved departmental storage area.</li> <li>• Improved stock control.</li> <li>• Managed to make use of available space for patient management.</li> </ul>	
<b>Achievement through 5S/Quick KAIZEN</b>					
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input checked="" type="checkbox"/> Cost reduction		<input checked="" type="checkbox"/> Staff safety <input type="checkbox"/> Patient safety		<input type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	
				<input type="checkbox"/> Others (            )	

### 5.3. Sorting of Items at a Department



Theme of Improvement	Standardized sorting systems of items	Department	Outpatient
<b>BEFORE</b>	<b>ACTIONS</b> taken to address the challenges	<b>AFTER</b>	
	<ul style="list-style-type: none"> <li>Set a rule of sorting in the department</li> <li>Established the areas for storing "May be necessary" and "Unnecessary" items, and displayed them.</li> <li>Tagged items as "Necessary", "May be necessary", "Unnecessary" with date and signature, and disposed/relocated accordingly.</li> </ul>		
<b>Description of challenges hindering service provision</b>		<b>Description of achievements in service provision</b>	
<ul style="list-style-type: none"> <li>The storeroom was dirty and things were mixed up.</li> <li>The environment was not safe.</li> <li>It was difficult to access things.</li> <li>Items were not properly stored.</li> <li>It was difficult to move around.</li> </ul>		<ul style="list-style-type: none"> <li>Environment is clean and tidy.</li> <li>Environment now free from hazards.</li> <li>Things are now at easy reach and easy to identify.</li> <li>Items placed in an orderly manner.</li> <li>Easy to move around and clean the place.</li> </ul>	
<b>Achievement through 5S/Quick KAIZEN</b>			
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input checked="" type="checkbox"/> Staff safety <input type="checkbox"/> Patient safety	<input checked="" type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input type="checkbox"/> Others ( )




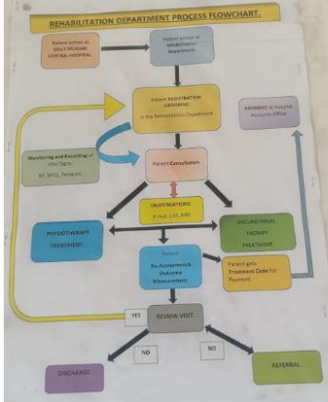
#### 5.4. Files and Environment Organization

Theme of Improvement		Improving Filing and Staff Cupboard Organization		Department	Outpatient
BEFORE		ACTIONS taken to address the challenges		AFTER	
		<ul style="list-style-type: none"> <li>Removed unnecessary items and reorganized the cupboard and filing area (5S sorting and setting in order).</li> <li>Repaired the cupboard doors.</li> <li>Labelled cupboards/sections with staff names.</li> <li>Arranged files systematically using 5S tools (e.g., numbering, taping, labelling) and standardised files to support easy take-and-return.</li> </ul>			
<b>Description of challenges hindering service provision</b> <ul style="list-style-type: none"> <li>Cupboard for staff belongings was cluttered and had blocked doors.</li> <li>Files were not taped and not numbered, to maintain the can and take principle.</li> </ul>				<b>Description of achievements in service provision</b> <ul style="list-style-type: none"> <li>Easy to take and return items from files, improving work efficiency.</li> <li>Work efficiency improved and staff morale increased due to a tidy, functional storage area.</li> </ul>	
<b>Achievement through 5S/Quick KAIZEN</b>					
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input type="checkbox"/> Patient safety	<input type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input checked="" type="checkbox"/> Others (staff morale raise)		

### 5.5. Rearrangement of Furniture and Items


Theme of Improvement		Easy access of items		Department	Outpatient
BEFORE		ACTIONS taken to address the challenges		AFTER	
		<ul style="list-style-type: none"> <li>Rearranged the furniture, items, and waste boxes, including sharp boxes among staff for more efficient and safer environment, based on the work flow.</li> </ul>			
<b>Description of challenges hindering service provision</b> <ul style="list-style-type: none"> <li>Items were not arranged according to the workflow (e.g., the sharp box was placed away from the work area, examination couch, where it was mostly used).</li> <li>As a result, there was a risk of injury sharp.</li> </ul>				<b>Description of achievements in service provision</b> <ul style="list-style-type: none"> <li>Well organized working area.</li> <li>Items easily accessible.</li> <li>Staff safety.</li> </ul>	
<b>Achievement through 5S/Quick KAIZEN</b>					
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction		<input checked="" type="checkbox"/> Staff safety <input checked="" type="checkbox"/> Patient safety		<input type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients <input type="checkbox"/> Others (            )	

5.6. Organization of Equipment and Patient Flow

<b>Theme of Improvement</b>	Organizing rehabilitation equipment and patient flow to improve safety and efficiency	<b>Department</b>	Rehabilitation
<b>BEFORE / Description of challenges hindering service provision</b>		<b>AFTER</b>	
<ul style="list-style-type: none"> <li>Rehabilitation equipment was not consistently arranged, reducing available space for therapy and increasing the risk of trips and falls.</li> <li>Patient flow/process information was not clearly displayed, causing confusion.</li> </ul>			
<b>ACTIONS</b> taken to address the challenges		<b>Description of achievements in service provision</b>	
<ul style="list-style-type: none"> <li>Arranged the rehabilitation equipment and items in the department.</li> <li>Marked equipment locations on the floor by zoning.</li> <li>Displayed a rehabilitation process/flow chart and oriented staff on the standard layout and workflow.</li> <li>Introduced daily self-monitoring to check the environment daily.</li> </ul>	 <ul style="list-style-type: none"> <li>Equipment is always kept in designated places.</li> <li>Environment of the department is organised.</li> <li>Improved patient flow and safety.</li> </ul>		
<b>Achievement through 5S/Quick KAIZEN</b>			
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input checked="" type="checkbox"/> Staff safety <input checked="" type="checkbox"/> Patient safety	<input checked="" type="checkbox"/> Communication among the staff <input checked="" type="checkbox"/> Communication with patients	<input type="checkbox"/> Others ( )



### 5.7. Organization of Office Items

Theme of Improvement	Improving organization of the Mortuary office	Department	Mortuary
<b>BEFORE / Description of challenges hindering service provision</b>	<b>AFTER</b>		
<ul style="list-style-type: none"> <li>Supplies and items (e.g., boxes/records/floral tributes) were mixed and poorly arranged.</li> <li>The workspace looked untidy.</li> <li>Staff sometimes spent extra time locating items.</li> </ul>			
<b>ACTIONS</b> taken to address the challenges	<b>Description of achievements in service provision</b>		
<ul style="list-style-type: none"> <li>Arranged items by category.</li> <li>Cleaned and reorganized the area to maintain a tidy workspace.</li> </ul>	<ul style="list-style-type: none"> <li>The mortuary office is now clean, tidy, and well organized.</li> </ul>		
<b>Achievement through 5S/Quick KAIZEN</b>			
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input checked="" type="checkbox"/> Staff safety <input type="checkbox"/> Patient safety	<input type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input checked="" type="checkbox"/> Others (staff morale )



## **6. Safety**

Medical care is inherently invasive, and healthcare professionals must continuously pursue the safe delivery of healthcare services (For details, please refer to the *Manual for Safe Environment Activity*). When implementing activities related to “Safety”, it is beneficial to consider the following points:


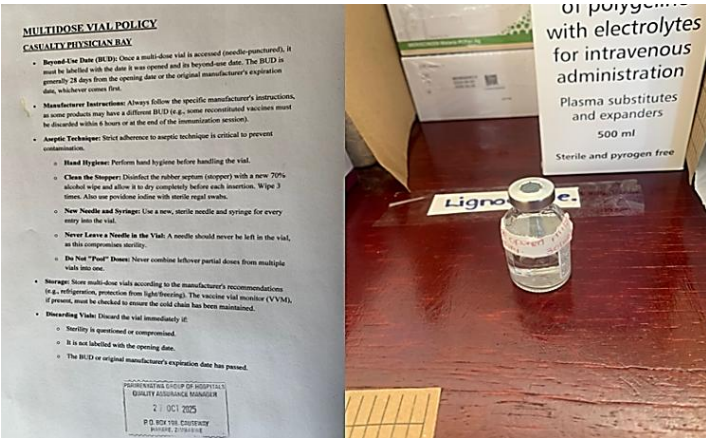
- Emergency trolleys/kits are checked regularly (e.g., for expiry dates and stock status).
- Error-prevention measures (e.g., labeling and visual controls) are in place.
- A system is in place to review the work environment, identify potential hazards, and share them with relevant staff.
- Identified potential hazards are addressed and recorded.
- A system is in place to capture errors and learn from them in order to improve service delivery.
- Safety rules and procedures are established, documented, and followed





### 6.1. Infant Falls Prevention with Cot Rails

Theme of Improvement		Reducing fall risk		Department	Inpatient ward
BEFORE		ACTIONS taken to address the challenges		AFTER	
		<ul style="list-style-type: none"> <li>• Orientation and sensitization on the management of cot side rails regarding the risk of falls were done by the nurse and given to caregivers on admission.</li> <li>• Caregivers sign on the notes with RGN as a witness that orientation has been done.</li> </ul>			
<b>Description of challenges hindering service provision</b> <ul style="list-style-type: none"> <li>• Cot bed rails were left open thereby exposing babies to falls.</li> </ul>				<b>Description of achievements in service provision</b> <ul style="list-style-type: none"> <li>• All members of staff, we make sure that cot bed rails are always up to prevent babies from falling.</li> <li>• Care givers are also educated to keep the rails up to prevent falls as well.</li> </ul>	
<b>Achievement through 5S/Quick KAIZEN</b>					
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input checked="" type="checkbox"/> Patient safety	<input type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input type="checkbox"/> Others ( )		

## 6.2. Management of Multidose Vials



Theme of Improvement	Safe medication management and infection control practices improved		Department	Inpatient ward
BEFORE		ACTIONS taken to address the challenges	AFTER	
		<ul style="list-style-type: none"> <li>• A dedicated, labelled storage area was established to prevent drug loss and reduce medication errors.</li> <li>• A multidose vial policy was introduced, requiring opening and expiry dates (28 days) to be recorded in line with WHO guidance.</li> <li>• Aseptic technique was reinforced to prevent contamination; vials are discarded immediately if sterility is compromised.</li> </ul>		
<b>Description of challenges hindering service provision</b>			<b>Description of achievements in service provision</b>	
<ul style="list-style-type: none"> <li>• No designated, labelled storage for lignocaine.</li> <li>• Multidose vials not labelled with opening/expiry dates.</li> <li>• Aseptic technique not followed for multidose vials.</li> <li>• No standardized policy for multidose vial use.</li> </ul>			<ul style="list-style-type: none"> <li>• Improved drug accessibility and identification, reducing the risk of medication errors.</li> <li>• Establishment of clear policies and practices for multidose vial use protects patients from hospital-acquired infections.</li> <li>• By standardizing the handling, labelling (dating), and disposal of multidose vials, the service has significantly reduced the risk of transmitting pathogens through contaminated injectables.</li> <li>• Reduced wastes.</li> </ul>	
<b>Achievement through 5S/Quick KAIZEN</b>				
<input type="checkbox"/> Productivity / Efficiency of work <input checked="" type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input checked="" type="checkbox"/> Patient safety	<input checked="" type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input type="checkbox"/> Others ( )	

### 6.3. Fluid Warming

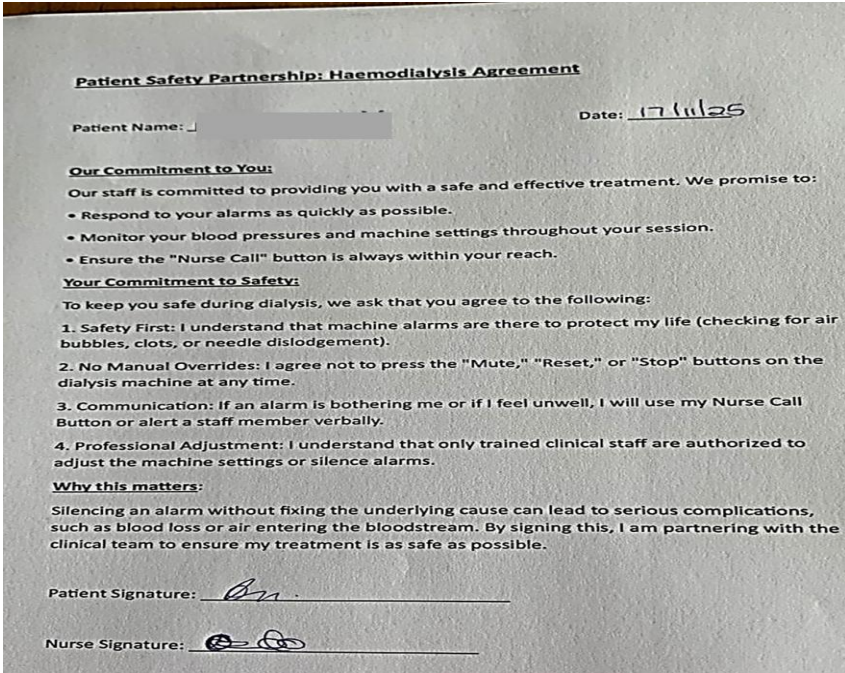
Theme of Improvement	Standardizing safe fluid warming to reduce infection risk	Department	Casualty
BEFORE		ACTIONS taken to address the challenges	
	<ul style="list-style-type: none"> <li>Acquired a bucket, well labelled for everyone to see.</li> <li>Developed the standardized procedure of warming.</li> </ul>		
<b>Description of challenges hindering service provision</b>		<b>Description of achievements in service provision</b>	
<ul style="list-style-type: none"> <li>Warming vacolitrres using a heater and on the floor risking patients to infection.</li> <li>There was a risk for breaking the bags because of the heat.</li> <li>There was a risk of patient injury because of too much heat of the fluid.</li> </ul>		<ul style="list-style-type: none"> <li>A bucket in place to warm fluids which is now safer and reducing infection spread.</li> </ul>	
Achievement through 5S/Quick KAIZEN			
<input type="checkbox"/> Productivity / Efficiency of work <input checked="" type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input checked="" type="checkbox"/> Patient safety	<input checked="" type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input type="checkbox"/> Others ( )



## 6.4. Medications for Inpatients







Theme of Improvement		Patient's safety being improved.		Department	Inpatient ward
<b>BEFORE</b>		<b>ACTIONS</b> taken to address the challenges		<b>AFTER</b>	
		<ul style="list-style-type: none"> <li>Drugs were removed from patients' lockers and kept in the drug trolley, which is numbered according to the patient's bed number.</li> </ul>			
<b>Description of challenges hindering service provision</b>				<b>Description of achievements in service provision</b>	
<ul style="list-style-type: none"> <li>Drugs were kept in patients' lockers, posing a risk that patients could take them without following doctors' orders.</li> <li>Patients with suicidal tendency may utilize the medicines.</li> </ul>				<ul style="list-style-type: none"> <li>Patient safety is being improved by reduction of medication errors.</li> <li>Drugs are now kept in the drug trolley, away from patients.</li> <li>Patients are now given drugs by nurses according to doctors' orders.</li> </ul>	
<b>Achievement through 5S/Quick KAIZEN</b>					
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction		<input type="checkbox"/> Staff safety <input checked="" type="checkbox"/> Patient safety		<input checked="" type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients <input type="checkbox"/> Others ( )	

## 6.5. Safety Agreement with Dialysis Patients

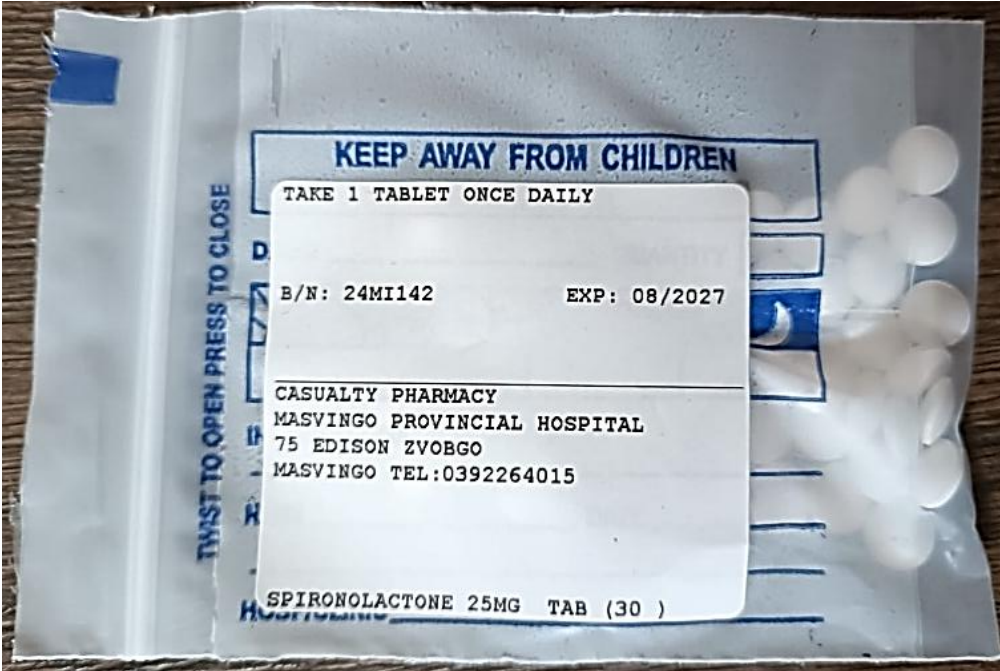
Theme of Improvement	Patient safety improved	Department	Renal
<b>BEFORE / Description of challenges hindering service provision</b>	<b>AFTER</b>		
<ul style="list-style-type: none"> <li>During an external evaluation, it was observed that a patient deactivated their own alarm without requesting assistance while the nurse was occupied with an interview.</li> <li>We noticed patients were sometimes turning off machine alarms themselves when staff were not in the room or busy with other patients.</li> <li>To prevent the recurrence of similar incidents, corrective actions were identified.</li> </ul>			
<b>ACTIONS</b> taken to address the challenges	<b>Description of achievements in service provision</b>		
<ul style="list-style-type: none"> <li>A formal agreement is now in place in all languages, requiring patients to acknowledge they must call for assistance rather than deactivating medical equipment.</li> <li>It is explained to patients before treatment.</li> <li>Two nurses are allocated in each cubicle such that if one is not around, the other one will be there</li> </ul>	<ul style="list-style-type: none"> <li>We have started a Safety Partnership.</li> <li>We work with our patients to ensure they understand why machines should only be handled by staff.</li> </ul>		
<b>Achievement through 5S/Quick KAIZEN</b>			
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input checked="" type="checkbox"/> Patient safety	<input type="checkbox"/> Communication among the staff <input checked="" type="checkbox"/> Communication with patients	<input type="checkbox"/> Others ( )





6.6. Reporting Near Miss Incidents

<b>Theme of Improvement</b>	Near miss incident reporting improved	<b>Department</b>	Inpatient ward																				
<b>BEFORE / Description of challenges hindering service provision</b>	<b>AFTER</b>																						
<ul style="list-style-type: none"> <li>Near miss incidents were severely under-reported due to the blame culture.</li> <li>Incidents reported from 2024 to date were 4 in total.</li> <li>Staff avoided reporting for fear of disciplinary action or punishment.</li> <li>Because mistakes were hidden, they were never analysed or fixed. This led to a stagnant learning curve where the same errors occurred frequently, putting patients at risk.</li> </ul>	<p style="text-align: center;"><b>GOOD CATCH BOARD -WARD B6CCU</b></p> <table border="1" style="width: 100%;"> <tr> <td colspan="2"><b>THE TOTAL CATCHES COUNTER</b></td> <td colspan="2"><b>THE CATCH OF THE WEEK SPOTLIGHT</b></td> </tr> <tr> <td colspan="2">ie. 120 lives protected this year 2026 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111</td> <td colspan="2"> <b>The story:</b> fentanyl ampules and pethidine ampules looked nearly identical  <b>The fix:</b> we know have bright red stickers on fentanyl boxes and kept on the top shelf  <b>The result:</b> this report led to a real change not just paperwork.             </td> </tr> <tr> <td colspan="2"><b>"YOU SAID, WE DID"</b></td> <td colspan="2"><b>THE SAFETY HERO<sub>s</sub> GALLERY</b></td> </tr> <tr> <td><b>What was reported</b></td> <td><b>What was fixed</b></td> <td colspan="2">  <b>AWARDED BADGE TO SR MUTYI DECEMBER 2025</b> </td> </tr> <tr> <td>1. Patient was about to drink sanitizer thinking its water</td> <td>1. Removed sanitizers near bedsides where patients can reach and clearly labelled it. All staff notified.</td> <td colspan="2">  <b>AWARDED BADGE TO N/A HLABANI DECEMBER 2025</b> </td> </tr> </table>			<b>THE TOTAL CATCHES COUNTER</b>		<b>THE CATCH OF THE WEEK SPOTLIGHT</b>		ie. 120 lives protected this year 2026 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111		<b>The story:</b> fentanyl ampules and pethidine ampules looked nearly identical <b>The fix:</b> we know have bright red stickers on fentanyl boxes and kept on the top shelf <b>The result:</b> this report led to a real change not just paperwork.		<b>"YOU SAID, WE DID"</b>		<b>THE SAFETY HERO<sub>s</sub> GALLERY</b>		<b>What was reported</b>	<b>What was fixed</b>	 <b>AWARDED BADGE TO SR MUTYI DECEMBER 2025</b>		1. Patient was about to drink sanitizer thinking its water	1. Removed sanitizers near bedsides where patients can reach and clearly labelled it. All staff notified.	 <b>AWARDED BADGE TO N/A HLABANI DECEMBER 2025</b>	
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<b>"YOU SAID, WE DID"</b>		<b>THE SAFETY HERO<sub>s</sub> GALLERY</b>																					
<b>What was reported</b>	<b>What was fixed</b>	 <b>AWARDED BADGE TO SR MUTYI DECEMBER 2025</b>																					
1. Patient was about to drink sanitizer thinking its water	1. Removed sanitizers near bedsides where patients can reach and clearly labelled it. All staff notified.	 <b>AWARDED BADGE TO N/A HLABANI DECEMBER 2025</b>																					
<b>ACTIONS</b> taken to address the challenges	<b>Description of achievements in service provision</b>																						
<ul style="list-style-type: none"> <li>Designed a good catch board.</li> <li>Launched the safety hero badge to reward vigilance and transform reporting into a prestigious act of professional excellence.</li> </ul>	<ul style="list-style-type: none"> <li>There is transparency through the catch board. This tracks lives protected when we report these incidents, catch of the week spotlight used to educate the entire team, "you said, we did" is proof that management is fixing reported issues then recognition of staff vigilance. The initiative removes stigma of reporting.</li> <li>Staff now views a good catch as a teaching moment that prevents others from repeating the same error.</li> <li>From date of implementation good catches reported so far are 11, 3 for January 2026 and 8 for February 2026.</li> <li>By rewarding the discovery of errors before they reach the patient, ward B6CCU has moved from a culture of fear to a culture of continuous learning and high reliability care.</li> </ul>																						
<b>Achievement through 5S/Quick KAIZEN</b>																							
<input type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input checked="" type="checkbox"/> Patient safety	<input checked="" type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input type="checkbox"/> Others (            )																				



### 6.7. Information on Medication Administration

Theme of Improvement	Necessary information on the medication administration is described	Department	Pharmacy
<b>BEFORE / Description of challenges hindering service provision</b>		<b>AFTER</b>	
<ul style="list-style-type: none"> <li>Necessary information on the dispensed medication bags such as dosing instructions and expiry details was sometimes unclear and/or missing, which could affect the proper use of drugs and safety for patients.</li> </ul>			
<b>ACTIONS</b> taken to address the challenges		<b>Description of achievements in service provision</b>	
<ul style="list-style-type: none"> <li>Introduced printed labels to put it to the bags and to provide essential information.</li> </ul>	<ul style="list-style-type: none"> <li>It is easy to read printed labels, contributing to the safe use of medications.</li> <li>Reduced work burden.</li> </ul>		
<b>Achievement through 5S/Quick KAIZEN</b>			
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input checked="" type="checkbox"/> Patient safety	<input checked="" type="checkbox"/> Communication among the staff <input checked="" type="checkbox"/> Communication with patients	<input type="checkbox"/> Others (            )

## 6.8. Look-alike Medicines

Theme of Improvement	Storage of look-alike medicines improved	Department	Pharmacy
<b>BEFORE</b>	<b>ACTIONS</b> taken to address the challenges	<b>AFTER</b>	
	<ul style="list-style-type: none"> <li>Chlorhexidine gluconate solution and benzyl benzoate were kept at different shelves.</li> </ul>		
<b>Description of challenges hindering service provision</b>		<b>Description of achievements in service provision</b>	
<ul style="list-style-type: none"> <li>Look alike medicines being kept at the same shelf, that is chlorhexidine gluconate solution and Benzyl benzoate.</li> <li>Hence, mistakes can happen when exchanging the drug because they look alike.</li> </ul>		<ul style="list-style-type: none"> <li>Look alike medicines well positioned to prevent mistakes and promote patient safety.</li> </ul>	
<b>Achievement through 5S/Quick KAIZEN</b>			
<input type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input checked="" type="checkbox"/> Patient safety	<input checked="" type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input type="checkbox"/> Others (            )

### 6.9. Improved Patient Identification in Mortuary Fridge

Theme of Improvement		Patient Identification in the Mortuary fridges is improved.		Department	Mortuary
BEFORE		ACTIONS taken to address the challenges		AFTER	
		<ul style="list-style-type: none"> <li>Introduced proper naming and clear labelling of each compartment.</li> </ul>			
<b>Description of challenges hindering service provision</b> <ul style="list-style-type: none"> <li>Retrieval of bodies was taking long when serving the deceased's relatives.</li> <li>Staff safety was also compromised.</li> <li>There was a possibility of body swapping and litigation.</li> </ul>				<b>Description of achievements in service provision</b> <ul style="list-style-type: none"> <li>Easy identification and retrieval of bodies was improved. Hence, the long waiting time for processing was shortened.</li> <li>Secured the dignity of clients.</li> </ul>	
<b>Achievement through 5S/Quick KAIZEN</b>					
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input checked="" type="checkbox"/> Staff safety <input type="checkbox"/> Patient safety	<input checked="" type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input checked="" type="checkbox"/> Others (reduction of misidentification of bodies)		



## 7. IPC

In healthcare settings, infection prevention and control (IPC) is essential to protect patients, healthcare workers, and visitors, and to ensure the safe delivery of healthcare services. When implementing activities related to IPC, it is beneficial to consider the following points:



- Clear IPC rules and procedures are established, shared among staff, and consistently followed.
- Hand hygiene facilities and supplies (e.g., water, soap, and alcohol-based hand rub) are available, functional, and easily accessible at the point of care or where needed.
- Cleaning schedules and checklists are available, followed, and documented.
- PPE and cleaning/disinfection supplies are appropriately stored, easily accessible, and replenished in a timely manner.
- Waste management is properly implemented in accordance with IPC standards.
- Measures are in place to promote proper waste segregation.
- Visual controls are used effectively to support IPC practices.
- Regular checks are conducted to confirm IPC readiness and compliance, and corrective actions are taken when needed





7.1. Protective Isolation Practices

Theme of Improvement	Improved IPC practices		Department	Inpatient ward
<b>BEFORE</b>		<b>ACTIONS</b> taken to address the challenges	<b>AFTER</b>	
		<ul style="list-style-type: none"> <li>We made sure that the nursing staff is practicing protective isolation by making sure that they wear head gear and gowns before entering patients' rooms as well sanitizing their hands and that it is available outside the room at all times.</li> </ul>		
<b>Description of challenges hindering service provision</b>			<b>Description of achievements in service provision</b>	
<ul style="list-style-type: none"> <li>Infection prevention and control practices were not observed by nursing staff leading to an increased number of neutropenic sepsis on admitted patients.</li> <li>16 cases had neutropenic sepsis in October 2025.</li> </ul>			<ul style="list-style-type: none"> <li>The nursing staff sanitize their hands, wear headgear and gowns, and use a foot bath before entering patients' rooms.</li> <li>Foot bath is changed after every 8 hours (per shift).</li> <li>We cluster activities to minimize infection.</li> <li>This minimizes spread of infection thus neutropenic sepsis cases are reduced.</li> <li>Cases reduced to 8 cases from November 2025 to February 2026.</li> <li>1 nurse is allocated to nurse the two rooms the whole day.</li> </ul>	
<b>Achievement through 5S/Quick KAIZEN</b>				
<input type="checkbox"/> Productivity / Efficiency of work <input checked="" type="checkbox"/> Cost reduction	<input checked="" type="checkbox"/> Staff safety <input checked="" type="checkbox"/> Patient safety	<input type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input type="checkbox"/> Others (                    )	



## 7.2. Handwashing Reservoir

Theme of Improvement	Strengthening infection prevention through improved handwashing facilities and reminders		Department	Inpatient ward
BEFORE		ACTIONS taken to address the challenges	AFTER	
		<ul style="list-style-type: none"> <li>• A handwashing reservoir was placed in the baby unit to promote handwashing.</li> <li>• Additional reminders were put to encourage ongoing hand hygiene and curb infection.</li> </ul>		
<b>Description of challenges hindering service provision</b>			<b>Description of achievements in service provision</b>	
<ul style="list-style-type: none"> <li>• Poor Hand hygiene practice.</li> <li>• Inadequate handwashing points.</li> <li>• Risk for nosocomial infections.</li> <li>• Inadequate reminders on handwashing.</li> </ul>			<ul style="list-style-type: none"> <li>• Improved hand hygiene practice for staff and clients.</li> <li>• IPC measures improved.</li> <li>• Increased handwashing points with reservoir in the baby unit for handwashing.</li> </ul>	
<b>Achievement through 5S/Quick KAIZEN</b>				
<input type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input checked="" type="checkbox"/> Staff safety <input checked="" type="checkbox"/> Patient safety	<input checked="" type="checkbox"/> Communication among the staff <input checked="" type="checkbox"/> Communication with patients	<input type="checkbox"/> Others ( )	

7.3. Storage Place for Fluids for IPC


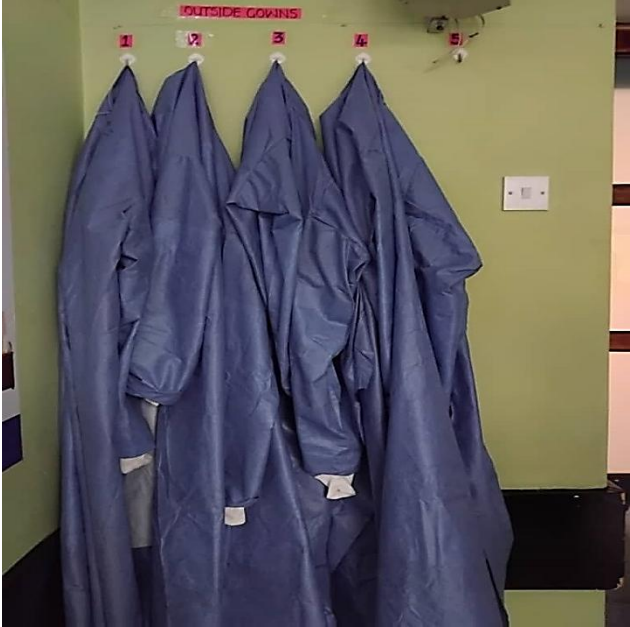
Theme of Improvement		Eliminating floor storage of IV fluids		Department	Inpatient ward
BEFORE		ACTIONS taken to address the challenges		AFTER	
		<ul style="list-style-type: none"> <li>Placed a board and covered it so as to place intravenous fluids.</li> </ul>			
<b>Description of challenges hindering service provision</b> <ul style="list-style-type: none"> <li>Fluids were placed on the floor and risking patients to infection.</li> </ul>				<b>Description of achievements in service provision</b> <ul style="list-style-type: none"> <li>Fluids placed on the board to reduce infection spread.</li> </ul>	
<b>Achievement through 5S/Quick KAIZEN</b>					
<input type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input checked="" type="checkbox"/> Patient safety (IPC)	<input checked="" type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input type="checkbox"/> Others ( )		

7.4. A Box for Urine Bag Storage

<b>Theme of Improvement</b>	Eliminating floor placement of urine bags to reduce infection risk	<b>Department</b>	Inpatient ward
<b>BEFORE</b>		<b>ACTIONS</b> taken to address the challenges	<b>AFTER</b>
		<ul style="list-style-type: none"> <li>Utilized empty box of gloves to put the urine bag as it does not have strings to tie on the bed.</li> </ul>	
<b>Description of challenges hindering service provision</b>		<b>Description of achievements in service provision</b>	
<ul style="list-style-type: none"> <li>Urine bag was on the floor causing risk for infection to patient.</li> </ul>		<ul style="list-style-type: none"> <li>Now the urine bag is in a box and helps to reduce spread of infection.</li> <li>Reduced the number of healthcare acquired infection, which leads the cost reduction.</li> </ul>	
<b>Achievement through 5S/Quick KAIZEN</b>			
<input type="checkbox"/> Productivity / Efficiency of work <input checked="" type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input checked="" type="checkbox"/> Patient safety (IPC)	<input type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input type="checkbox"/> Others ( )





7.5. Storage of Gowns



Theme of Improvement	Storage of gowns improved		Department	Theatre	
BEFORE		ACTIONS taken to address the challenges	AFTER		
		<ul style="list-style-type: none"> <li>• Hung the theatre gowns on hangers.</li> <li>• Assigned ID number to each gown for easy identification.</li> <li>• Prepared a name list with corresponding numbers.</li> </ul>			
<b>Description of challenges hindering service provision</b>			<b>Description of achievements in service provision</b>		
<ul style="list-style-type: none"> <li>• Worn theatre gowns were piled on a desk at the entrance to the main theatre.</li> <li>• Anyone could take a gown, wear it, and return it to the same desk. As a result, it was difficult for staff to locate and select their own gown.</li> </ul>			<ul style="list-style-type: none"> <li>• Gowns are now hung and numbered, with a name list for identification.</li> <li>• This has improved organization and prevented staff from taking someone else's gown.</li> </ul>		
<b>Achievement through 5S/Quick KAIZEN</b>					
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input checked="" type="checkbox"/> Staff safety <input checked="" type="checkbox"/> Patient safety	<input checked="" type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input type="checkbox"/> Others (            )		



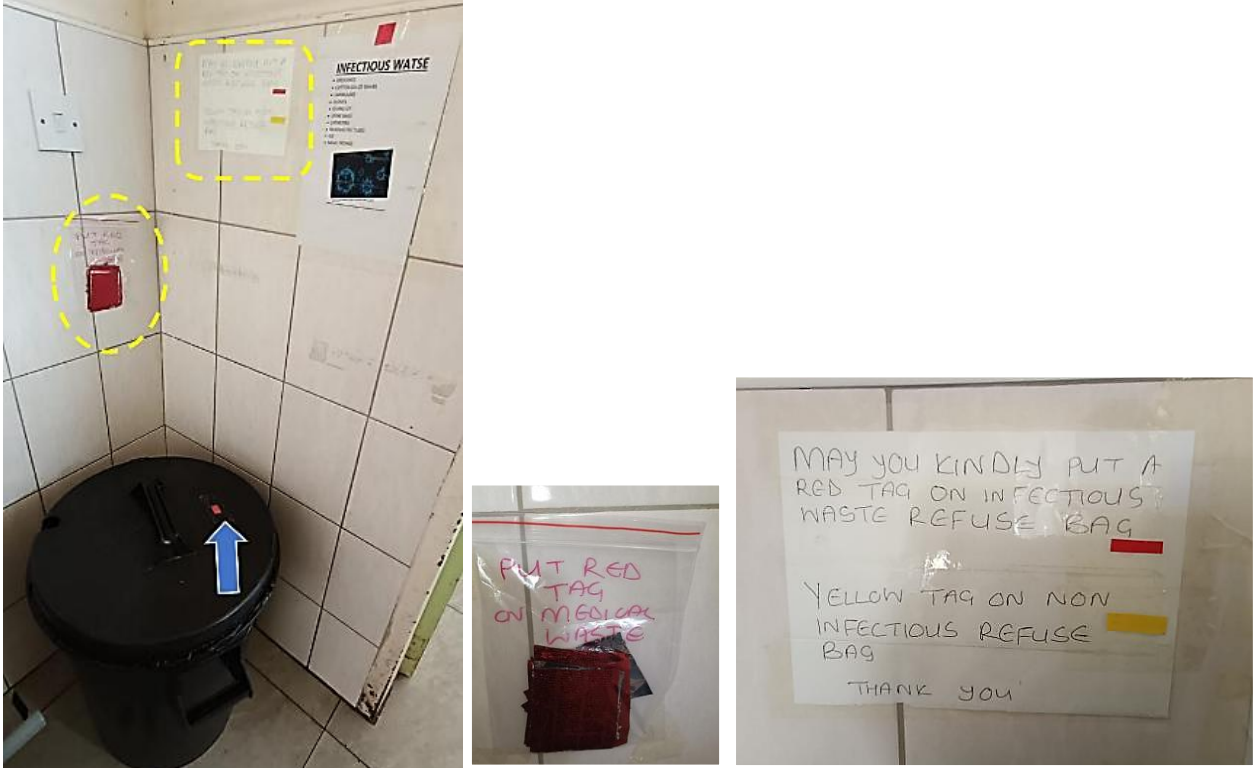
### 7.6. Waste Bins for Segregation

<b>Theme of Improvement</b>	Maintain a clean environment by waste management practices	<b>Department</b>	Inpatient ward
<b>BEFORE</b>		<b>ACTIONS</b> taken to address the challenges	<b>AFTER</b>
		<ul style="list-style-type: none"> <li>• Introduced color-coded plastic bins and clear labels.</li> <li>• Marked a designated bin area and briefed staff on proper segregation.</li> </ul>	
<b>Description of challenges hindering service provision</b> <ul style="list-style-type: none"> <li>• Waste was mixed and left on the floor.</li> <li>• The area was dirty and unsafe, with a risk of accidents.</li> </ul>			<b>Description of achievements in service provision</b> <ul style="list-style-type: none"> <li>• Waste is now segregated and disposed of properly.</li> <li>• The area is cleaner and safer, reducing mix-ups and accidents.</li> </ul>
<b>Achievement through 5S/Quick KAIZEN</b>			
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input checked="" type="checkbox"/> Staff safety <input checked="" type="checkbox"/> Patient safety	<input type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input type="checkbox"/> Others (            )



### 7.7. Visual Aids for Proper Waste Segregation

Theme of Improvement		Improving waste segregation using pictorial labels		Department	Inpatient ward
<b>BEFORE</b>		<b>ACTIONS</b> taken to address the challenges		<b>AFTER</b>	
		<ul style="list-style-type: none"> <li>Introduction of pictures on bins to curb language barrier.</li> </ul>			
<b>Description of challenges hindering service provision</b>				<b>Description of achievements in service provision</b>	
<ul style="list-style-type: none"> <li>Color coded bins for both staff and patients.</li> <li>Poor waste segregation due to communication jargon or barrier of color codes.</li> </ul>				<ul style="list-style-type: none"> <li>Patients can now easily identify where to dispose general waste.</li> <li>Serves as a tool for health education.</li> </ul>	
<b>Achievement through 5S/Quick KAIZEN</b>					
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input checked="" type="checkbox"/> Staff safety <input checked="" type="checkbox"/> Patient safety	<input checked="" type="checkbox"/> Communication among the staff <input checked="" type="checkbox"/> Communication with patients	<input type="checkbox"/> Others (                    )		

7.8. Indication of Type of Wastes



Theme of Improvement	Waste type indication using colour tags	Department	Inpatient ward
<b>BEFORE / Description of challenges hindering service provision</b>		<b>AFTER</b>	
<ul style="list-style-type: none"> <li>The same-coloured bags were used for different waste types due to limited availability of bags.</li> <li>As a result, it was difficult to distinguish whether the bags contained infectious or non-infectious waste, especially during waste-bin collection.</li> <li>This posed an infection risk to staff, particularly those who collect the waste bins and incinerate the wastes.</li> </ul>			
<b>ACTIONS</b> taken to address the challenges		<b>Description of achievements in service provision</b>	
<ul style="list-style-type: none"> <li>Applied colour-coded tape to waste bags to indicate the designated waste type: "red tape" for infectious waste and "yellow tape" for non-infectious waste.</li> </ul>	<ul style="list-style-type: none"> <li>Waste bags are now clearly identified by type.</li> <li>The infection risk for waste collection staff is expected to be reduced.</li> </ul>		
<b>Achievement through 5S/Quick KAIZEN</b>			
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input checked="" type="checkbox"/> Staff safety <input checked="" type="checkbox"/> Patient safety	<input checked="" type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input type="checkbox"/> Others (            )

## 7.9. Storage of Cleaning Materials

Theme of Improvement		Storage of cleaning materials improved		Department	Inpatient ward
<b>BEFORE</b>		<b>ACTIONS</b> taken to address the challenges		<b>AFTER</b>	
		<ul style="list-style-type: none"> <li>Installed a designated mop storage/drying area with buckets to catch drips.</li> <li>Introduced demarcation by labelling of colour tapes and zoning to separate mops by use area.</li> </ul>			
<b>Description of challenges hindering service provision</b> <ul style="list-style-type: none"> <li>Mops were hung on a window to dry.</li> <li>There were no buckets to catch water dripping from the mops, creating a slip hazard for staff and resulting in injuries.</li> <li>There was a risk of infection spread.</li> </ul>				<b>Description of achievements in service provision</b> <ul style="list-style-type: none"> <li>Water now drips into buckets, so the floors remain dry.</li> <li>Demarcation and labelling prevent the wrong mop from being used; therefore, there is no cross-infection.</li> </ul>	
<b>Achievement through 5S/Quick KAIZEN</b>					
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction		<input checked="" type="checkbox"/> Staff safety <input checked="" type="checkbox"/> Patient safety		<input checked="" type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	
<input checked="" type="checkbox"/> Others (IPC)					



## 7.10. Laundry Trolley



<b>Theme of Improvement</b>	Standardizing laundry trolleys to reduce cross-contamination risk	<b>Department</b>	Laundry
<b>BEFORE</b>		<b>ACTIONS</b> taken to address the challenges	
		<ul style="list-style-type: none"> <li>• Designated the trolleys as “Clean, Dry Linen” and “Wet Linen” using different colors and labels.</li> <li>• Developed SOPs.</li> <li>• Conducted IPC training.</li> </ul>	
		<b>AFTER</b>	
<p><b>Description of challenges hindering service provision</b></p> <ul style="list-style-type: none"> <li>• Laundry trolleys used to transport both wet linen from the washing machine and clean, dry linen were not labelled.</li> <li>• This affected service quality in the laundry, as SOPs were not being followed, increasing the risk of cross-contamination and sepsis.</li> </ul>		<p><b>Description of achievements in service provision</b></p> <ul style="list-style-type: none"> <li>• Clean and wet linen are transported separately using labelled, color-coded trolleys.</li> <li>• Reduced risk of cross-contamination and sepsis.</li> <li>• Improved adherence to SOPs and overall laundry service quality.</li> </ul>	
<b>Achievement through 5S/Quick KAIZEN</b>			
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input checked="" type="checkbox"/> Staff safety <input checked="" type="checkbox"/> Patient safety	<input checked="" type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input type="checkbox"/> Others (            )

## **8. Facility Maintenance**



Facility conditions may deteriorate over time due to aging and daily use. Appropriate facility maintenance is essential to ensure a safe, clean, and functional environment for patients, staff, and visitors. When implementing activities related to “Facility Maintenance,” it is beneficial to consider the following points:

- A system is in place to identify, report, and address facility-related problems promptly.
- Roles and responsibilities for facility maintenance are clearly defined.
- Routine checks are conducted to monitor the condition of buildings, rooms, utilities, and fixtures.

### 8.1. Potential Hazard (Electric Wires)



<b>Theme of Improvement</b>	Eliminating exposed wiring to enhance patient and staff safety		<b>Department</b>	Inpatient ward
<b>BEFORE</b>		<b>ACTIONS</b> taken to address the challenges	<b>AFTER</b>	
		<ul style="list-style-type: none"> <li>Electricians were engaged and they attended to the problem.</li> </ul>		
<b>Description of challenges hindering service provision</b>			<b>Description of achievements in service provision</b>	
<ul style="list-style-type: none"> <li>Exposed live electric wires endangering both patients and staff.</li> <li>Continuously flowing electric current as the switch not working.</li> </ul>			<ul style="list-style-type: none"> <li>Reinforced electric wires.</li> <li>Switch and socket cover fixed.</li> <li>Improved safety to both patients and staff.</li> </ul>	
<b>Achievement through 5S/Quick KAIZEN</b>				
<input type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input checked="" type="checkbox"/> Staff safety <input checked="" type="checkbox"/> Patient safety	<input type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input type="checkbox"/> Others (                    )	

8.2. Potential Hazard (Steam Supply Restoration)



<b>Theme of Improvement</b>		Steam supply restoration for staff safety	<b>Department</b>	Food services
<b>BEFORE</b>		<b>ACTIONS</b> taken to address the challenges	<b>AFTER</b>	
		<ul style="list-style-type: none"> <li>Requested for repairs.</li> </ul>		
<b>Description of challenges hindering service provision</b>			<b>Description of achievements in service provision</b>	
<ul style="list-style-type: none"> <li>Compromised steam supply delayed food preparation.</li> <li>Catering staff at risk of steam supply busts resulting in burns.</li> </ul>			<ul style="list-style-type: none"> <li>Adequate steam supply promotes timely food preparation.</li> <li>Safety of catering members addressed.</li> </ul>	
<b>Achievement through 5S/Quick KAIZEN</b>				
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input checked="" type="checkbox"/> Staff safety <input type="checkbox"/> Patient safety	<input type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input type="checkbox"/> Others (                    )	



### 8.3. Potential Hazard (Patient Bed Mattress)

<b>Theme of Improvement</b>	Improving comfort and reducing infection risk by replacing mattresses	<b>Department</b>	Inpatient ward
<b>BEFORE</b>		<b>ACTIONS</b> taken to address the challenges	<b>AFTER</b>
		<ul style="list-style-type: none"> <li>• Introduced washable mattress covers and cleaned with soapy water.</li> <li>• Replaced non-washable mattresses with cleanable surfaces.</li> </ul>	
<b>Description of challenges hindering service provision</b>		<b>Description of achievements in service provision</b>	
<ul style="list-style-type: none"> <li>• Mattresses were not washable and absorbed blood/fluids.</li> <li>• High risk of infection transmission from contaminated mattresses.</li> <li>• Old, uncomfortable mattresses compromised patient safety and comfort.</li> </ul>		<ul style="list-style-type: none"> <li>• Carbonization is easier.</li> <li>• Easily washable with soapy water.</li> <li>• The mattress is very comfortable for patients.</li> <li>• The infection rate has been reduced.</li> </ul>	
<b>Achievement through 5S/Quick KAIZEN</b>			
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input checked="" type="checkbox"/> Staff safety <input checked="" type="checkbox"/> Patient safety	<input type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input checked="" type="checkbox"/> Others (IPC)

### 8.4. Grounds Clearing

Theme of Improvement		Reducing mosquito risk through regular grounds cleaning		Department	Grounds
BEFORE		ACTIONS taken to address the challenges		AFTER	
		<ul style="list-style-type: none"> <li>• Surroundings to be attended to on a regular basis.</li> <li>• Agreed to do surroundings weekly.</li> </ul>			
<b>Description of challenges hindering service provision</b> <ul style="list-style-type: none"> <li>• Sight of overgrown weeds was not good.</li> <li>• It was also the breeding ground for mosquitoes.</li> </ul>				<b>Description of achievements in service provision</b> <ul style="list-style-type: none"> <li>• Surroundings now clean.</li> </ul>	
<b>Achievement through 5S/Quick KAIZEN</b>					
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input checked="" type="checkbox"/> Staff safety <input checked="" type="checkbox"/> Patient safety	<input type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input checked="" type="checkbox"/> Others (Environmental Cleanliness)		

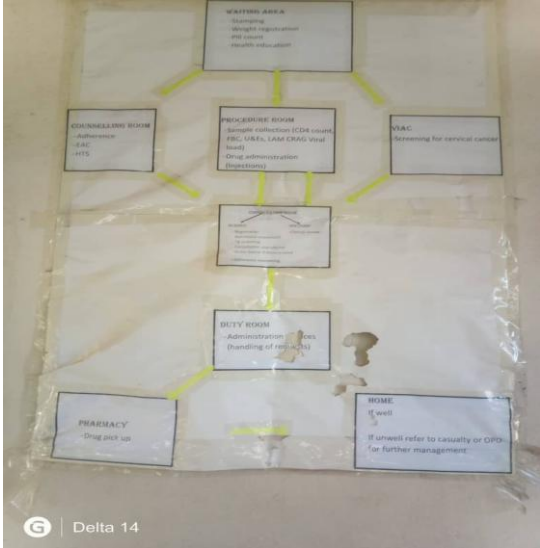

## **9. Communication with Patients/Relatives**

Effective communication with patients and relatives is essential for safe, patient-centred, and efficient service delivery, as well as for improving patients' and relatives' experiences. When implementing activities related to "Communication with Patients/Relatives," it is beneficial to consider the following points:

Effective communication with patients and families is essential for ensuring patient safety. It prevents medical errors, promotes early detection of complications, enhances shared decision-making, and strengthens a culture of safety. In addition, listening to patients and their families helps identify needs and expectations, improves the quality and safety of healthcare services, enhances patient satisfaction, and promotes continuous quality improvement within healthcare facilities. When implementing activities related to "Communication with Patients/Relatives," it is beneficial to consider the following points:



- Necessary information is delivered with patients/relatives accurately and in a timely manner.
- There are several channels for patients to share their opinions as feedback to their received services.
- Patient/relatives' experience is captured regularly for the improvement of their service provision.
- Privacy and confidentiality are respected.

### 9.1. Patient Triage Flowchart


<b>Theme of Improvement</b>	Visualizing the patient pathway to improve service delivery and communication	<b>Department</b>	Outpatient	
<b>BEFORE</b>		<b>ACTIONS</b> taken to address the challenges		
		<ul style="list-style-type: none"> <li>Reviewed the current patient process.</li> <li>Developed a standardized patient flow chart for new and subsequent visits (triage → registration → consultation/procedures → pharmacy), and displayed it.</li> </ul>	<b>AFTER</b>	
<b>Description of challenges hindering service provision</b>		<b>Description of achievements in service provision</b>		
<ul style="list-style-type: none"> <li>Difficulty in triaging patients.</li> <li>Presentation of information on flow chart not very clear.</li> <li>Difficulty in communication of information to patients.</li> </ul>		 <ul style="list-style-type: none"> <li>Good presentation of flow chart which helps to guide patient process.</li> <li>Service delivery improved.</li> <li>Communication to patients improved.</li> </ul>		
<b>Achievement through 5S/Quick KAIZEN</b>				
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input type="checkbox"/> Patient safety	<input checked="" type="checkbox"/> Communication among the staff <input checked="" type="checkbox"/> Communication with patients	<input checked="" type="checkbox"/> Others (service delivery improved)	



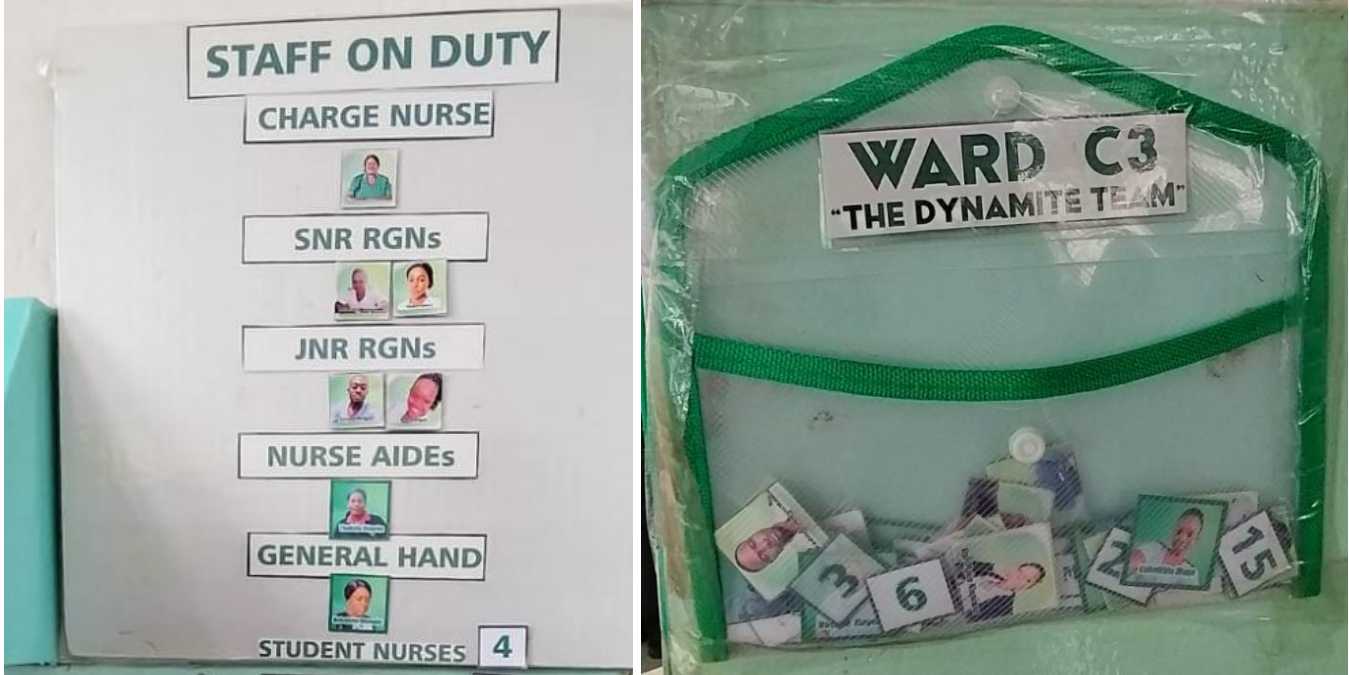
## 9.2. Triage at Waiting Area

Theme of Improvement	Improving working flow by triaging of Clients according to their Specialist Doctors at the Patients Waiting Area		Department	Casualty	
BEFORE		ACTIONS taken to address the challenges	AFTER		
		<ul style="list-style-type: none"> <li>Introduced simple triage at the waiting area to assign seating.</li> </ul>			
<b>Description of challenges hindering service provision</b>			<b>Description of achievements in service provision</b>		
<ul style="list-style-type: none"> <li>Clients could sit anywhere, which resulted in long waiting times, as some clients were missed when the specialist arrived.</li> </ul>			<ul style="list-style-type: none"> <li>Following the labeling of benches in the waiting area, patients can now be easily triaged.</li> <li>Patients can also be identified according to the specialist doctor they are supposed to see.</li> </ul>		
<b>Achievement through 5S/Quick KAIZEN</b>					
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input type="checkbox"/> Patient safety	<input checked="" type="checkbox"/> Communication among the staff <input checked="" type="checkbox"/> Communication with patients	<input type="checkbox"/> Others (            )		


### 9.3. Communication with Relatives

Theme of Improvement	Communication as a team to relatives improved	Department	Inpatient ward
<b>BEFORE / Description of challenges hindering service provision</b>	<b>AFTER</b>		
<ul style="list-style-type: none"> <li>Patients and relatives complained that staff did not communicate sufficiently regarding the patient's prognosis and outcome as evidenced by the PR Report.</li> <li>Relatives were often uncooperative in sourcing necessary resources ie medications, blood tests, scans required for patient care.</li> <li>Relatives waited for long periods only to be notified late that the patient had been discharged to a ward, often missing the significant part of the visiting hour.</li> </ul>			
<b>ACTIONS</b> taken to address the challenges	<b>Description of achievements in service provision</b>		
<ul style="list-style-type: none"> <li>Lack of prognosis communication –family conference book put in place. It mandates that every relative receives at least one formal family conference. The conference details (date, doctor, details of discussed items, nurse attendance) must be officially documented in the book.</li> <li>Resource sourcing cooperation- allocation of a customer service nurse. This dedicated nurse speaks to relatives about the importance of the resources required for the patient and the value of attending family conferences.</li> <li>Poor discharge notification – Installation of waiting area status board. This board is actively updated listing patients currently in the ward and clearly highlighting those who have been discharged or transferred.</li> </ul>	<ul style="list-style-type: none"> <li>Enhanced transparency and accountability in communicating patient status. Ensures critical discussions about prognosis and outcome are standardized documented, and involve multidisciplinary staff.</li> <li>Improved relative cooperation and compliance with resource sourcing. The nurse acts as a liaison and educator.</li> <li>Reduced waiting time and timely notification. Relatives are informed promptly of a change in patient location, enabling them to better manage their time and attending visiting hours.</li> </ul>		
<b>Achievement through 5S/Quick KAIZEN</b>			
<input type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input type="checkbox"/> Patient safety	<input type="checkbox"/> Communication among the staff <input checked="" type="checkbox"/> Communication with patients	<input type="checkbox"/> Others (            )

9.4. Duty Board

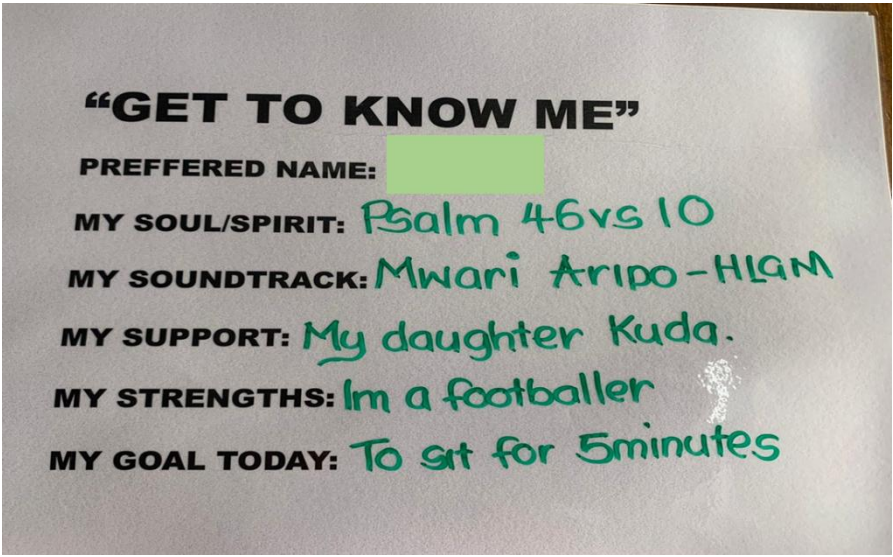
<b>Theme of Improvement</b>	Simplifying On-Duty Staff Updates	<b>Department</b>	Inpatient ward
<b>BEFORE / Description of challenges hindering service provision</b>	<b>AFTER</b>		
<ul style="list-style-type: none"> <li>As a routine work, the staff on duty list was updated by hand each time, which was time-consuming.</li> </ul>			
<b>ACTIONS</b> taken to address the challenges	<b>Description of achievements in service provision</b>		
<ul style="list-style-type: none"> <li>Developed a duty board and staff cards with each staff member's photo and name.</li> </ul>	<ul style="list-style-type: none"> <li>It is now much easier to update the on-duty staff list.</li> <li>It is also easier for everyone to see who is on duty.</li> </ul>		
<b>Achievement through 5S/Quick KAIZEN</b>			
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input type="checkbox"/> Patient safety	<input checked="" type="checkbox"/> Communication among the staff <input checked="" type="checkbox"/> Communication with patients	<input type="checkbox"/> Others ( )

### 9.5. Identification of Patients' Relatives


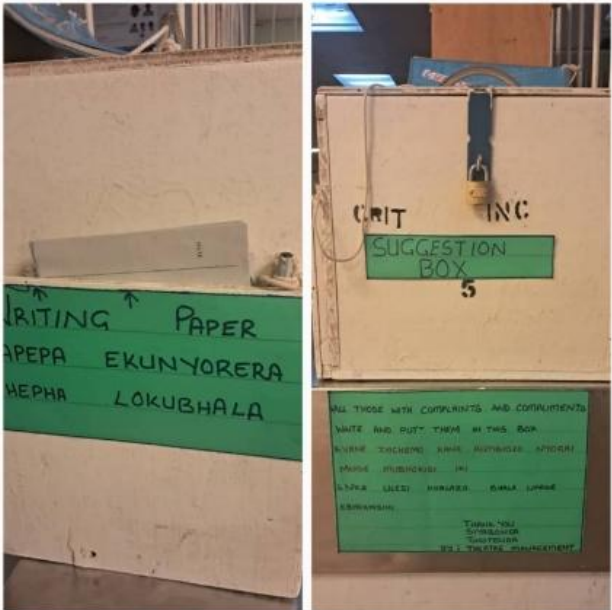
<b>Theme of Improvement</b>	Improving doctor–relative identification using color-coded cards	<b>Department</b>	Inpatient ward
<b>BEFORE / Description of challenges hindering service provision</b>		<b>AFTER</b>	
<ul style="list-style-type: none"> <li>When relatives arrived at the ward, they needed to find the doctor in charge.</li> <li>Doctors also found it difficult to identify which visitors were the patients' family members they needed to communicate with.</li> </ul>			
<b>ACTIONS</b> taken to address the challenges		<b>Description of achievements in service provision</b>	
<ul style="list-style-type: none"> <li>Developed “Doctor Identification Cards”.</li> <li>Each colour corresponds to a doctor and displays the doctor’s name.</li> <li>The nurses issue the cards to the relatives, when the relatives arrive.</li> </ul>		<ul style="list-style-type: none"> <li>It is now easier for doctors to find their respective relatives, thanks to the color-coded cards.</li> </ul>	
<b>Achievement through 5S/Quick KAIZEN</b>			
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input type="checkbox"/> Patient safety	<input type="checkbox"/> Communication among the staff <input checked="" type="checkbox"/> Communication with patients	<input type="checkbox"/> Others (            )





## 9.6. Personalizing Patient Identity in the CCU

Theme of Improvement	Communication with patients improved	Department	Inpatient ward
<b>BEFORE / Description of challenges hindering service provision</b>	<b>AFTER</b>		
<p>The unit functioned on a rigid, impersonal system that inadvertently heightened patient stress:</p> <ul style="list-style-type: none"> <li>• Identity Disconnect: Patients were identified only by official birth names on cards, often ignoring their preferred identities or nicknames.</li> <li>• Sensory Deprivation: The CCU environment was a "black hole" of boredom, lacking mental stimulation or entertainment.</li> <li>• Isolation &amp; Delirium: Rigid visiting policies led to patients in post-surgical delirium call out for loved ones who were physically not always available from the unit due to hospital policy restrictions of only 2 relatives allowed per visit, leading to increased agitation thus affecting quick recovery.</li> </ul>			
<b>ACTIONS</b> taken to address the challenges	<b>Description of achievements in service provision</b>		
<ul style="list-style-type: none"> <li>• Developed a "Get to Know Me" Boards, and, implementation of it.</li> </ul>	<p>The unit introduced a holistic bedside profile and a "Flexible Connection" policy:</p> <ul style="list-style-type: none"> <li>• Personalized Identity: Highlighting the patient's preferred name and hobbies.</li> <li>• Psychological Comfort: Documenting favourite music, prayers, or songs to create a familiar sensory environment.</li> <li>• Goal-Oriented Recovery: Including a "Goal for Today" (e.g., "Sit in chair for 10 mins") to involve the patient in their own progress.</li> <li>• The "Compassion Minute": A policy allowing a 5-minute "check-in" for the patient's primary support person outside of standard visiting hours.</li> <li>• Information is taken upon admission from immediate relative.</li> </ul>		
<b>Achievement through 5S/Quick KAIZEN</b>			
<input type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input type="checkbox"/> Patient safety	<input type="checkbox"/> Communication among the staff <input checked="" type="checkbox"/> Communication with patients	<input type="checkbox"/> Others (            )


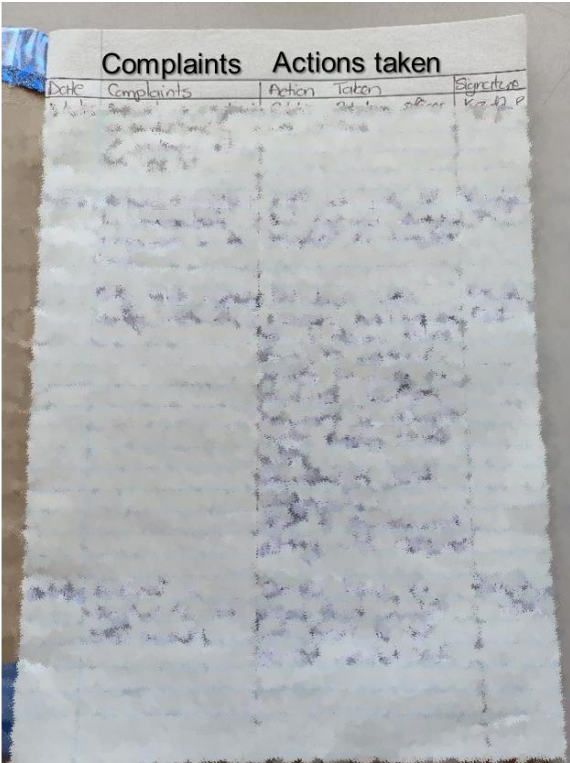
### 9.7. Improved Customer Feedback Collection

Theme of Improvement	Improving utilization of the suggestion box		Department	Theatre	
BEFORE		ACTIONS taken to address the challenges	AFTER		
		<ul style="list-style-type: none"> <li>Stationery (e.g., pens and paper) provided and clearly indicated where they are.</li> <li>This help to get feedback from clients and know areas to improve for quality health care.</li> </ul>			
<b>Description of challenges hindering service provision</b>		<b>Description of achievements in service provision</b>			
<ul style="list-style-type: none"> <li>We did have a suggestion box but was not utilised enough, not labelled, no stationery for our clients to write and clear instructions.</li> </ul>		<ul style="list-style-type: none"> <li>The suggestion box is now well labelled instructions written in all languages for our clients to utilise, customer satisfaction book attached with a string as well.</li> <li>Have agreed to open after every 2 weeks and involve PR department and loss control as well as floor matron.</li> </ul>			
<b>Achievement through 5S/Quick KAIZEN</b>					
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input type="checkbox"/> Patient safety	<input type="checkbox"/> Communication among the staff <input checked="" type="checkbox"/> Communication with patients	<input type="checkbox"/> Others (                    )		

## 9.8. Digital Feedback Collection

<b>Theme of Improvement</b>	Introducing a QR code based digital feedback system to improve response rate and privacy	<b>Department</b>	Inpatient ward
<b>BEFORE</b>		<b>ACTIONS</b> taken to address the challenges	<b>AFTER</b>
		<ul style="list-style-type: none"> <li>• QR code was developed for customer satisfaction.</li> <li>• This was shared with QAD and PR and to be used in all departments</li> <li>• 3 responses from the QR CODE in the month of February 2026.</li> </ul>	
<b>Description of challenges hindering service provision</b>		<b>Description of achievements in service provision</b>	
<p>Previously suggestions were collected via physical suggestion boxes and customer feedback books. The system faced several challenges:</p> <ul style="list-style-type: none"> <li>• Low response rate due to frequent shortages of pens and stationery</li> <li>• Lack of privacy as patients often felt uncomfortable or intimidated writing feedback in a public book where others might see them.</li> <li>• The process was cumbersome for patients who were unwell and in a hurry</li> <li>• Responses were 1 or 2 in 3 months.</li> </ul>		<ul style="list-style-type: none"> <li>• <b>Digital feedback system:</b> Custom QR codes are prominently displayed in the department, with step-by-step instructions so visitors of all technical levels can participate easily.</li> <li>• <b>Anonymous &amp; privacy:</b> Patients can provide honest feedback on their own devices without fear of being identified.</li> <li>• <b>24/7 access:</b> Always accessible.</li> <li>• <b>Cost effective:</b> No paper or pens required, helping address stationery shortages.</li> <li>• <b>Faster actions:</b> Feedback can be sent directly to management in real time, enabling quicker responses to urgent concerns.</li> <li>• <b>Improved hygiene:</b> Using personal phones is more sanitary than sharing communal pens and books in a hospital setting.</li> </ul>	
<b>Achievement through 5S/Quick KAIZEN</b>			
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input checked="" type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input type="checkbox"/> Patient safety	<input type="checkbox"/> Communication among the staff <input checked="" type="checkbox"/> Communication with patients	<input checked="" type="checkbox"/> Others (service delivery)

### 9.9. Complaint Tracking and Action Log

<b>Theme of Improvement</b>	Improving complaint management		<b>Department</b>	Inpatient ward
<b>BEFORE / Description of challenges hindering service provision</b>	<b>AFTER</b>			
<ul style="list-style-type: none"> <li>There was no system in place to utilize client feedback for improvement.</li> <li>It was unclear whether any actions were taken in response to issues raised by clients.</li> </ul>				
<b>ACTIONS</b> taken to address the challenges	<b>Description of achievements in service provision</b>			
<ul style="list-style-type: none"> <li>Created a dedicated register to record complaints and actions taken.</li> <li>Summarized complaints from other registers and documented follow-up actions.</li> </ul>	<ul style="list-style-type: none"> <li>Complaints and responses are traceable and easier to monitor.</li> <li>Improved service quality by acting on client feedback.</li> </ul>			
<b>Achievement through 5S/Quick KAIZEN</b>				
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input type="checkbox"/> Patient safety	<input type="checkbox"/> Communication among the staff <input checked="" type="checkbox"/> Communication with patients	<input checked="" type="checkbox"/> Others (service delivery, client satisfaction)	

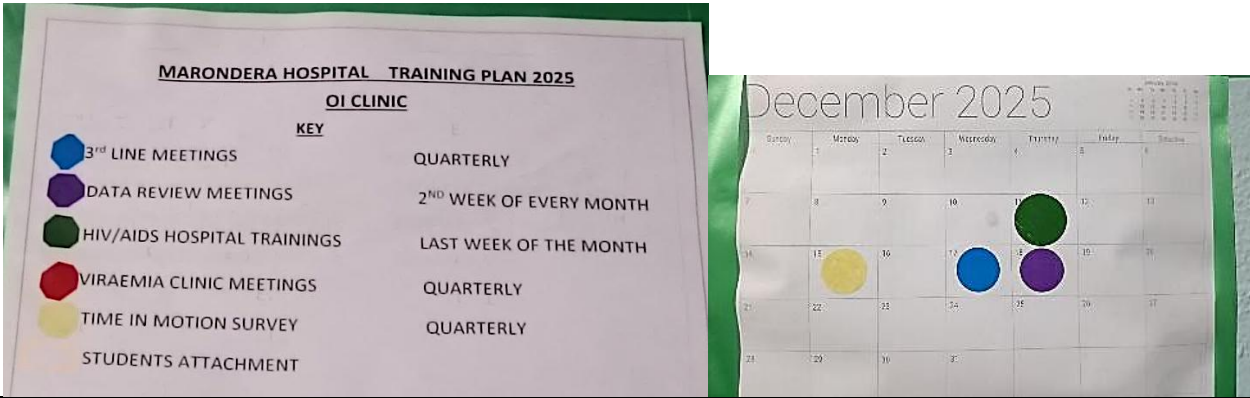


## **10. Communication among Staff**



Communication among staff is vital for demonstrating teamwork and providing safe and efficient patient care. When implementing activities related to “Communication among Staff,” it is beneficial to consider the following points:

- Necessary information is shared among staff accurately and in a timely manner.
- System for information sharing and reporting is available and known by every relevant staff.
- Visual controls are used effectively to support communication.
- Effective channels are in place for staff to share their ideas and opinions.

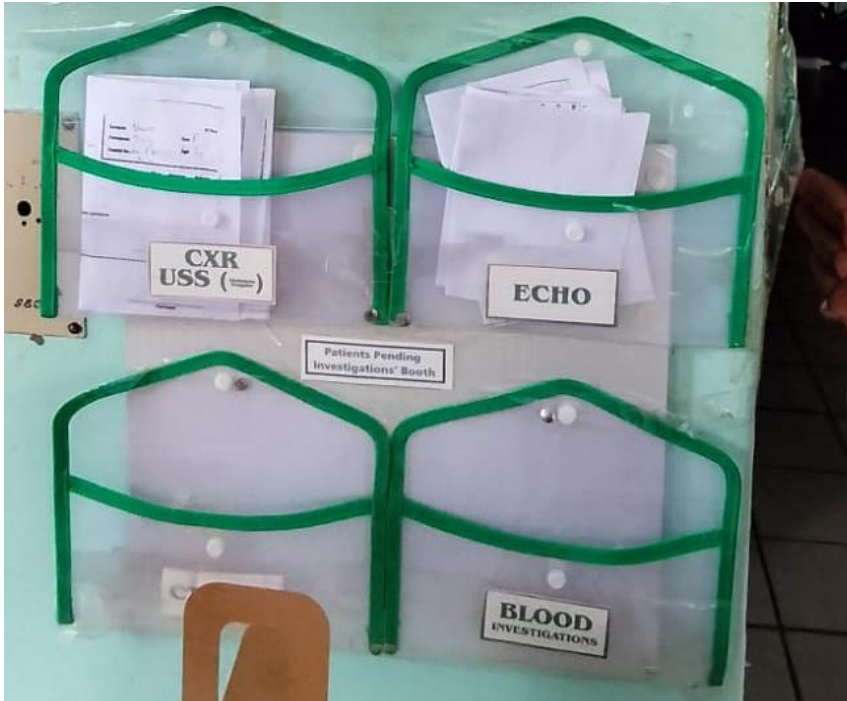
### 10.1. Information Sharing using Colour Coding

Theme of Improvement	Improving information sharing using through the colour coded calendar among staff	Department	Outpatient
<b>BEFORE / Description of challenges hindering service provision</b>	<b>AFTER</b>		
<ul style="list-style-type: none"> <li>There was no tool to share the activity schedule within the department.</li> <li>As a result, missed or conflicting activities happened due to poor visibility of plans.</li> </ul>	 <p>The image shows a 'MARONDERA HOSPITAL TRAINING PLAN 2025' key for the 'OI CLINIC'. The key lists several activities with corresponding color-coded markers: 3<sup>rd</sup> LINE MEETINGS (blue circle), DATA REVIEW MEETINGS (purple circle), HIV/AIDS HOSPITAL TRAININGS (green circle), VIRAEMIA CLINIC MEETINGS (red circle), TIME IN MOTION SURVEY (yellow circle), and STUDENTS ATTACHMENT (white circle). The frequency of each activity is listed: 3<sup>rd</sup> LINE MEETINGS (QUARTERLY), DATA REVIEW MEETINGS (2<sup>ND</sup> WEEK OF EVERY MONTH), HIV/AIDS HOSPITAL TRAININGS (LAST WEEK OF THE MONTH), VIRAEMIA CLINIC MEETINGS (QUARTERLY), TIME IN MOTION SURVEY (QUARTERLY), and STUDENTS ATTACHMENT (QUARTERLY). To the right of the key is a calendar for December 2025 with several colored circles placed on specific dates to represent these activities.</p>		
<b>ACTIONS</b> taken to address the challenges			
<ul style="list-style-type: none"> <li>Introduced a color-coded calendar with a clear key for activities.</li> <li>Displayed the calendar in a visible area for all staff.</li> </ul>	<p style="text-align: center;"><b>Description of achievements in service provision</b></p> <ul style="list-style-type: none"> <li>Staff can quickly see upcoming activities and plan accordingly.</li> <li>Improved coordination and reduced missed/conflicting activities.</li> </ul>		
<b>Achievement through 5S/Quick KAIZEN</b>			
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input type="checkbox"/> Patient safety	<input checked="" type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input type="checkbox"/> Others (            )

## 10.2. Staff Idea Collection

<b>Theme of Improvement</b>	Creating a staff suggestion system to improve work	<b>Department</b>	Inpatient ward
<b>BEFORE / Description of challenges hindering service provision</b>	<b>AFTER</b>		
<ul style="list-style-type: none"> <li>There was no system in place in the department to collect improvement ideas from staff.</li> </ul>	 		
<b>ACTIONS</b> taken to address the challenges	<b>Description of achievements in service provision</b> <ul style="list-style-type: none"> <li>KAIZEN ideas are now being captured from staff to improve work environment, work process, and service delivery.</li> </ul>		
<b>Achievement through 5S/Quick KAIZEN</b>			
<input type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input type="checkbox"/> Patient safety	<input checked="" type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input type="checkbox"/> Others ( )

### 10.3. Pending Investigations Booth

Theme of Improvement	Visualising pending procedures	Department	Inpatient ward
<b>BEFORE / Description of challenges hindering service provision</b>	<b>AFTER</b>		
<ul style="list-style-type: none"> <li>Request forms were kept in different places, making it difficult to know which investigations were still pending.</li> <li>Staff had to spend time checking patient files individually to confirm pending procedures.</li> <li>This sometimes led to delays and missed follow-ups.</li> </ul>			
<b>ACTIONS</b> taken to address the challenges	<ul style="list-style-type: none"> <li>Introduced a visual board with clearly labelled sections for each type of investigation (e.g., CXR/USS, ECHO, Blood Investigations).</li> <li>Placed pending request forms in the designated pockets according to investigation type.</li> </ul>		
<b>Description of achievements in service provision</b>			
<ul style="list-style-type: none"> <li>Pending procedures are clearly visible to all staff.</li> <li>Time spent searching for request forms has been reduced.</li> <li>Delays and missed follow-ups have decreased.</li> </ul>			
<b>Achievement through 5S/Quick KAIZEN</b>			
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input type="checkbox"/> Patient safety	<input checked="" type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input type="checkbox"/> Others (            )

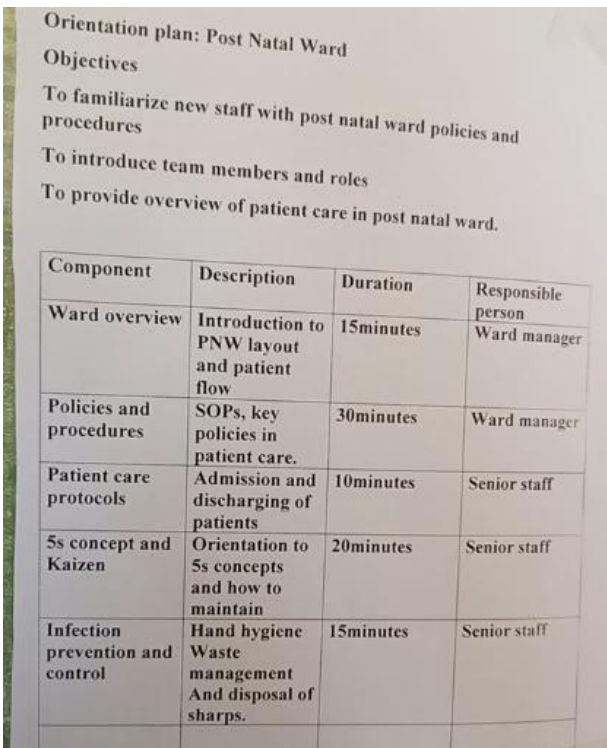
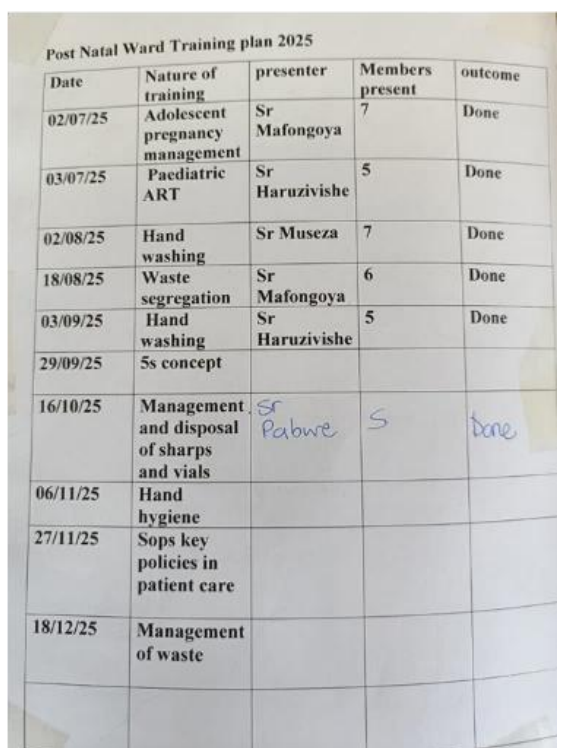


## **11. Staff Education**


Staff education such as orientation, training, etc., is essential for providing standardized healthcare service delivery. When implementing activities related to “Staff Education,” it is beneficial to consider the following points:

- Orientation and training plan including objectives, target trainees, training contents, time frame, facilitators information is available.
- Training contents are appropriate for the objectives.
- Required orientation/training is provided in a timely manner.
- Standardized materials for orientation and training are used.
- Orientation and training records are available and updated.
- Staff understanding is assessed to evaluate the effectiveness of the training, even after the training (e.g., pre/post test, on-the-job training).
- Orientation/training plan is reviewed regularly.

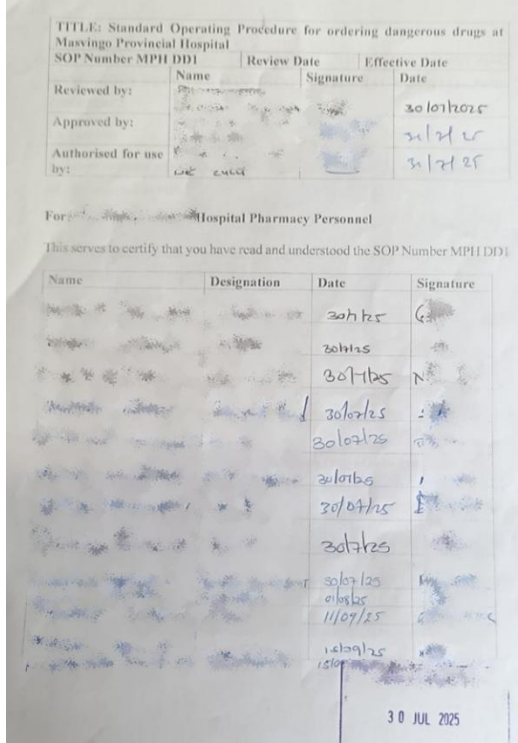
### 11.1. Orientation Plan and Training Plan

Theme of Improvement	Systematic implementation of departmental training	Department	Inpatient ward
<b>BEFORE / Description of challenges hindering service provision</b>	<b>AFTER</b>		
<ul style="list-style-type: none"> <li>There was no standardized orientation or training.</li> <li>As a result, training was conducted inconsistently, which may have caused knowledge gaps among trained staff.</li> </ul>	 		
<b>ACTIONS</b> taken to address the challenges	<p style="text-align: center;"><b>Description of achievements in service provision</b></p> <ul style="list-style-type: none"> <li>Structured orientation and departmental training plans are in place and shared with staff.</li> <li>Training is conducted as a standardized way.</li> </ul>		
<ul style="list-style-type: none"> <li>Developed an orientation plan for new staff and a departmental training plan, including objectives, training components, and schedule.</li> <li>Implemented the training according to the plan.</li> <li>Recorded training details after the training.</li> </ul>	<p style="text-align: center;"><b>Achievement through 5S/Quick KAIZEN</b></p>		
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input type="checkbox"/> Patient safety	<input checked="" type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input checked="" type="checkbox"/> Others (staff education)

## 11.2. An Educational Game

Theme of Improvement	Knowledge of 5S-KAIZEN and implementation improved	Department	Inpatient ward
<b>BEFORE / Description of challenges hindering service provision</b>	<b>AFTER</b>		
<ul style="list-style-type: none"> <li>Staff knowledge on 5S-KAIZEN was a challenge as highlighted in the internal M&amp;E report from QAD.</li> <li>Some staff members not engaged in 5S activities saying it is for WIT members.</li> <li>Trainings of equipment, IPC and customer service were done but not everyone was trained on the specific days highlighted.</li> <li>Sustaining still a challenge.</li> </ul>			
<b>ACTIONS</b> taken to address the challenges	<b>Description of achievements in service provision</b>		
<ul style="list-style-type: none"> <li>A “5S snakes and ladders game” was developed and implemented to make learning about the 5S more engaging and to improve knowledge gap.</li> <li>5S ownership-allocation cards put in place covering all critical areas: 5S equipment training, IPC training, and customer service.</li> <li>Training coverage-allocation playing cards strategy was utilized to make training continuous and peer-led. The card picker must teach and carry out the activity for the day.</li> <li>Sustaining improvements- the allocation cards ensures that critical activities are carried out daily and involves different staff members.</li> </ul>	<ul style="list-style-type: none"> <li>Improved staff knowledge and understanding on 5S methodology. This made it enjoyable, addressing identified knowledge gap.</li> <li>Increased staff involvement and ownership of 5S, shifting perception from a WIT task to a collective responsibility.</li> <li>Cascaded and continuous training across all areas ensured wider coverage and knowledge retention through peer teaching.</li> <li>Established a self-driven, daily habit of improvement and maintenance, which is key to long term sustainability.</li> </ul>		
<b>Achievement through 5S/Quick KAIZEN</b>			
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input type="checkbox"/> Patient safety	<input checked="" type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input checked="" type="checkbox"/> Others (staff education, staff engagement)

### 11.3. SOP Acknowledgement Form

<b>Theme of Improvement</b>	Implementing an SOP acknowledgement system	<b>Department</b>	Pharmacy
<b>BEFORE / Description of challenges hindering service provision</b>	<b>AFTER</b>		
<ul style="list-style-type: none"> <li>SOP understanding was not documented, leading to inconsistent practice.</li> </ul>			
<b>ACTIONS</b> taken to address the challenges	<b>Description of achievements in service provision</b>		
<ul style="list-style-type: none"> <li>Develop an SOP acknowledgement register.</li> <li>Implemented a sign-off register to confirm staff have read and understood departmental SOPs.</li> </ul>	<ul style="list-style-type: none"> <li>SOP adherence is now standardized and verifiable via staff sign-off records.</li> <li>The document ensures that all staff have read and understood the SOP.</li> </ul>		
<b>Achievement through 5S/Quick KAIZEN</b>			
<input type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input type="checkbox"/> Patient safety	<input type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input checked="" type="checkbox"/> Others (staff education)




## **12. Morale/Teamwork**

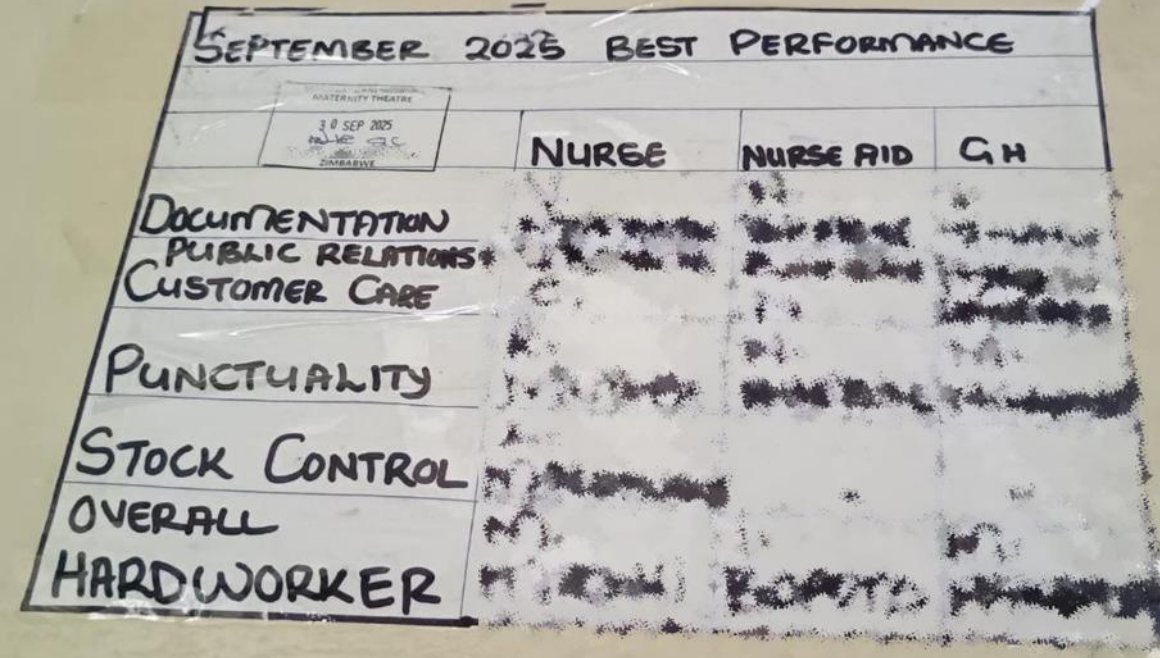
Morale and teamwork are important for safe, efficient, and patient-centered healthcare service delivery as well as the sustainability of the activities. When implementing activities related to “Morale/Teamwork,” it is beneficial to consider the following points:

- A motivational mechanism is documented as part of the departmental or facility system.
- Recognition and awards related to quality activities are institutionalized at both the departmental and facility levels.

## 12.1. Recognition and Engagement Activities

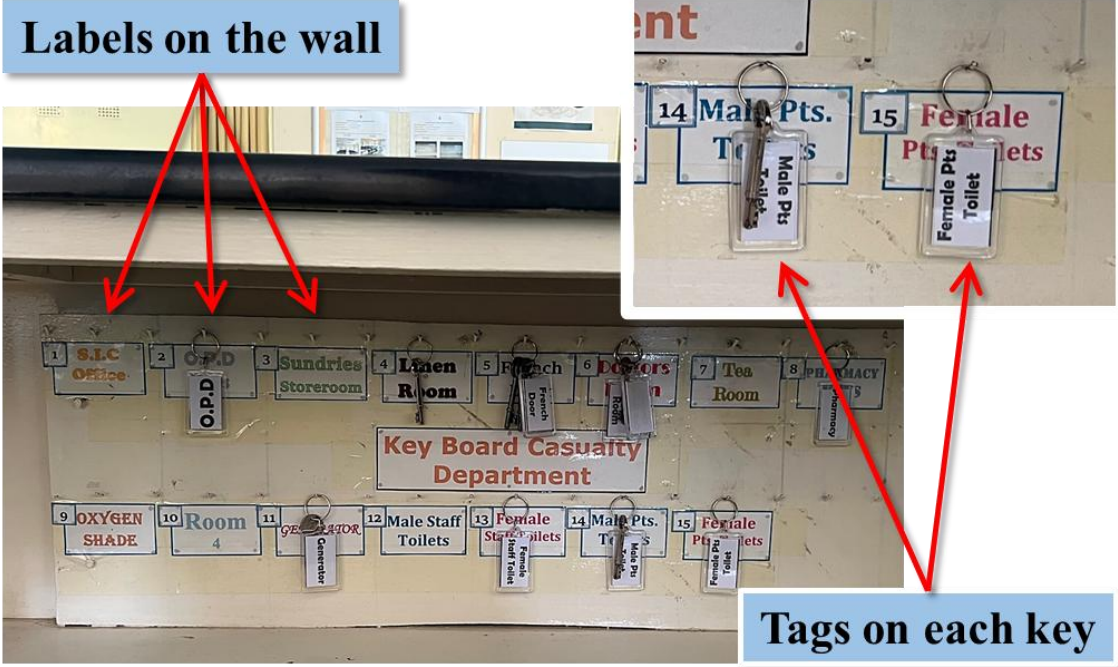
Theme of Improvement	Staff motivation improvement through recognition and team engagement	Department	Outpatient
<b>BEFORE / Description of challenges hindering service provision</b>		<b>AFTER</b>	
<ul style="list-style-type: none"> <li>The recognition and engagement activities were limited, which could affect staff morale.</li> </ul>			
<p><b>ACTIONS</b> taken to address the challenges</p> <ul style="list-style-type: none"> <li>Held a departmental recognition event; awarded certificates and encouraged team bonding regularly.</li> </ul>			
		<b>Description of achievements in service provision</b>	
		<ul style="list-style-type: none"> <li>Morale and engagement improved, strengthening teamwork and participation in departmental activities.</li> </ul>	
<b>Achievement through 5S/Quick KAIZEN</b>			
<input type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input type="checkbox"/> Patient safety	<input type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input checked="" type="checkbox"/> Others (staff morale)

12.2. Monthly Best-Performance Recognition

<b>Theme of Improvement</b>	Improving staff motivation and performance awareness through monthly recognition	<b>Department</b>	Theatre	
<b>BEFORE / Description of challenges hindering service provision</b>		<b>AFTER</b>		
<ul style="list-style-type: none"> <li>• There was no structured motivational mechanism in the department.</li> <li>• Staff performance was inconsistent.</li> </ul>				
<b>ACTIONS</b> taken to address the challenges		Description of achievements in service provision		
<ul style="list-style-type: none"> <li>• Introduced a monthly “Best Performance” recognition system with clear categories (documentation, customer care/PR, punctuality, stock control, overall hard worker).</li> <li>• Displayed results on a performance board and recognized top performers publicly to encourage positive competition and accountability.</li> </ul>		<ul style="list-style-type: none"> <li>• Motivation increased and performance improved across key areas, supporting better service quality.</li> </ul>		
<b>Achievement through 5S/Quick KAIZEN</b>				
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input type="checkbox"/> Patient safety	<input checked="" type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with clients	<input checked="" type="checkbox"/> Others (Staff morale)	

### 13. Others

#### 13.1. Key Management

Theme of Improvement	Standardizing key management	Department	Casualty
<b>BEFORE / Description of challenges hindering service provision</b>	<b>AFTER</b>		
<ul style="list-style-type: none"> <li>Keys were not kept in a designated place, leading to misplacement and delays.</li> <li>Time was wasted searching for room keys.</li> <li>Security and accountability were compromised due to poor key control.</li> </ul>			
<b>ACTIONS</b> taken to address the challenges	<ul style="list-style-type: none"> <li>Created a key control board with clearly labelled slots for each OPD room/area.</li> <li>Labelled key tags to match the board for easy identification.</li> </ul>		
<b>Description of achievements in service provision</b>			
<ul style="list-style-type: none"> <li>Improved key control and accountability.</li> <li>Enhanced security and smoother workflow in the department.</li> </ul>			
<b>Achievement through 5S/Quick KAIZEN</b>			
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input type="checkbox"/> Patient safety	<input checked="" type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input checked="" type="checkbox"/> Others (security)

13.2. Utilization of the Indicator

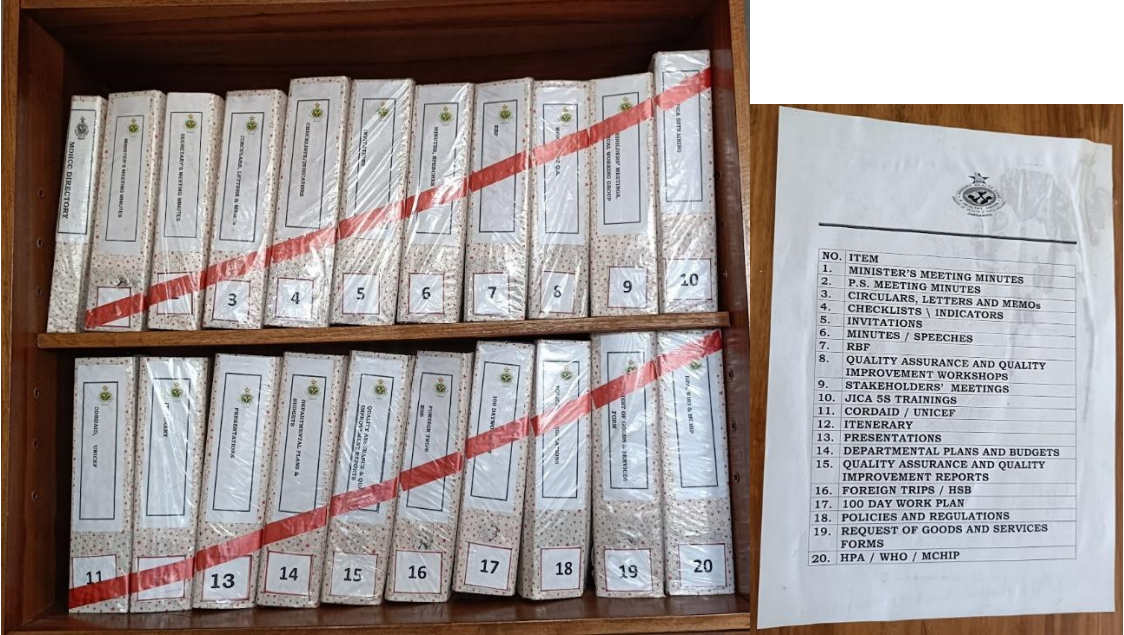
<b>Theme of Improvement</b>	Reducing patient waiting time through KAIZEN	<b>Department</b>	Outpatient
<b>BEFORE / Description of challenges hindering service provision</b>	<b>AFTER</b>		
<ul style="list-style-type: none"> <li>• Patient waiting times were long (around 120 minutes on average).</li> <li>• It was not easy for the staff to understand the current waiting-time status and trends because there was no visual tool.</li> </ul>			
<b>ACTIONS</b> taken to address the challenges	<ul style="list-style-type: none"> <li>• Introduced a dashboard to visualize the status and trends in average monthly waiting time.</li> <li>• Implemented 5S and KAIZEN to address waiting time issues, as the average waiting time (120 minutes) exceeded the 90-minute target.</li> <li>• Updated the dashboard regularly to monitor waiting time and share the status among staff.</li> </ul>		
<b>Description of achievements in service provision</b>			
<ul style="list-style-type: none"> <li>• Waiting time was reduced to around 60 minutes.</li> <li>• Ongoing monitoring is conducted to track waiting-time performance.</li> </ul>			
<b>Achievement through 5S/Quick KAIZEN</b>			
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input type="checkbox"/> Patient safety	<input checked="" type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input checked="" type="checkbox"/> Others (service delivery)





## **Good Practices in Ministry of Health Offices**

# 1. Management of Document Accessibility



## 1.1. File Management

Theme of Improvement	Improving accessibility and retrieval of files	Department	Office
<b>BEFORE / Description of challenges hindering service provision</b> <ul style="list-style-type: none"> <li>The file labels were not clearly visible and were not standardized.</li> <li>As a result, it sometimes took time to find the necessary files.</li> </ul>		<b>AFTER</b>	
<b>ACTIONS</b> taken to address the challenges <ul style="list-style-type: none"> <li>Developed standardized file labels.</li> <li>Introduced numbering and taping, and arranged the files accordingly.</li> <li>Created a master file index and displayed it on the side shelf.</li> </ul>			
<b>Description of achievements in service provision</b>			
<ul style="list-style-type: none"> <li>Files are now easy to retrieve and return, following “Can see, can take out, and can return” principle. Time spent searching for the necessary files is reduced.</li> <li>Risk of missing files is reduced.</li> </ul>			
<b>Achievement through 5S/Quick KAIZEN</b>			
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input type="checkbox"/> Patient safety	<input type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with patients	<input type="checkbox"/> Others (            )

## 1.2. A Standardised Filing System

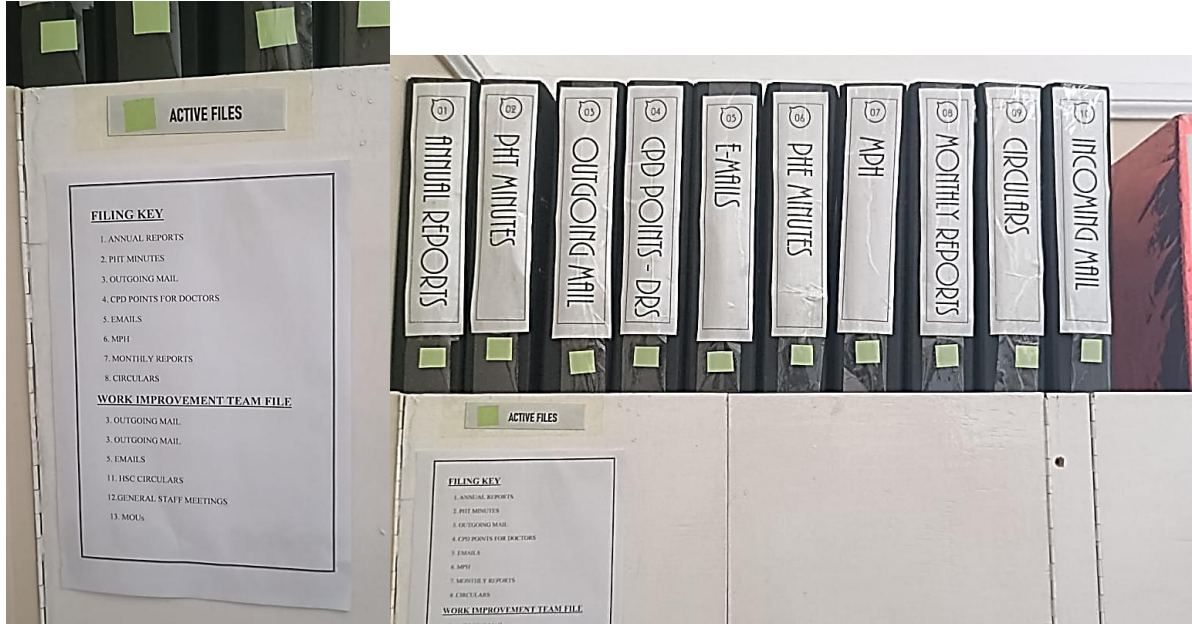
Theme of Improvement	Improving productivity and efficiency through rearranging the filing system	Department	Registry-Records
BEFORE		ACTIONS taken to address the challenges	
	<p>The team agreed on a new filing criterion as follows:</p> <ul style="list-style-type: none"> <li>Sort files by necessary, may be necessary and unnecessary</li> <li>Dedicate one carboard per district</li> <li>File per district</li> <li>use a colour code for active and inactive files</li> <li>Arrange files by EC Number</li> </ul>		
<b>Description of challenges hindering service provision</b>		<b>Description of achievements in service provision</b>	
<ul style="list-style-type: none"> <li>The filing system was insufficient.</li> <li>There were still some unnecessary files within the office.</li> <li>Labelling was still not clear increasing the time taken to retrieve files.</li> </ul>		<ul style="list-style-type: none"> <li>Time to retrieve files have been reduced significantly.</li> <li>Work flow improved.</li> <li>The office has space and is well ventilated.</li> </ul>	
Achievement through 5S/Quick KAIZEN			
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input type="checkbox"/> Client safety	<input checked="" type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with clients	<input type="checkbox"/> Others (                    )

### 1.3. Storage of Staff Records

Theme of Improvement	Improving records management through organized and secure staff records storage		Department	Registry-Records
BEFORE		ACTIONS taken to address the challenges	AFTER	
		<ul style="list-style-type: none"> <li>Removed clutter and unnecessary items to create more space</li> <li>Reassigned 6 drawer cupboards to other departments in exchange for 4 drawer cupboards</li> <li>Standardized number of files contained by each drawer and cupboard</li> <li>Labelled and serialized each drawer for easy reference</li> <li>Restricted access to the records department by unauthorized staff</li> <li>Labelled the main entrance “<b>No unauthorized access.</b>”</li> </ul>		
<b>Description of challenges hindering service provision</b>			<b>Description of achievements in service provision</b>	
<ul style="list-style-type: none"> <li>It was taking more time to search for a staff file on request.</li> <li>There was no privacy for the staff’s sensitive information stored in files on top of the cupboard.</li> <li>Only a few knew where to find files since no serials were allocated to each cupboard.</li> </ul>			<ul style="list-style-type: none"> <li>Now taking less than 25 seconds to search for a random staff file on request.</li> <li>privacy for the staff’s sensitive information stored in files in a cupboard.</li> <li>Any authorized personnel are now able to retrieve files guided by serial numbers.</li> </ul>	
<b>Achievement through 5S/Quick KAIZEN</b>				
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input type="checkbox"/> Client safety	<input checked="" type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with clients	<input type="checkbox"/> Others (            )	




### 1.4. Organized Active Files System



Theme of Improvement	Improving document retrieval	Department	PMD reception
<b>BEFORE / Description of challenges hindering service provision</b>	<b>AFTER</b>		
<ul style="list-style-type: none"> <li>Documents were not systematically filed, making retrieval time-consuming.</li> </ul>			
<b>ACTIONS</b> taken to address the challenges	<b>Description of achievements in service provision</b>		
<ul style="list-style-type: none"> <li>Created labelled binders.</li> <li>Sorted into “Active”, “Semi active” and “Inactive” files, and stored them separately.</li> <li>Developed and displayed a filing key.</li> </ul>	<ul style="list-style-type: none"> <li>Improved access to the necessary files.</li> </ul>		
<b>Achievement through 5S/Quick KAIZEN</b>			
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input type="checkbox"/> Client safety	<input checked="" type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with clients	<input type="checkbox"/> Others (            )



### 1.5. Payslip Management



<b>Theme of Improvement</b>	Standardized payslip filing for easier retrieval	<b>Department</b>	HR
<b>BEFORE / Description of challenges hindering service provision</b>	<b>AFTER</b>		
<ul style="list-style-type: none"> <li>Payslips were not systematically arranged, making retrieval time-consuming.</li> </ul>			
<b>ACTIONS</b> taken to address the challenges			
<ul style="list-style-type: none"> <li>Created clear month dividers/index tabs to improve accessibility.</li> </ul>			
<b>Description of achievements in service provision</b>			
<ul style="list-style-type: none"> <li>Reduced misplacement and improved document control.</li> </ul>			
<b>Achievement through 5S/Quick KAIZEN</b>			
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input type="checkbox"/> Client safety	<input checked="" type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with clients	<input type="checkbox"/> Others ( )

### 1.6. Filing Management

Theme of Improvement	Improving Document Retrieval		Department	HR
BEFORE	ACTIONS taken to address the challenges		AFTER	
	<ul style="list-style-type: none"> <li>Sorted and removed unnecessary paper.</li> <li>Introduced labelled file folders/binders for clear identification and easy access.</li> <li>Implemented colour coding to indicate departments and applied visual labels (e.g., yellow: HR, Pink: PMD office).</li> <li>Arranged files in a designated storage area.</li> </ul>			
<p><b>Description of challenges hindering service provision</b></p> <ul style="list-style-type: none"> <li>Disorder resulting in difficulty in locating staff documents.</li> <li>Turnaround time elongated.</li> <li>Confidentiality compromised.</li> </ul>			<p><b>Description of achievements in service provision</b></p> <ul style="list-style-type: none"> <li>Easy to identify and retrieve due to visible labels and colour coding.</li> </ul>	
<b>Achievement through 5S/Quick KAIZEN</b>				
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input type="checkbox"/> Client safety	<input checked="" type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with clients	<input type="checkbox"/> Others ( )	


## 2. Management of Office Items

### 2.1. Office Organization


Theme of Improvement	Improving space utilisation and access through 5S		Department	Admin and Finance
BEFORE		ACTIONS taken to address the challenges	AFTER	
		<ul style="list-style-type: none"> <li>Removed unnecessary items.</li> <li>Re-arranged the office layout.</li> </ul>		
<b>Description of challenges hindering service provision</b> <ul style="list-style-type: none"> <li>Items taking up more space than necessary.</li> <li>Difficult to locate items (e.g., files, stationery, etc).</li> <li>Unnecessary items kept.</li> <li>There was a risk of falling items.</li> <li>Staff could not mover around, because of cluttered items.</li> </ul>		<b>Description of achievements in service provision</b> <ul style="list-style-type: none"> <li>Improved space utilization.</li> <li>Improved access to items.</li> </ul>		
<b>Achievement through 5S/Quick KAIZEN</b>				
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input checked="" type="checkbox"/> Staff safety <input type="checkbox"/> Client safety	<input checked="" type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with clients	<input type="checkbox"/> Others (            )	



## 2.2. Management of ICT Tools

Theme of Improvement	Improving ICT tool accessibility	Department	ICT Office
<b>BEFORE / Description of challenges hindering service provision</b>		<b>AFTER</b>	
<ul style="list-style-type: none"> <li>Labels were not visible on other items.</li> <li>List of items were not visible outside the cardboard box.</li> </ul>			
<b>ACTIONS</b> taken to address the challenges		<b>Description of achievements in service provision</b>	
<ul style="list-style-type: none"> <li>Utilized the cabinet for storage of items.</li> <li>Arrange ICT items and introduced labels.</li> <li>Defined minimum and maximum levels of each item.</li> <li>Introduce a check sheet for the management of each tool.</li> </ul>			
<b>Achievement through 5S/Quick KAIZEN</b>			
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input type="checkbox"/> Client safety	<input checked="" type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with clients	<input type="checkbox"/> Others (            )



### 2.3. Cable Management

<b>Theme of Improvement</b>	Improving work efficiency and safety with organized cables	<b>Department</b>	ICT Office
<b>BEFORE / Description of challenges hindering service provision</b>		<b>AFTER</b>	
<ul style="list-style-type: none"> <li>Cables were tangled and scattered under the desk, posing a risk of tripping.</li> </ul>			
<b>ACTIONS</b> taken to address the challenges		<b>Description of achievements in service provision</b>	
<ul style="list-style-type: none"> <li>The power hub was kept to the legs of the desk to keep the cables organized and prevent tangling.</li> </ul>	<ul style="list-style-type: none"> <li>A safer, cleaner workspace with easier access to power connections.</li> </ul>		
<b>Achievement through 5S/Quick KAIZEN</b>			
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input checked="" type="checkbox"/> Staff safety <input checked="" type="checkbox"/> Client safety	<input type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with clients	<input type="checkbox"/> Others (            )





### 3. Management of Obsolete Items

#### 3.1. Space Creation by Disposal

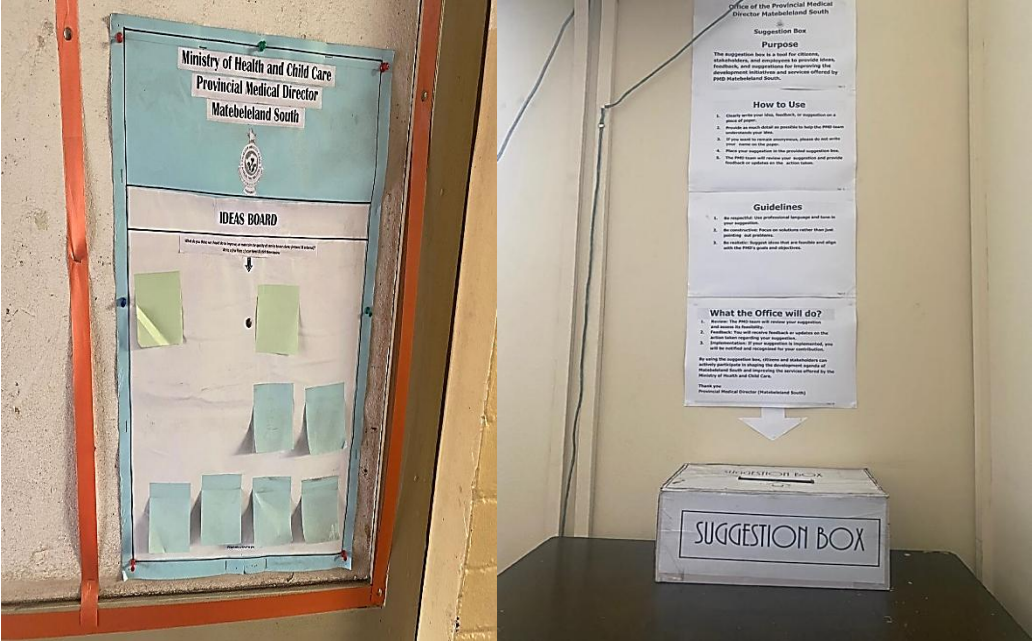
Theme of Improvement	Improving work efficiency by sorting items in the storeroom		Department	Environmental Health
BEFORE		ACTIONS taken to address the challenges	AFTER	
		<ul style="list-style-type: none"> <li>• QIT identified the problem and communicated it to PHE.</li> <li>• Prison services engaged for manpower to assist remove the clutter together with general Hands.</li> <li>• Bin liners were procured for waste segregation and storage.</li> <li>• Bulawayo city council was called in for disposal of domestic waste.</li> </ul>		
<b>Description of challenges hindering service provision</b>			<b>Description of achievements in service provision</b>	
<ul style="list-style-type: none"> <li>• The place or storeroom could not be accessed as it was full of waste.</li> <li>• The waste was now becoming a hazard as it was composed of medical waste, refuse and chemical waste.</li> </ul>		<ul style="list-style-type: none"> <li>• A briefing on sorting of the waste was done.</li> <li>• Waste was removed and disposed.</li> </ul>	<ul style="list-style-type: none"> <li>• The waste was segregated and was removed.</li> <li>• Space was created for a storage.</li> <li>• The room is now clean and safe for use.</li> </ul>	
<b>Achievement through 5S/Quick KAIZEN</b>				
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input checked="" type="checkbox"/> Staff safety <input type="checkbox"/> Client safety	<input type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with clients	<input type="checkbox"/> Others (            )	

### 3.2. Removing Unnecessary Items for Staff Safety

Theme of Improvement		Improving staff safety by removing waste and old tyres		Department	Environmental Health
BEFORE		ACTIONS taken to address the challenges		AFTER	
		<ul style="list-style-type: none"> <li>• QIT identified the problem and coordinated with PHE.</li> <li>• Mobilized manpower (Prison services and general hands) to remove clutter.</li> <li>• Conducted waste segregation and provided bin liners for proper collection.</li> <li>• Engaged Bulawayo City Council for transportation and disposal.</li> <li>• Removed and disposed of waste/tyres; briefed staff on sorting procedures.</li> </ul>			
<b>Description of challenges hindering service provision</b> <ul style="list-style-type: none"> <li>• Waste and old tyres had accumulated, limiting space and access.</li> <li>• Mosquitoes were breeding in old tyres and rodents were attracted to the area.</li> <li>• Staff safety risk increased due to clutter and difficult movement/handling.</li> <li>• Challenges with transport to the dumpsite and limited staff availability.</li> </ul>				<b>Description of achievements in service provision</b> <ul style="list-style-type: none"> <li>• Improved staff safety through a cleaner, hazard-free area.</li> <li>• Reduced mosquito and rodent breeding risks.</li> <li>• Area is now cleaner and safer for use.</li> </ul>	
<b>Achievement through 5S/Quick KAIZEN</b>					
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input checked="" type="checkbox"/> Staff safety <input type="checkbox"/> Client safety	<input type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with clients	<input type="checkbox"/> Others (            )		


#### 4. Communication among the Staff

##### 4.1. Staff Feedback Mechanisms

<b>Theme of Improvement</b>	Improving staff satisfaction through establishing open communication systems	<b>Department</b>	PMD reception
<b>BEFORE / Description of challenges hindering service provision</b>		<b>AFTER</b>	
<ul style="list-style-type: none"> <li>Limited open channels of communication.</li> <li>Staff complaints and incidences not being captured.</li> </ul>			
<b>ACTIONS</b> taken to address the challenges		<b>Description of achievements in service provision</b>	
<ul style="list-style-type: none"> <li>A plan was drafted.</li> <li>Client satisfaction SOP drafted.</li> <li>Location identified for and box with instructions and a pen.</li> <li>Ideas board put in the notice board.</li> <li>Google forms for staff communication.</li> <li>Incidence policy drafted.</li> <li>Staff informed.</li> </ul>	<ul style="list-style-type: none"> <li>Staff have various platforms they can use to air their suggestions, complaints and compliments.</li> <li>Incidences are being captured.</li> <li>Staff are motivated.</li> </ul>		
<b>Achievement through 5S/Quick KAIZEN</b>			
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input type="checkbox"/> Client safety	<input checked="" type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with clients	<input checked="" type="checkbox"/> Others (Staff satisfaction)



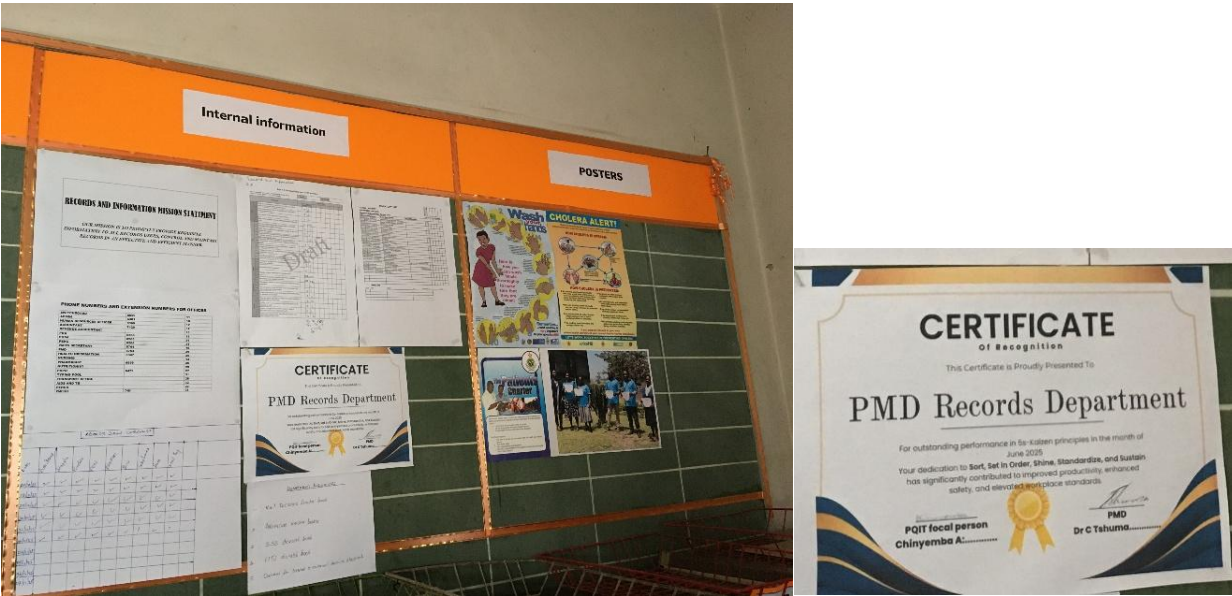
4.2. 5S Corner

<b>Theme of Improvement</b>	Establishing a 5S corner for QI information sharing	<b>Department</b>	ICT Office
<b>BEFORE / Description of challenges hindering service provision</b>	<b>AFTER</b>		
<ul style="list-style-type: none"> <li>Meeting schedules, plans, roles and responsibilities were not clearly communicated.</li> <li>QI activities were not displayed, making it difficult to show the achievements for new staff of the department and other visitors.</li> </ul>			
<b>ACTIONS</b> taken to address the challenges	<ul style="list-style-type: none"> <li>Established a 5S Corner and displayed key QI information (QIT plan, meeting schedule, M&amp;E schedule, roles &amp; responsibilities, WIT members list).</li> <li>Posted Before/After activity photos to show progress and promote learning.</li> <li>Assigned responsibility to update the board regularly.</li> </ul>		
<b>Description of achievements in service provision</b>			
<ul style="list-style-type: none"> <li>Improved accessibility of QI information for all staff.</li> <li>Better communication and coordination of QIT activities.</li> </ul>			
<b>Achievement through 5S/Quick KAIZEN</b>			
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input type="checkbox"/> Client safety	<input checked="" type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with clients	<input type="checkbox"/> Others (            )



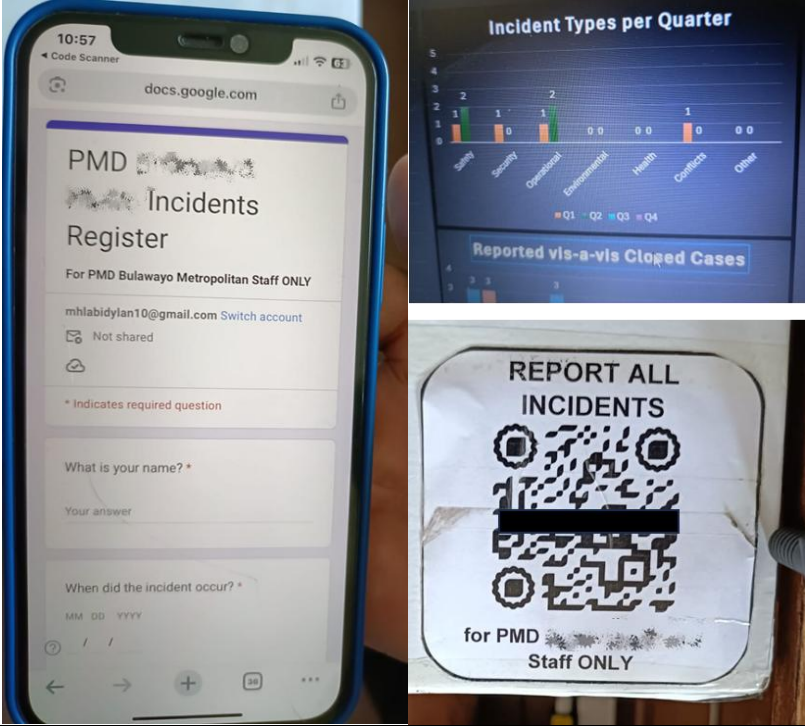
## 5. Morale/Teamwork

### 5.1. Recognition

Theme of Improvement	Improving staff motivation through awards and recognition	Department	Record
<b>BEFORE / Description of challenges hindering service provision</b>		<b>AFTER</b>	
<ul style="list-style-type: none"> <li>Departments/ staff had low motivation to improve their working environments.</li> </ul>			
<b>ACTIONS</b> taken to address the challenges			
<ul style="list-style-type: none"> <li>The Accounts department raised funds to procure T-shirts for the winning department and food for the recognition party.</li> <li>Winners and the winning department were awarded certificates.</li> </ul>			
		<b>Description of achievements in service provision</b>	
		<ul style="list-style-type: none"> <li>Departments/staff now motivated to improve working environments to outcompete others.</li> </ul>	
<b>Achievement through 5S/Quick KAIZEN</b>			
<input type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input type="checkbox"/> Client safety	<input checked="" type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with clients	<input checked="" type="checkbox"/> Others (Staff morale)

## 6. Others

### 6.1. Incident Reporting within the PMD Office

Theme of Improvement	Improving incident reporting using a digital tool	Department	All departments
<b>BEFORE / Description of challenges hindering service provision</b>	<b>AFTER</b>		
<ul style="list-style-type: none"> <li>Incidents in the PMD office were not systematically reported.</li> </ul>			
<b>ACTIONS</b> taken to address the challenges			
<ul style="list-style-type: none"> <li>The ICT office developed an online incident reporting tool, which can review each report and generate dashboards to review the trend and monitor easily.</li> <li>Placed QR-code stickers on desks in all departments to enable reporting.</li> </ul>			
<b>Description of achievements in service provision</b>			
<ul style="list-style-type: none"> <li>Incidents were reported from several departments along with corrective actions.</li> <li>Easy to see the reporting status (e.g., each report, summary of trends).</li> </ul>			
<b>Achievement through 5S/Quick KAIZEN</b>			
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input checked="" type="checkbox"/> Staff safety <input checked="" type="checkbox"/> Client safety	<input checked="" type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with clients	<input type="checkbox"/> Others ( )

## 6.2. Dashboard for Indicators

Theme of Improvement	Routine indicator tracking for monitoring performance	Department	Several departments
<b>BEFORE / Description of challenges hindering service provision</b>		<b>AFTER</b>	
<ul style="list-style-type: none"> <li>Limited visibility of current performance.</li> </ul>			
<b>ACTIONS</b> taken to address the challenges			
<ul style="list-style-type: none"> <li>Tracking indicators using a dashboard to visualize current performance and trends, compared to the target.</li> </ul>			
		<b>Description of achievements in service provision</b>	
		<ul style="list-style-type: none"> <li>Improved visibility of performance and trends for timely action.</li> </ul>	
<b>Achievement through 5S/Quick KAIZEN</b>			
<input checked="" type="checkbox"/> Productivity / Efficiency of work <input type="checkbox"/> Cost reduction	<input type="checkbox"/> Staff safety <input type="checkbox"/> Client safety	<input checked="" type="checkbox"/> Communication among the staff <input type="checkbox"/> Communication with clients	<input checked="" type="checkbox"/> Others (service delivery)



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