

各国のアクションプランの概略

◆ 略語：

WIT:Work Improvement Team [英] 作業改善チーム [和] (Groupe de 5S [仏])

TPM:Total Productive Mangement [英] 総合生産管理 [和]

QMU:Quality Management Unit [英] 品質管理ユニット [和]

◆ フェーズの説明：

	フランス語	英語	日本語
I)	Phase préparatoire	Preparatory phase	準備フェーズ
II)	Phase d'introduction	Introductory phase	導入フェーズ
III)	Phase de mise en œuvre	Implementation phase	実施フェーズ
IV)	Phase d'entretien	Maintenance phase	整備フェーズ

◆ 各国のアクションプランの各アクティビティ図の見方

フェーズ			2009年第3四半期の意			2010年第1四半期の意		
Ph	活動	時期	Ph	活動	期	Ph	活動	期
I	1.現状調査とレポートの作成	09/3rd	III	14.ゴミ管理のシステムの改定	10/1st			
I	2.WITを全セクションに設立	09/4th	III	15.病院の他部署に5Sを定着	10/1st			
I	3.5Sの啓発と研修	09/4th	III	16.HOMELの機材計画の実施	10/1st-			

※ただし、ブルンジのみ、時期は四半期ベースではなく、月ベースで記している

BENIN-ベナン

国の課題：多くの保健センターが「基準」以下なので、保健の質の確保を国の優先的な事業として携えるよう働きかけ、フォーラム等の開催を目指す

モデル病院の状況：コトヌの HOMEL(Hôpital de la Mère et de l'Enfant)病院は母と子の手当てに関するリファレンスセンターとしての機能が不十分等の課題がある

選択された課題：芳しくない保健指標・住民に提供される低いサービス等

このプロジェクトを取り上げる整合性：ケアやサービスの質の向上にフォーカスする点

アクションプランの概要：2012年までに 5S や KAIZEN の導入によるパイロット病院の質とサービスの能力強化。段階的に 5S を病院全体に定着させ、顧客満足度を高める

Ph	活動	時期	Ph	活動	時期
I	1.現状調査とレポートの作成	09/3rd	III	14.ゴミ管理のシステムの改定	10/1st
I	2.WIT を全セクションに設立	09/4th	III	15.病院の他部署に 5S を定着	10/1st
I	3.5S の啓発と研修	09/4th	III	16.HOMEL の機材計画の実施	10/1st-
I	4.アドミスタフへのレポート提出	09/4th	III	17.TPM の書類管理システムの実践	10/3rd-
I	5.レポートの承認と採用	10/1st	III	18.使用外の機材管理システムの導入	10/1st-
II	6.ダカール ASCENA ¹ への訪問研修	10/1st	III	19.消毒資材の中央供給システム再構築	10/1st-
II	7.各四半期「清潔な病院週間」開催	各期	III	20.1年間の方向性の見直し	10/1st-
II	8.5S 委員会の設置	10/2nd	III	21.1年間の 5S セミナー実施	10/2nd-
II	9.不要物の中央倉庫の設置	10/2nd	III	22.事務所と登録所の再組織化	10/3rd
II	10.パイロットユニットでの 5S の実施	10/2nd	III	23.年間レポートの作成	10/1st-
II	11.中間職に対する生産性と質に関する 5 日間の研修の実施	10/3rd	III	24.質管理ユニットの創設	10/4th-
IV			25.モニタリング指標の設置	10/4th	
II	12.モニタリング用 5S チェックリストの作成	10/2nd	IV	26.上級者への研修	11/1st
III	13.生産性と質と 5S に関する 12 回の研修（1回 30人平均）	10/1st-4th	IV	27.「質」の大会の企画	11/1st
			IV	28.ミスを発見する仕組みの構築	11/1st



¹ ASCENA :Agence pour la Sécurité de la Navigation Aérienne en Afrique et à Madagascar アフリカとマダガスカルの航空安全機構

BURUNDI-ブルンジ

国の課題：社会政治的危機を脱したが、貧困や母子の高い死亡率・医療ケア不足が課題
モデル病院の状況：PRINCE REGEANT CHARLES 病院は 600 ベットの国最大の病院
選択された課題：母子の健康について受益者の満足度につながる質が保てていない点
このプロジェクトを取り上げる整合性：母子の健康改善が国の優先課題
パイロットセクション：産科・婦人科、小児科の新生児セクション、手術室
アクションプランの概要：受益者の期待に対し、ベストな回答が出せるよう、ポジティブアティチュードを熟成させつつ、母子に対するケアの質の向上を目指す

Ph	活動	年月	Ph	活動	年月
I	1.現状調査とレポートの作成	09/09	II	16.院内感染監視ツールの整備	10/02
I	2.質管理チームの選定	09/09	II	17.月日の統計の掲示板設置	10/02
I	3.スタッフに対する導入セミナー実施	09/10	II	18.資材の消毒管理の基準設置	10/02
I	4.5S 委員会の設置	09/10	II	19.手術室スタッフの行動規範の設置	10/02
II	5.科ごとの 5S 管理グループの設置	09/11	II	20.手術室スタッフのブーツ製作	10/03
II	6.各科への整理システムの紹介	09/11	II	21.No.11 ルーム等の棚の設置と整理	10/01
II	7.産婦人科等のモニタリングシートの準備	09/11	II	22.5S 実施の管理評価シートの準備	10/03
II	8.ゴミ管理と排出のシステム改善	09/11	III	23.15-20 回の 5S 研修の実施	10/06-12
II	9.新生児科と産科の改修	10/01	III	24.院内のゴミ管理システムの改善	10/07
II	10.小児科・新生児科等の改修	10/01	III	25.院内の他の科での 5S の定着	11/01
II	11.各サービスに対する標識の設置	10/02	III	26.中央資料管理システムの導入	11/01
II	12.新生児・産婦人科の廊下整備	10/03	III	27.四半期評価会議の実施	10/03-
II	13.5S に関する 3 日間研修 (中間層と WIT 対象)	09/11-	III	28.中央消毒システムの実施	10/07
			IV	29.モニタリング指標の設置	10/08
II	14.病院のグッドプラクティスに関する住民教育	09/12	IV	30.院内の高性能洗濯場の設置	10/07
			IV	31.各施設間での質大会の実施	10/12-
II	15.5S とポジティブアティチュードに関するメッセージボードの準備	10/01	IV	32.院内の資材準備	-



別添 1-3



BURKINA FASO-ブルキナ・ファソ

国の課題： 地理的・経済的制約により、保健サービスにアクセスできない人がいる等
モデル病院の状況： BANFORA 州病院は、ケアの質不足が指摘。近々、別の敷地に新しい病院を建設中。そこに 5S を導入したいとの希望あり
選択された課題： ケアの質の不足。現場の衛生状態の悪さ。医療廃棄物の管理不足
このプロジェクトを取り上げる整合性： 5S を活用することにより、余裕ができ、課題に対する問題意識が生まれ、各種問題を解決する可能性を生み出すことになる
パイロットセクション： 外科、産科、小児科、内科、救急科
アクションプランの概要： 1)ケアの質 2)現場の衛生状況 3)医療廃棄物の管理—の向上

Ph	活動	時期	Ph	活動	時期
I	1.現状調査とレポートの作成	09/4th	II	11.ケアや医療技術ユニットに、5S 導入に関して2ヵ月ごとのスーパビジョン	09/4th-各期
I	2.5S 委員会を設立	09/4th			
I	3.病院スタッフへの 5S の1日研修 (1日4セッション)	09/4th	III	12.WIT 用の IEC のフォーマット準備	10/1st
I		09/4th	III	13.患者のケアと安全の質についての意見アンケートの実施	10/2nd & 4th
I	4.協働者の資材整理道具の入手	09/4th	III	14.ケアユニットでの 5S 実施に関する月間レポートを経営顧問に提出	10/1st-各期
I	5.処分/リサイクルサービスの構築	09/4th	III	15.ケアユニットの作業環境の整備	09/4th
II	6.5S を活用したケアチームの発足	09/4th	III	16.5S 活動のモニタリング指標の特定	10/2nd
II	7.文書管理システムの構築	09/4th	IV	17.5S 委員会用 KAIZEN/TQM 研修	10/3rd
II	8.医療廃棄物の処理の順路構築	10/1st	IV	18.5S の計画の中間・終了時評価	10/1-4th
II	9.整理道具の入手 (袋・ゴミ箱等)	10/1st	IV	19.5S の新活動計画の準備	10/4th
II	10.新病院の標識の設置	09/4th			



新しい病院が建設中なので、マッピングにも新館と旧館の両方が描かれている。

CONGO-コンゴ

国の課題：保健分野の予算不足、医療サービス利用者は14%にとどまる点等
モデル病院の状況：CLINIQUE NGALIEMA は一定のインフラ、リソースやリーダーシップは充実しているも、ポジティブアティチュードや運営面に課題。不要な車輛も要処理
選択された課題：医療廃棄物の処置。ポジティブアティチュードの適応。組織運営
パイロットセクション：外部環境・検査室・薬局・その他
アクションプランの概要：5S の活用によるンガリエマ・クリニックへのケアとサービスの質改善に貢献する（ポジティブ・アティチュード適用や住民の満足度もはかる）

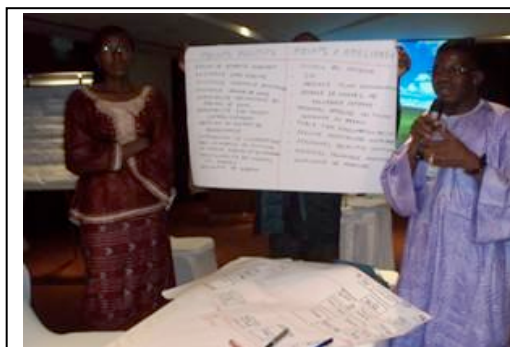
Ph	活動	時期	Ph	活動	時期
I	1.州と市の幹部に報告会を実施	09/3rd	III	3.ゴミの管理システムの設置	09/4th
I	2.クリニック・ンガリエマの管理職への振り返りの会を実施	09/3rd	III	4.5S のモニタリングチェックリストの作成	09/4th
			III	5.薬局にて整理シーズンを実施	09/4th
II	1.5S 紹介セミナーを検査チームに実施	09/3rd	III	6.5S の実施	09/4th
II	2.検査室に WIT 委員会を設置	09/3rd	III	7.薬局での 5S 実施のモニタリングとスーパービジョンの保証	09/4th
II	3.不要物品置き場の敷地の特定	09/3rd			
II	4.5S のモニタリングチェックリストの準備	09/3rd	III	8.モニタリング指標の設置	09/4th
II	5.外部の環境部門と検査室で整理シーズンを実施	09/3rd	III	9.検査室と薬局での5Sの適応に関する評価	09/4th
II	6.検査室の WIT の会議を実施	09/3rd	III	10.全病院に5Sを定着	10/1st
II	7.COGE(管理委員会)の会議を実施	各期	IV	1.5S のモニタリング委員会の設置	10/1st
II	8.生産性と質研修を管理職に保証	09/3rd	IV	2.インパ 外指標の設置	10/1st
II	9.ラボでの5Sの実施のモニタリングとスーパービジョンの保証	09/3rd	IV	3.クライアントと提供者へのアンケート実施	10/2nd
II	10.パイロット病院に対するモニタリングと検査の保証	09/3rd	IV	4.年間報告書によりアンケート結果を配布	10/2nd
III	1.薬局チームに対する5S 紹介セミナーの実施	09/4th	IV	5.モニタリング・検査・スーパービジョンの保証	各期
III	2.薬局に WIT 委員会を設置	09/4th			



MALI—マリ

国の課題：病人の受入れ態勢、質、薬品不足、院内の衛生や感染、人不足、管理能力
モデル病院の状況：NIANANKORO FOMBA de Ségou 病院は第2次リファレンス病院
選択された課題：受入れ態勢、ケアの運営、院内感染、顧客満足度、資源の無駄など
このプロジェクトを取り上げる整合性：質の向上は政治的課題であり、病院の義務でもある。少ないリソースの活用と無駄をなくしながらの顧客満足度の模索が重要
パイロットセクション：緊急ユニット、母子課の小児科と婦人科
アクションプランの概要：ニヤナンコロ・フォンバ・セグー病院のケアの質を改善する

Ph	活動	時期	Ph	活動	時期
I	1.現状調査とレポートの作成	09/3rd	III	14.ゴミ管理システムの構築	10/2nd
I	2.質管理チームの選定	09/3rd	III	15.病院の他部署に5Sを定着	10/3rd
I	3.職員への紹介セミナー、パイロット科の職員研修	09/3rd	III	16.機材の調査実施	10/3rd
			III	17. TPM の書類管理システムの実施	10/3rd
I	4.アドミニストレーションスタッフへのレポート提出	09/3rd	III	18.不要機材の倉庫管理に関するフォーマット記録の保存システムの導入	10/3rd
II	5.キックオフデーの開催(市民・自治体・アドミ・保健省と共に)	09/3rd	III	19.消毒資材の中央供給システム構築	10/1st
			III	20.見直し会議の実施	10/4th
II	6.訪問研修(病院または企業)	09/3rd	III	21.5Sの年度セミナーの実施	10/4th
II	7.不要資材の中央倉庫の設置	09/3rd	III	22.事務所と登録所の再組織化	10/4th
II	8.整理シーズン(大掃除)	09/3rd	III	23.年間レポートの作成	11/1st
II	9.5S委員会の設置	09/3rd	III	24.質管理ユニットの創設	11/1st
II	10.パイロットユニットでの5Sの実施(*)	09/4th-	IV	25.モニタリング指標の設置	11/1st
II	11.中間職に対する生産性と質に関する3日間の研修の実施	10/2nd	IV	26.上級者への研修(TQM)	11/1st
			IV	27.「質」コンクール企画	10/3rd-
II	12.モニタリング用5Sチェックリストの作成	10/2nd	IV	28.ミスを発見するメカニズムの構築	11/1st
III	13.生産性と質と5Sに関する10-15回の研修(25-30人平均)	10/2nd	(*)整理・整頓・新しい必要物の評価・清掃・清潔(スタンダード化)・しつけ(ポジティブアチーブメント)等		



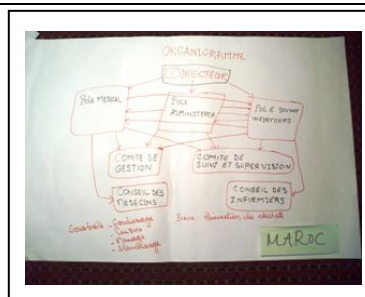
MAROC(MOROCCO)-モロッコ

国の課題： 国民の健康の向上、病気に対する予防、家族計画等
モデル病院の状況： SALE 州中央病院は都市中心部にありながら 169 ベットに限定
選択された課題： 院内感染をもたらすリスク要因の増加
このプロジェクトを取り上げる整合性： 院内感染をもたらす、職員や病院の使用者の行動、建築物の状況、人的・物的不足、労働組織について働きかけを行う必要がある
パイロットセクション： 内科、災害外科、手術科
アクションプランの概要： 5S を導入し、感染防止の技術を職員・患者・訪問者に啓発。職員の衛生に関するルール適応にも 5S を活用。感染の蔓延防止手段も 5S で制度化

Ph	活動	時期	Ph	活動	時期
I	1.現状調査とレポートの作成	09/3rd	III	17. TPM の書類管理システムの実践	10/3rd
I	2.質管理チームの選定	09/3rd	III	18.不要機材の倉庫管理に関するフォーマット記録の保存システムの導入	10/1st
I	3.職員への紹介セミナーの実施	09/4th			
I	4.アドミスタフへのレポート提出	09/4th	III	19.消毒資材の中央供給システム構築	10/3rd
I	5.訪問研修（病院または企業）	09/4th	III	病院利用者への 5S と衛生ルールに関する啓発キャンペーンの開催	10/4th
II	6.整理シーズン（大掃除）	09/4th			
II	7. 5S 委員会の設置	09/4th	III	職員対象の 10 回の啓発セミナー開催	10/3rd
II	8.パイロットユニットでの WIT の設置	09/4th	III	病人対象の IEC セミナーの開催	10/4th
II	9.不要物の中央倉庫の設置	09/4th	III	パンフとチラシの掲示	10/2nd
II	10.パイロットユニットでの 5S の実施	10/1st	III	ヘルスユニットの中での洗面所の整備	-
II	11.中間職に対する生産性と質に関する 3 日間の研修の実施	10/1st	III	20.振り返りの会議の実施	10/4th
			III	21.年間行事の 5S セレモニ-を実施	10/4th
II	12.モニタリング用 5S チェックリストの作成	10/2nd	III	22.事務所と登録所の再組織化	10/4th
II	—パンフ・チラシ・シールの準備	09/3rd	III	23.年間レポートの作成	11/1st
III	13. 生産性と質と 5S に関する 10-15 回の研修 (25-30 人平均)	10/2nd	III	24.質管理ユニット(QMU)の創設	11/1st
			IV	25.モニタリング指標の設置	11/1st
III	14.ゴミ管理システムの構築(回収と排出)	10/2nd	IV	26.上級者への研修	11/2nd
III	15.病院の他部署に 5S を定着	10/3rd	IV	27.「質」の大会の企画	11/2nd
III	16.機材の調査	10/3rd	IV	28.ミスを発見するメカニズムの構築	11/2nd



別添 1-7



NIGER-ニジェール

国の課題：不安定な住民の栄養状況、幼児の感染症・伝染病、母子の死亡率など
モデル病院の状況：Lamordé de Niamey 国立病院、一部無料政策有、管理能力に課題
選択された課題：環境の衛生管理、受入れ体制、ファイル管理、医療廃棄物管理
このプロジェクトを取り上げる整合性：リソース不足の中で、経済的リソースをほとんど必要とせず質の改善をもたらす5Sの導入が我々に推奨されるので
アクションプランの概要：国全体に普及することを目的に、ラモルデ・ドゥ・ニアメ国立病院に5Sを導入し促進させる

Ph	活動	時期	Ph	活動	時期
I	1.現状調査とレポートの作成	09/3rd	III	15.病院の他部署に5Sを定着	10/1st
I	2.質管理チームの選定	09/4th	III	16.機材の調査	09/4th
I	3.4回の情報共有会議の開催	09/4th	III	17.TPMの書類管理システムの実践	10/1st
I	4.アドミスタフへのレポート提出	09/4th	III	18.不要機材の倉庫管理に関する フォーマット記録の保存システムの導入	10/1st
II	5.5つ星ホテルへの訪問研修	09/4th			
II	6.整理シーズン（大掃除）	10/1st	III	19.消毒資材の中央供給システム構築	10/1st
II	7.5S委員会の設置	09/4th	III	20.15日ごとの振り返り会議の実施	10/2nd
II	8.パイロットユニットでのWITの設置	09/4th	III	21.年間行事の5Sセレモニーの実施	10/4th
II	9.不要物の中央倉庫の設置	10/1st	III	22.事務所と登録所の再組織化	10/2nd
II	10.パイロットユニットでの5Sの実施	09/4th-	III	23.年間レポートの作成	10/1st
II	11.中間職に対する生産性と質に関する3日間の研修の実施	10/1st	III	24.質管理ユニットの創設	10/1st
			IV	25.モニタリング指標の設置	10/3rd
II	12.モニタリング用5Sチェックリストの作成	09/4th	IV	26.上級者への研修	10/4th
III	13.生産性と質と5Sに関する10-15回の研修（25-30人平均）	10/1st	IV	27.「質」の大会の企画	10/4th
III	14.ゴミ管理システムの構築	10/1st	IV	28.ミスを発見するメカニズムの構築	10/1st



添付資料2 モニタリングチェックシート (英文)

MONITORING AND EVALUATION SHEET FOR THE PROGRESS OF 5-S ACTIVITIES

Date: / /
(D/M/Y)

HOSPITAL:		DEPARTMENT:					
	DESCRIPTION	Very poorly	Poorly	Farely	Well	Very well	AWARD MARKS
1	5S LEADERSHIP OF THE CEO & MANAGEMENT Role & Commitment of Top Management, Sustainability of 5-S activity, Training Programme for Middle Mgt., Setting up 5-S Committees, 5-S Campaigns.						
1.1	5-S knowledge/Understanding/Awareness of Executive & Supervisors	1	2	3	4	5	
1.2	5-S Involvement & Commitment of Executives & Supervisors	1	2	3	4	5	
1.3	5-S Monthly progress meeting Minutes & Audits by Patrol teams, etc.	1	2	3	4	5	
1.4	5-S Manual developed with many relevant details	1	2	3	4	5	
1.5	Evidence of Training conducted for Management Staff	1	2	3	4	5	
TOTAL		Full mark 25					0
Acquired marks / 25 x 100 =							0

2	SEIRI – (SORTING) “Sasambua” Clutter free Environment in Premises, Inside Offices, Work Place, etc. Evidence of removal of unwanted items should be evident all around.						
2.1	Outside & Inside areas of the premises free of clutter	1	2	3	4	5	
2.2	Unwanted items removed from Premises, Offices, Work Places, etc.	1	2	3	4	5	
2.3	Tops and insides of all cupboards, shelves, tables, drawers, etc. free of unwanted items	1	2	3	4	5	
2.4	Walls are free of old posters, calendars, pictures	1	2	3	4	5	
2.5	Notice Boards – Current Notices with removal instructions	1	2	3	4	5	
2.6	Rules for disposal with Red Tags, etc.	1	2	3	4	5	
2.7	Maintenance/Prevention of Sorting Projects established with Mechanism to reduce paperwork, stocks, etc.	1	2	3	4	5	
TOTAL		Full mark 35					0
Acquired marks / 35 x 100 =							0

3	SEITON – (SETTING / ORGANISATION) “Seti” Ability to find whatever is required with the least possible delay, evidence of eliminating the waste of time throughout the Institute/Organization.						
3.1	Photographic evidence of Pre 5-S Implementation and afterwards	1	2	3	4	5	
3.2	Visual Control methods adopted to prevent mix-up	1	2	3	4	5	
3.3	Directional Boards to all facilities from the Entrance onwards	1	2	3	4	5	
3.4	Hospital/Stores, etc., have corridor/floor/ direction clearly marked	1	2	3	4	5	
3.5	All machines/Rooms/Toilets have identification labels	1	2	3	4	5	
3.6	All Equipment/Tools/Files, etc., arranged according to ‘Can See’, ‘Can Take Out’ & ‘Can Return’ principle	1	2	3	4	5	
3.7	X-axis, Y-axis alignment is evident everywhere	1	2	3	4	5	
3.8	Visual Control methods for defects/Rework/Files/Equipment & to prevent mix-up	1	2	3	4	5	
3.9	Gangways clearly marked with Passageways/Entrances & Exit Lines/Curved door openings/Direction of travel	1	2	3	4	5	
3.1	Switches, Fans Regulators, etc., labeled	1	2	3	4	5	
3.11	Maintenance methods of SETTING established	1	2	3	4	5	
	TOTAL	Full mark 55					0
	Acquired marks / 55 x 100 =						0

4	SEISO – (SHINING / CLEANLINESS) “Safisha” The Cleanliness all round the Institution should have been carried out according to the 5-S Concepts.						
4.1	Floors, Walls, Windows, Toilets, Change Rooms in working order & clean	1	2	3	4	5	
4.2	Daily self cleaning (3 min./5 min.) is practices	1	2	3	4	5	
4.3	Cleaning responsibility Maps and Schedules displayed	1	2	3	4	5	
4.4	Waste bin strategy is implemented	1	2	3	4	5	
4.5	Use of adequate cleaning tools is evident	1	2	3	4	5	
4.6	Storage of cleaning tools – Brooms/Maps/Other equipment	1	2	3	4	5	
4.7	Machines/Equipment/Tools/Furniture at a high level of Cleanliness & maintenance schedules displayed	1	2	3	4	5	
4.8	General appearance of cleanliness all round	1	2	3	4	5	
	TOTAL	Full mark 40					0
	Acquired marks / 40 x 100 =						0

添付 2
質問項目

5	SEIKETSU – (STANDARDIZATION) “Sanifisha” High level of Standardization in all activities carried out in SEIRI, SEITON and SEISO and the evidence of such standards being practiced all around.								
5.1	5-S procedures adopted & standardized on Check lists & Labels	1	2	3	4	5			
5.2	5-S procedures adopted & standardized in Corridors/Isles & Gangways	1	2	3	4	5			
5.3	Orderliness in the use of Corridors/Isles/Gangways by Pedestrians	1	2	3	4	5			
5.4	Visuals on Danger/Open & Shut directional Labels on Valves/Doors,	1	2	3	4	5			
5.5	Standardized Visuals on Oil/Lubricant Containers & Fire Extinguishers, etc.	1	2	3	4	5			
5.6	Innovative Visual Control methods implemented	1	2	3	4	5			
5.7	Maintenance/Storage of Files/Records in Offices/Workplaces, etc.	1	2	3	4	5			
5.8	Standardization/Orderliness in Keeping Furniture/Equipment	1	2	3	4	5			
5.9	Standardized check lists for common Administrative Procedures	1	2	3	4	5			
	TOTAL	Full mark 45						0	
		Acquired marks / 45 x 100 =						0	

6	SHITSUKE – (SUSTAIN / SELF DISCIPLINE) “Shikilia” Evidence of an disciplined approach to all 5-S activities through proper Training & Development, which shows the sustainability in the long term.								
6.1	Evidence of regular training Program for all categories of Employees	1	2	3	4	5			
6.2	Evidence of 5-S group Activities & promotion of Kaizen Schemes	1	2	3	4	5			
6.3	Evidence in carrying out Internal Audits by Patrol Teams	1	2	3	4	5			
6.4	Self discipline amongst workforce/Good & Bad Point Stickers, etc.	1	2	3	4	5			
6.5	Evidence of 5-S Slogan & Poster Competitions among Employees’ Families	1	2	3	4	5			
6.6	Evidence of Self Discipline among visitors to the Institution	1	2	3	4	5			
6.7	Evidence of Self-Discipline in the overall Institution	1	2	3	4	5			
	TOTAL	Full mark 35						0	
		Acquired marks / 35 x 100 =						0	
	GRAND TOTAL	Full mark 235						0	

添付 2
質問項目

1	Very poorly implemented:	Poorly implemented:	Farely implemented:	Well implemented	Very well implemented:
1.1	managers has NO knowledge on 5S	managers has little knowledge on 5S	There is general knowledge on 5S and understanding • aware of it.	Managers has strong knowledge /Understanding/Awareness of 5S	Managers has strong knowledge /Understanding/Awareness of 5S and disseminating to other other workers
1.2	No involvement/commitment of managers	Little involvement/commitment of managers	managers has general knowledge on 5S and implementing in limited areas	managers are taking inisiative to implement 5S in the working place and progrss is seen	5-S Involvement & Commitment of Executives & Supervisors is strongly observed with evidence
1.3	No meeting / patrolling held	Meeting/patrolling are scheduled but not conducted	Meeting/patrolling are scheduled and irregularly conducted	Meeting/patrolling are scheduled and conducted but weak record keeping	Meeting/patrolling are scheduled and conducted and record kept properly
1.4	No 5S manual found	Knows the necessity of manual but manual is not developed	References and necessary documents are collected for manual development	It is on the process of manual development	5-S Manual developed with many relevant details
1.5	No evidence of training	5S concept is disseminated	Training is conducted in OJT level	All managers trained but no record or report	All managers trained with record and training mechanism

2	Very poorly implemented:	Poorly implemented:	Farely implemented:	Well implemented	Very well implemented:
2.1	Lots of clutter found outside & inside areas the premises	Often clutter found outside & inside areas the premises	Clutter found outside & inside areas the premises occationally	Clutter found outside & inside areas the premises exceptionaly	Outside & Inside areas of the premises completely free of clutter
2.2	Lots of unnecessary items found in working place	Unnecessary items are often left in working place without notice	Unwanted items are seen at Premises, Offices, Work Places, etc occasionally.	Unwanted items are completely removed from Premises, Offices, Work Places, etc.	Unwanted items are completely removed from Premises, Offices, Work Places, etc. and stored in Unnecessary item store or discarded
2.3	Lots of unnecessary items found tops and insides of all cupboards, shelves, tables, drawers, etc	Unnecessary items are still seen on tops and insides of all cupboards, shelves, tables, drawers, etc	Unnecessary items are occasionally found tops and insides of all cupboards, shelves, tables, drawers, etc.	Unnecessary items are removed from tops and insides of all cupboards, shelves, tables, drawers, etc.	Tops and insides of all cupboards, shelves, tables, drawers, etc. completely free of unwanted items and stored in Unnecessary item store or
2.4	Lots of old posters, calendars, pictures, stickers are found on walls	Old posters, calendars, pictures, stickers are still seen on walls	Old posters, calendars, pictures, stickers are occasionally found on walls.	Old posters, calendars, pictures, stickers are removed from walls.	Walls are completely free of old posters, calendars, pictures and display instructions are
2.5	Lots of old notices found and papers are displayed on top of other paper	Old notices found are often seen and papers are displayed on top of other paper	Old notices found are seen occasionally and still papers are displayed on top of other	Only current notices are seen on the notice board but no removal instructions are given	Only current notices are seen on the notice board, removal instructions are given and
2.6	No rules for disposal of unnecessary items from	Rules for disposal of unnecessary items is developed but not followed by staff	Rules for disposal of unnecessary items is developed and utilized with limited	Rules for disposal with Red Tags is developed and practiced for all items	Rules for disposal with Red Tags is developed and practiced with proper record keeping
2.7	No evidence of Maintenance/Prevention of Sorting Projects established	Maintenance/Prevention of Sorting Projects established but no implementation mechanism	Maintenance/Prevention of Sorting Projects established with Mechanism to reduce paperwork, stocks for limited areas.	Maintenance/Prevention of Sorting Projects established with Mechanism to reduce paperwork, stocks for major areas.	Maintenance/Prevention of Sorting Projects established with Mechanism to reduce paperwork, stocks for all areas.

添付2
(判定基準)

3	Very poorly implemented:	Poorly implemented:	Farely implemented:	Well implemented	Very well implemented:
3.1	No pictures taken before 5S	Pictures were taken before and after 5S but sight is not maintained and difficult to	Pictures were taken before and after 5S but no up-date	Pictures were taken before and after 5S and up-dated but not well stored	Pictures were taken before and after 5S and up-dated regularly. Pics are kept in order
3.2	No knowledge on visual control methods	Little knowledge on visual control methods but not adopted	There is knowledge on visual control methods but applied for limited area	visual control methods is adopted for all areas but	visual control methods is practiced and there is evidence of reduction of mix-up
3.3	No directional board displayed	Directional boards are displayed to very limited areas	Directional boards are displayed to major areas (OPD, Wards, Lab etc)	Directional boards are displayed to majority of areas	Directional Boards to all facilities from the Entrance onwards
3.4	No direction marked	Direction marks observed at very limited areas	Direction marks observed at major areas	Direction clearly marked to all facilities but meanings are not well know by staff and	Direction clearly marked to all facilities and meanings are well know by staff and visitors
3.5	No labels for identification of machines/Rooms/Toilets	Limited machines/Rooms/Toilets have identification labels	Majority of machines/Rooms/Toilets have identification labels	All machines/Rooms/Toilets have identification labels but label size and font size	All machines/Rooms/Toilets have identification labels with standardized label size and font size
3.6	Equipment/Tools/Files, etc., are NOT arranged	Equipment/Tools/Files, etc., are arranged but no consideration of workflow	Equipment/Tools/Files, etc., are arranged but no consideration of workflow	Equipment/Tools/Files, etc., are arranged in proper way with consideration of workflow	All Equipment/Tools/Files, etc., arranged according to 'Can See', 'Can Take Out' & 'Can
3.7	X-axis, Y-axis alignment is NOT applied	X-axis, Y-axis alignment is applied in limited areas, and often disorganized	X-axis, Y-axis alignment is evident in limited areas (notice boards)	X-axis, Y-axis alignment is evident in major areas	X-axis, Y-axis alignment is evident everywhere and practiced all the time
3.8	Visual Control methods are not applied	Visual Control methods are developed but not applied	Visual Control methods are applied for limited items and areas	Visual Control methods are applied for major items and areas	Visual Control methods are applied for all defects/Rework/Files/Equipment & to prevent
3.9	Gangways are NOT marked	Gangways are NOT marked in limited areas	Gangways clearly marked with major areas	Gangways clearly marked with all necessary areas	Gangways clearly marked with all necessary areas and meaning of marks are well known and followed by staff and visitors
3.1	Switches, Fans Regulators, etc., are NOT labeled	Some switches, Fans Regulators, etc., are labeled	Majority of switches, fans regulators, etc., are labeled	All switches, fans regulators, etc., are labeled	All switches, fans regulators, etc., are labeled and there is evidence of reducing unnecessary
3.1.1	NO measures taken for maintaining setting activities	Maintenance methods of SETTING established but practiced	Maintenance methods of SETTING established and applied in limited areas	Maintenance methods of SETTING established and applied in major areas	Maintenance methods of SETTING established and applied in all areas. Followed by all staff

4	Very poorly implemented:	Poorly implemented:	Farely implemented:	Well implemented	Very well implemented:
4.1	Majority of areas of floors, Walls, Windows, Toilets, Change Rooms not in working order & dirty	Floors, Walls, Windows, Toilets, Change Rooms are clean in limited areas but not in working order	Floors, Walls, Windows, Toilets, Change Rooms are clean in major areas but not in working order	Floors, Walls, Windows, Toilets, Change Rooms in working order & clean in major areas	Floors, Walls, Windows, Toilets, Change Rooms in working order & clean
4.2	No daily cleaning activity practiced	Self cleaning is planned but practiced	Self cleaning (3 min./5 min.) is practiced but not daily basis	Daily self cleaning (3 min./5 min.) is practiced with all staff participation	Daily self cleaning (3 min./5 min.) is practiced with all staff participation and check list is used
4.3	NO cleaning responsibility maps or job allocation & schedules displayed	Cleaning responsibility maps or job allocation & schedules displayed but not	Cleaning responsibility maps or job allocation & schedules displayed but followed by limited	Cleaning responsibility maps or job allocation & schedules displayed but followed by majority	Cleaning responsibility Maps and Schedules displayed and followed by all staff at all shift
4.4	No waste bin strategy	Waste bin strategy is developed but NOT applied	Waste bin strategy is developed and applied in limited areas	Waste bin strategy is developed and applied in major areas	Waste bin strategy is developed and applied in all areas

添付2
(判定基準)

4.5	No adequate cleaning tools are placed in the area	Only few cleaning tools are seen and those are not in good working condition	few and proper cleaning tools are placed in the area and those are in working condition	Adequate cleaning tools are placed to clean for major areas	Adequate cleaning tools are used for cleaning of all areas and handled properly
4.6	Cleaning tools – Brooms/Maps/Other equipment are NOT stored properly	Cleaning tools –Brooms/Maps/Other equipment are stored in one place but some of them are out of order	Cleaning tools – Brooms/Maps/Other equipment are stored by tools in one place	Cleaning tools – Brooms/Maps/Other equipment are stored by tools and labeled properly.	Cleaning tools – Brooms/Maps/Other equipment are stored in one place with labels and hangers
4.7	Machines/Equipment/Tools/Furniture are not cleaned, out of order, or in trouble	Only few machines/equipment/tools/furniture at a high level of Cleanliness	Some machines/equipment/tools/furniture at a high level of Cleanliness	Majority of machines/equipment/tools/furniture at a high level of Cleanliness. Maintenance schedule is not displayed yet	Machines/Equipment/Tools/Furniture at a high level of Cleanliness & maintenance schedules displayed
4.8	General appearance of the area is dirty, smelly and disorganized	General appearance is clean but disorganized	General appearance is clean, tidy, and organized in limited area	General appearance is clean, tidy, and organized in major area	General appearance of cleanliness all round

5	Very poorly implemented:	Poorly implemented:	Farely implemented:	Well implemented	Very well implemented:
5.1	NO 5-S procedures adoption & standardization on Check lists & Labels	5-S procedures adopted but NOT standardized on Check lists & Labels	5-S procedures adopted & standardized on Check lists & Labels at limited areas	5-S procedures adopted & standardized on Check lists & Labels at major areas	5-S procedures adopted & standardized on Check lists & Labels at all areas
5.2	NO 5-S procedures adoption & standardization in Corridors/Isles & Gangways	5-S procedures adopted but NOT standardized in Corridors/Isles & Gangways	5-S procedures adopted & standardized in Corridors/Isles & Gangways at limited areas	5-S procedures adopted & standardized in Corridors/Isles & Gangways at major areas	5-S procedures adopted & standardized in Corridors/Isles & Gangways at all areas
5.3	No rules/regulation for the usage of Corridors/Isles/Gangways by Pedestrians	Rules/regulation for the usage of Corridors/Isles/Gangways is developed but applied	Rules/regulation for the usage of Corridors/Isles/Gangways is developed and applied to limited areas for maintenance	Rules/regulation for the usage of Corridors/Isles/Gangways is developed and applied to major areas for maintenance	Rules/regulation for the usage of Corridors/Isles/Gangways is developed and applied to all areas for maintenance orderliness
5.4	NO visualized symbols/marks/signs for Danger/Open & Shut directional Labels on Valves/Doors,	Symbols/marks/signs for Danger/Open & Shut directional Labels on Valves/Doors, has designed but NOT applied	Symbols/marks/signs for Danger/Open & Shut directional Labels on Valves/Doors, has designed applied in limited areas	Symbols/marks/signs for Danger/Open & Shut directional Labels on Valves/Doors, has designed applied in major areas	Symbols/marks/signs for Danger/Open & Shut directional Labels on Valves/Doors, has designed applied in all areas
5.5	NO visualized symbols/marks/signs for Oil/Lubricant Containers & Fire Extinguishers, etc.	Symbols/marks/signs for Oil/Lubricant Containers & Fire Extinguishers, etc. has developed but NOT applied	Symbols/marks/signs for Oil/Lubricant Containers & Fire Extinguishers, etc. has developed applied in limited areas	Symbols/marks/signs for Oil/Lubricant Containers & Fire Extinguishers, etc. has developed applied in major areas	Symbols/marks/signs for Oil/Lubricant Containers & Fire Extinguishers, etc. has developed applied in all areas
5.6	? It could be deleted	? It could be deleted	? It could be deleted	? It could be deleted	Innovative Visual Control methods implemented
5.7	NO rules/regulations for filing/ record keeping	Rules/regulations for filing/ record keeping is established but not practiced.	Rules/regulations for filing/ record keeping is established and practiced in limited areas	Rules/regulations for filing/ record keeping is established and practiced in majority of	Rules/regulations for filing/ record keeping is established and practiced in all areas.
5.8	No rules for Keeping furniture/equipment	Rules for Keeping furniture/equipment is establish but not practiced	Standardization/Orderliness in Keeping Furniture/Equipment with zoning at limited areas/sections	Standardization/Orderliness in Keeping Furniture/Equipment with zoning at majority of areas/sections	Standardization/Orderliness in Keeping Furniture/Equipment with zoning at all areas/sections
5.9	Check lists are NOT developed	Standardized check lists are developed but not used	Standardized check lists are developed for limited administrative procedures	Standardized check lists are developed for major administrative procedures	Standardized check lists developed for all administrative procedures and effectively used

添付2
(判定基準)

6	Very poorly implemented:	Poorly implemented:	Farely implemented:	Well implemented	Very well implemented:
6.1	NO evidence of regular training Program	Training program is established and conducted once or twice. No proper record	Training programs for major carders are established, occasionally conducted and	Training programs for major carders are established, regulaerly conducted and records	Training programs for all carders are established, regulaerly conducted and records are kept
6.2	NO evidence of 5-S group Activitie	Work Improvement team is established but no activities	Work Improvement team is established, meet occasionally	Work Improvement team is established, meet regularly	Work Improvement team is established, meet regularly and KAIZEN is promoted
6.3	NO evidence in carrying out Internal Audits	Qulity Improvement team scheduled periodical evaluation but not conducted	Qulity Improvement team conduct internal evaluation occasionally	Qulity Improvement team conduct internal evaluation periodically	Qulity Improvement team conduct internal evaluation periodically with proper records and
6.4	NO Self-Discipline meausre taken among staff	Self disdipline check list / Good & Bad Point Stickers, etc. are developed but not in prctice.	Self disdipline check list / Good & Bad Point Stickers, etc. are developed and used in pilot areas/sections	Self disdipline check list / Good & Bad Point Stickers, etc. are developed and used in major areas/sections	Self disdipline check list / Good & Bad Point Stickers, etc. are developed and used in all areas/sections
6.5	NO evidence of 5-S Slogan & Poster displayed	5-S Slogan & Poster displayed but not in effective way or difficult to be recognized	5-S Slogan & Poster displayed in the place where 5S is implemented	5-S Slogan & Poster displayed in majority of the areas/sections and well recognized by staff and visitors	5S corner is established and display slogan, posters, picture etc for information sharing and reminder
6.6	NO evidence of Self Discipline among visitors	Instructions/guide are given to visitors but not followed	Instructions/guide are given and adopted by visitors in limited areas/sections	Instructions/guide are given and adopted by visitors in majority of areas/sections	Evidence of Self Discipline among visitors to the Institution
6.7	Depending on the above	Depending on the above	Depending on the above	Depending on the above	Evidence of Self-Discipline in the overall

添付2
(判定基準)

QUESTIONNAIRE FOR PILOT HOSPITALS OF THE AAKCP

Preparatory Survey on the Program of Quality Improvement of Health Services by 5S-KAIZEN-TQM

Japan International Cooperation Agency (JICA)

This is the questionnaire for the pilot hospitals of the Program of Quality Improvement of Health Services by 5S-KAIZEN-TQM.

The questionnaire was designated to measure the baseline of the hospital where pilot KAIZEN activities are implemented.

To make sure effectiveness of 5S-KAIZEN-TQM activities and JICA support, the achievement of the approach should be evaluated through comparing the situation between before and after 5S-KAIZEN-TQM activities.

For further improvement of health services, monitoring system of data collection for clinical and other necessary indicators should be embedded in the hospital and recipient countries.

The questionnaire is also utilized as the periodical monitoring form of the pilot hospital.

Guidance to fill questionnaire

- ◇ Please check and fill all the questions as long as you can provide without any special efforts.
- ◇ If you have same data with different formats, please attach copy of the data with this questionnaire.
- ◇ We made tables to provide data in year-unit. If you have data in month-unit, please provide them, too.
- ◇ If you do not have data, please consider to record the data for monitoring effectiveness of the 5S-KAIZEN-TQM activities.
- ◇ Please make sure to state data sources of all the answers.

COUNTRY

HOSPITAL

1. BASIC INFORMATION OF THE HOSPITAL

Markers' information Position: _____ Name: _____

This information is important to understand the character of the hospital.
Please fill all information.

Questions	Answer
<p>Medical Services</p> <p>(1) Name of Representative:</p> <p>(2) Address / Tel / Fax</p> <p>(3) Organization chart: <u>* Please give us the Manpower disposition chart and the organization chart if you have</u></p> <p>(4) Number of population covered by the Hospital <u>*If there is no data about population, please describe the coverage area such as name of city, district or province.</u></p> <p>(5) Number of Hospital beds <u>*Please classify the actual number, registered number and/or planned number.</u> <u>(There are similar questions on page 9, if you can fill that page, you do not have to fill here.)</u></p>	

1.2 BASIC INFORMATION OF THE HOSPITAL - FINANCING

Financing information is important to confirm the sustainability of 5S activities.
Please describe the Fiscal year like from Jan. to Dec.
Please describe money unit like US\$.

Markers' information Position: _____ Name: _____

(1) Please fill out the following table on Income.

* If some services are free of charge, please describe on the chart

(Data source _____)

Fiscal year	2006	2007	2008	2009
Medical services				
Medicine				
Laboratory Examination				
Delivery				
Operation				
Admission charges				
Other services				
From Ministry of Health/Governmental				
Donation				
Others				
TOTAL				

1.2 BASIC INFORMATION OF THE HOSPITAL - FINANCING

Markers' information Position: _____ Name: _____

(2) Please fill out the following table on Expenditure.

*If salary of staff is paid by ministry, please describe on the chart.

*If the hospital does not purchase equipment by own budget, please describe on the chart.

(Data source _____)

Fiscal year	2006	2007	2008	2009
Personnel				
Pharmaceutical				
Administration				
Maintenance Fee for Facility				
Maintenance Fee for Medical Equipment				
Repair				
New Equipment				
Consumables for Equipment				
Others				
TOTAL				

(3) Please give us user fee table at your hospital if you have.

2. CLINICAL INFORMATION

Clinical information is important to understand what kinds of disease are major in the hospital and what kind of care is served.

Markers' information Position: _____ Name: _____

Please fill the data based on calendar year if there is no specific instruction.

(1) Major causes of death

*Please fill out the following table for the major cause of death in your Hospital.
 *If there is no registration of cause of death, please describe on the chart and fill "total number of death" only.
 **"Total number of death" is filled actual total number, not aggregate of No.1 to No.10.

(Date Source _____)

Over 5 years old (5 ≤ years old)					
	Major cause of death	2006	2007	2008	2009
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
	Total Number of Death				

2. CLINICAL INFORMATION

Markers' information Position: _____ Name: _____

(Date Source if different from "Over 5 years old")

Under 5 years old (<5 years old)					
	Major cause of death	2006	2007	2008	2009
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
	Total Number of Death				

CLINICAL INFORMATION

Position: _____ Name: _____

Please fill out the following table, data source.

(2) No. of General Out-Patients (Data source _____)

Out-Patients(General)		2006	2007	2008	2009
Male	Over 5 years old ($5 \leq$)				
	Under 5 years old($5 >$)				
Female	Over 5 years old ($5 \leq$)				
	Under 5 years old($5 >$)				
Total					

(3). No. of Emergency Out-Patients (Data source _____)

Out-Patients(Emergency)		2006	2007	2008	2009
Male	Over 5 years old ($5 \leq$)				
	Under 5 years old($5 >$)				
Female	Over 5 years old ($5 \leq$)				
	Under 5 years old($5 >$)				
Total					

(4). No. of In-Patients Registration (Data source _____)

In-Patients		2006	2007	2008	2009
Male	Over 5 years old ($5 \leq$)				
	Under 5 years old($5 >$)				
Female	Over 5 years old ($5 \leq$)				
	Under 5 years old($5 >$)				
Total					

(5) Number of Emergency Referrals (Data source _____)

Emergency referrals		2006	2007	2008	2009
Male	Over 5 years old ($5 \leq$)				
	Under 5 years old($5 >$)				
Female	Over 5 years old ($5 \leq$)				
	Under 5 years old($5 >$)				
Total					

3. OPERATIONAL INFORMATION

Operational information is described the present performance of the hospital

Position: _____ Name: _____

Please fill out the following table and data sources.

(1) Bed Capacity (Data source _____)

	2006	2007	2008	2009
Number. of Beds (Allowed/Existing) No. of Allowed (No. of Existing if different)				
*Please fill the name of clinical wards based on your hospital's definitions				
Internal Medicine	()	()	()	()
Surgery	()	()	()	()
Obstetrics	()	()	()	()
Gynecology	()	()	()	()
Pediatric	()	()	()	()
Newborn	()	()	()	()
I.C.U.	()	()	()	()
(Others, please specify)	()	()	()	()
Total	()	()	()	()
Average length of stay; Please specify calculation formula _____				
Example of the formula in Japan				
Average Length of Stay= Accumulate number of days of all inpatient / ((Number of new in-patient in the year + Number of new out-patient in the year) / 2)				
Internal Medicine				
Surgery				
Obstetrics				
Gynecology				
Pediatric				
Newborn				
I.C.U.				
(Others, please specify)				
Total				

3. OPERATIONAL INFORMATION

Continuing

	2006	2007	2008	2009
Bed occupancy rate : Please specify calculation formula Example of the formula in Japan Bed occupancy rate= Accumulate number of days of all inpatients' stay / (Number of Bed * Number of date) per year (per month if you have no per year data)				
Internal Medicine				
Surgery				
Obstetrics				
Gynecology				
Pediatric				
Newborn				
I.C.U.				
(Others, please specify)				
Total				

3. OPERATIONAL INFORMATION

(2) Delivery:

*Please fill the questionnaire based on following instruction

*Please fill the data based on calendar year if there is no specific instruction.

Position: _____ Name: _____

Total number of Delivery rooms : _____

(Data sources _____)

	2006	2007	2008	2009
Normal delivery				
Caesarian section				
Vacuum Extracted				
Stillbirth				
Low birth weight				
Abortion				
Others				
Total				

3. OPERATIONAL INFORMATION

(3) Operation:

*Please fill the questionnaire based on following instruction

*Please fill the data based on calendar year if there is no specific instruction.

Marker's information Position: _____ Name: _____

Total number of Operation rooms: _____ Total number of Surgeon: _____

(Data sources _____)

Operation Name	2006	2007	2008	2009
Normal				
Emergency				
Total number of Operation				

(4) Number of Operations (Data source _____)

		2006	2007	2008	2009
Male	Over 5 years old ($5 \leq$)				
	Under 5 years old ($5 >$)				
Female	Over 5 years old ($5 \leq$)				
	Under 5 years old ($5 >$)				
Total					

3.1 OPERATIONAL INFORMATION – LABORATORY EXAMINATION

Marker's information Position: _____ Name: _____

*Please fill the questionnaire based on following instruction

*Please fill the data based on calendar year if there is no specific instruction.

(1) Laboratory Examination (Data source _____)

Section	No. of Examination			
	2006	2007	2008	2009
Bio-chemistry				
Hematology				
Parasite test				
Various test				
Micro Bacteria test				
HIV test				
Others(please specify)				

3.2 OPERATIONAL INFORMATION – X-RAY EXAMINATION

Marker's information Position: _____ Name: _____

(2) X-ray Examination

Please specify Number of total X-ray examination per year by Out-patient/In-patient.

(Data sources _____)

Category		2006	2007	2008	2009
Outpatients	No. of patients having exam				
	No. of exams				
	No. of film used for exam				
Inpatient	No. of patients having exam				
	No. of exams				
	No. of film used for exam				

3.3 OPERATIONAL INFORMATION –REFERRAL

Marker's information Position: _____ Name: _____

* If referral report is collected in your hospital, please fill the table.
 If there is no data about referral, please describe on the chart.

(1) Referral from Lower Level Facility (Health Centers or Health Posts) to the pilot Hospital

(Data sources _____)

	No. of cases			
	2006	2007	2008	2009
<u>Referral from Lower Level Facility</u>				

(2) Referral from the Pilot Hospital to Upper Level Facility

	No. of cases			
	2006	2007	2008	2009
<u>Referral to Upper Level Facility</u>				

4. MANAGEMENT OF 5S-KAIZEN-TQM ACTIVITIES

Marker's information Position: _____ Name: _____

(1) Is Quality Improvement Team formulated? Yes / No
 If yes, when QIT was formulated.....

(2) What is the composition of QIT?
 How many members are in the QIT

Composition of QIT is ;

Dr.	Nr.	Lab.	Pham	X-ray	Admin				

(3) How often QIT meet?in week / month

(4) Do QIT have written ToR, Roles and Responsibilities? Yes / No

(5) Describe the QIT structure

(6) Is there Work Improvement Team at department level?

If so how many WITs are formulated?

What is the status of these WITs

How often WIT are meeting?

(7) How often do QIT report to Hospital Management Team? in week / month

(8) What are the QIT regular activities and how often do you conduct the activities?

Activities	Period	Who are the target of the activity	How it is recorded

4. MANAGEMENT OF 5S-KAIZEN-TQM ACTIVITIES

(9) What kind of difficulties are you facing to implement 5S-CQI-TQM?

(10) Number of staff trained on 5S-CQI-TQM

Fill numbers, how many staffs working at your hospital are trained on 5S-CQI-TQM

Managers	
Technical Staff	
Support / Administration staff	

(11) 5S-CQI Training activities conducted in the past 6 months

Fill training activities related 5S-CQI-TQM with the information of whom you targeted and how many staff participated

Type of training	Date	Target group	# of Participants

(12) Is there any other QI program introduced? If so what is the name of the QI program and who is funding ?

5. INDICATORS FOR 5S-KAIZEN-TQM

Marker's information Position: _____ Name: _____

(1) Working time of the Hospital

Please describe standard operational hours of out-patient such as "9:00-14:00".

		Working Time
Out-patient	Weekday	
	Saturday	
	Sunday	
Emergency	Weekday	
	Saturday	
	Sunday	

Information of workforces in the Hospital

*It is one of the outcomes of 5S activities expected that the hospital staff members hope to work in the hospital continuously and increasing medical staff workers who want to work the hospital is expected.

*Based on this prospective, detailed data of workforces in the hospital are requested as important information.

*Please fill the data based on calendar year.

Definition of Type of personnel

- *Nurse; Registered Nurse, Diploma Nurse or higher educated nurse
- *Auxiliary Nurse; non Diploma Nurse or under educated nurse
- *Full-time: Registered in the hospital, receive the main income from the hospital and working now (not long leave etc.)
- *Part-time; no registered in the hospital, receive the main income from other facility and working now
- *Others: Long leave, resident, trainee, etc.

5. INDICATORS FOR 5S-KAIZEN-TQM

Marker's information Position: _____ Name: _____

(2) Total number of workers in the Hospital

(Data sources _____)

Type of personnel	No. of full-time workers (No. of part time workers if exist)			
	2006	2007	2008	2009
Medical doctor	()	()	()	()
Pharmacist	()	()	()	()
Nurse	()	()	()	()
Auxiliary Nurse	()	()	()	()
Dentist	()	()	()	()
Midwife	()	()	()	()
Laboratory Technician	()	()	()	()
Radiologist	()	()	()	()
Other (specify)	()	()	()	()
	()	()	()	()
	()	()	()	()
	()	()	()	()
Maintenance Staff for facility	()	()	()	()
Kitchens	()	()	()	()
Cleaners	()	()	()	()
Maintenance Staff for Equipment	()	()	()	()
Administrative staff	()	()	()	()
Other (specify)	()	()	()	()
	()	()	()	()
	()	()	()	()
<u>Total</u>	()	()	()	()

5. INDICATORS FOR 5S-KAIZEN-TQM

Marker's information Position: _____ Name: _____

(2) Number of workers left the Hospital

(Data sources _____)

Type of personnel	No. of full-time workers (No. of part time workers if exist)			
	2006	2007	2008	2009
Medical doctor	()	()	()	()
Pharmacist	()	()	()	()
Nurse	()	()	()	()
Auxiliary Nurse	()	()	()	()
Dentist	()	()	()	()
Midwife	()	()	()	()
Laboratory Technician	()	()	()	()
Radiologist	()	()	()	()
Other (specify)	()	()	()	()
	()	()	()	()
	()	()	()	()
	()	()	()	()
Maintenance Staff for facility	()	()	()	()
Kitchens	()	()	()	()
Cleaners	()	()	()	()
Maintenance Staff for Equipment	()	()	()	()
Administrative staff	()	()	()	()
Other (specify)	()	()	()	()
	()	()	()	()
	()	()	()	()
<u>Total</u>	()	()	()	()

5. INDICATORS FOR 5S-KAIZEN-TQM

Marker's information Position: _____ Name: _____

(3) Number of newly recruited workers

(Data sources)

Type of personnel	No. of full-time workers (No. of part time workers if exist)			
	2006	2007	2008	2009
Medical doctor	()	()	()	()
Pharmacist	()	()	()	()
Nurse	()	()	()	()
Auxiliary Nurse	()	()	()	()
Dentist	()	()	()	()
Midwife	()	()	()	()
Laboratory Technician	()	()	()	()
Radiologist	()	()	()	()
Other (specify)	()	()	()	()
	()	()	()	()
	()	()	()	()
	()	()	()	()
Maintenance Staff for facility	()	()	()	()
Kitchens	()	()	()	()
Cleaners	()	()	()	()
Maintenance Staff for Equipment	()	()	()	()
Administrative staff	()	()	()	()
Other (specify)	()	()	()	()
	()	()	()	()
	()	()	()	()
<u>Total</u>	()	()	()	()

Marker's information Position: _____ Name: _____

(4) Average lengths of tenure in the hospital (Data sources _____)

*Please fill formula of your data

*Example of Average lengths of tenure= Accumulation of the lengths of tenure of each hospital staff / Number of hospital staff

Type of personnel	No. of full-time workers (No. of part time workers if exist)			
	2006	2007	2008	2009
Medical doctor	()	()	()	()
Pharmacist	()	()	()	()
Nurse	()	()	()	()
Auxiliary Nurse	()	()	()	()
Dentist	()	()	()	()
Midwife	()	()	()	()
Laboratory Technician	()	()	()	()
Radiologist	()	()	()	()
Other (specify)	()	()	()	()
	()	()	()	()
	()	()	()	()
	()	()	()	()
Maintenance Staff for facility	()	()	()	()
Kitchens	()	()	()	()
Cleaners	()	()	()	()
Maintenance Staff for Equipment	()	()	()	()
Administrative staff	()	()	()	()
Other (specify)	()	()	()	()
	()	()	()	()
	()	()	()	()
<u>Total</u>	()	()	()	()

5. INDICATORS FOR 5S-KAIZEN-TQM

Marker's information Position: _____ Name: _____

(5) Number of varieties of drugs stored at the pharmacy

This questionnaire is monitoring management of drugs in the pharmacy shown below;

- The pharmacy can manage its stocks appropriately without any duplication and redundancy of drugs after 5S activities.
- Please fill how many kinds (varieties) of brand of drugs being stocked in the pharmacy.
- If you have list of all drugs you select as regular drugs in the hospital, please provide this list.

(Data sources _____)

Drug types	Number of drug types			
	2006	2007	2008	2009
Tablets /Capsules				
Injections				
Ointment/Creams				
Others (Please specify)				
Total				

5. INDICATORS FOR 5S-KAIZEN-TQM

Marker's information Position: _____ Name: _____

(6) How many days of stock-out experiences of the drugs at the pharmacy

- This indicator will be expected to contribute to measure improvement of stock and logistics management in the pharmacy.
- Please count the days of 0 balances in the year on the store record.
- If you have your own list of stock out record, please provide it, too.

(Data sources _____)

Drug types	Number of days of stock-out experiences			
	2006	2007	2008	2009
Tablets /Capsules				
Injections				
Ointment/Creams				
Others (Please specify)				
<u>Total</u>				

5. INDICATORS FOR 5S-KAIZEN-TQM

Marker's information Position: _____ Name: _____

Please fill the questionnaire based on following instruction
 Please fill the data based on calendar year if there is no specific instruction.

(7) Number of varieties of reagents types stored at the laboratory

This questionnaire is monitoring management of reagents in the laboratories shown below;

- The laboratories can manage its stocks appropriately without any duplication and redundancy of reagents after 5S activities.
- Please fill how many kinds (varieties) of reagents being stocked in the laboratories.
- If you have list of all reagents you select as regular stocks in the hospital, please provide this list.

(Data sources _____)

Laboratory	Number of reagent types			
	2006	2007	2008	2009
Biochemical Laboratory				
Chemical Laboratory				
Hematology				
Others (Please specify)				
<u>Total</u>				

5. INDICATORS FOR 5S-KAIZEN-TQM

(8) How many days of stock-out experiences of the reagents at the laboratory

Marker's information Position: _____ Name: _____

- This indicator will be expected to contribute to measure improvement of stock and logistics management in the laboratory.
- Please count the days of 0 balances in the year on the store record.
- If you have your own list of stock out record, please provide it, too.

(Data sources _____)

Laboratory	Number of days of stock-out experiences			
	2006	2007	2008	2009
Biochemical Laboratory				
Chemical Laboratory				
Hematology				
Others (Please specify)				
<u>Total</u>				

5. INDICATORS FOR 5S-KAIZEN-TQM

Marker's information Position: _____ Name: _____

(9) Safety

In the hospital, quality improvement of hospital services and securing patient safety are the most important aims. As one of the goals of 5S-KAIZEN-TQM, patient safety is expected to establish in the hospital.

If there is no data about the safety, please start to collect the information through 5S-KAIZEN-TQM activities. Starting the collection is one of the good indicators to perform good KAIZEN activities.

Please fill table if you have data.

Position: _____ Name: _____

Indicators		2006	2007	2008	2009
Hospital infection (Nosocomial Infection)	No. of ward infection cases				
	No. of surgical infection cases				
	No. of neonatal infection cases				
	No. of post cesarean infection cases				
	Data sources				
	Case Definition				
Mortality data	Total number of death in Hospital				
	Number of maternal death in Hospital				
	Number of neonatal death in Hospital				
	Number of child under 5 death in Hospital				
	Data sources				
	Case Definition				

5. INDICATORS FOR 5S-KAIZEN-TQM

Marker's information Position: _____ Name: _____

Indicators		2006	2007	2008	2009
Incident / Accidents	Total No. of cases falling from bed				
	Among them,	No. of death cases			
		No. of injury cases			
	No. of needle stick cases				
	Data sources				

(10) Do you have any reporting system of Incidents/Accidents? Yes No

If yes, please describe detailed system / If no, do you have any plan to establish it?

5.INDICATORS FOR 5S-KAIZEN-TQM

Marker's information Position: _____ Name: _____

(11) Safety II Please record and fill data in 2010 if possible.

Indicators (2010)		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Hospital infection (Nosocomial Infection)	No. of ward infection cases												
	No. of surgical infection cases												
	No. of neonatal infection cases												
	No. of post cesarean infection cases												
	Data sources												
Incident / Accidents	Total No. of cases falling from bed												

To Laboratories

Date / / 2010

Indicators (2010)		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	No of death cases												
	No. of injury cases												
	No. of needle stick cases												
	Data sources												
Mortality data	Total No. of death in Hospital												
	No. of maternal death in Hospital												
	No. of neonatal death in Hospital												
	No. of child under 5 death in Hospital												
	Data sources												

Operational Manuals of the Time Study

Operational Manuals of the time survey for 5S-KAIZEN-TQM

(Draft)

- | | |
|------------------------------------|---|
| 1. WAITING TIME OF PATIENTS | -REGISTRATION TO CONSULTATION- |
| 2. WAITING TIME OF PATIENTS | -OBTAINING LAB RESULTS- |
| 3. WAITING TIME OF PATIENTS | -PAYMENT- |
| 4. WORKING TIME | -FINDING PATIENT'S RECORD- |
| 5. WORKING TIME | -PROVIDING PROPER DRUGS- |
| 6. WORKING TIME | -COMPLETING PACK OF OPERATIONAL TOOLS- |

Operational Manuals of the Time Study

Purpose of Time Survey

Through 5S –KAIZEN- TQM activities, there is a lot of improvements in the hospital. However, some improvements are invisible and hard to confirm the achievement in the routine works in the hospital.

The time survey is good tool to describe the process improvement easily and simple tool to measure the working process by the hospital staff. The hospital staff also is able to identify whether her / his work is efficient or not.

We hope the hospital to implement the time survey periodically to make sure the level of improvement of your hospital and to benchmark the performance of the improvement to the other hospitals.

Operational Manuals of the Time Study

1. WAITING TIME OF THE PATIENT -REGISTRATION TO CONSULTATION-	At Reception and Consultation room
--	---

Aim:

To measure waiting time of patients from register to consultation.

Participants:

- Receptionist
- Doctors/Nurses/Supporting staff members of Consultation room randomly selected by QIT/WIT. (Please choose a counseling room which has not been participated yet.)
- Patients

Items to be prepared

- 50 – 100 Pieces of small paper (Size of the paper should be enough to write patients' number and present time)

Procedures

1. Choose a consultation room for the survey
2. Discuss with the nurses/doctors of the consultation room to obtain their understanding of this survey and ask them to gather the paper.
3. Prepare for the memos to write time and patients order with the indication to submit the paper to the nurses/doctors in a consultation room
4. When a patient who needs to visit the selected consultation room visits the reception, (1) Write patient order and current time on the upper left side of the memo, (2) give the patient this paper, and (3) tell him/her to give this paper to the doctor or the nurses in the consultation room. It is better to write some mark such as '5S' for identification.

5S 9:28	5S 12:21
No. 1 9:28	
Please give it to the doctor/nurse when you visit a counseling room.	

Sample of the paper

5. The doctors/nurses in the counseling room collect the paper from the patients and fill current time on the upper right of the memo immediately.
6. Compile the pieces of paper. After collecting all the pieces of paper, record and calculate average time to be spent.

Operational Manuals of the Time Study

2. WAITING TIME OF THE PATIENT -OBTAINING LAB RESULTS-	At Consultation room and Laboratory
---	--

Aim:

To measure time from orders to complete examination at laboratory.

Participants:

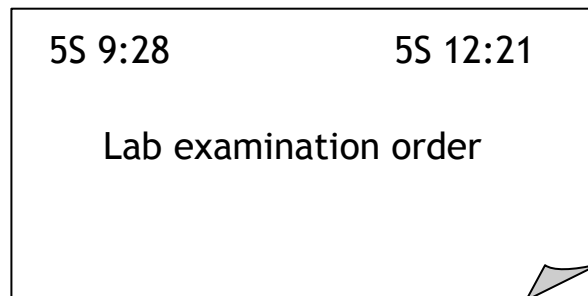
- Doctors/Nurses/Supporting staff members of a consultation room randomly selected by QIT/WIT. (Please choose a counseling room which has not been participated yet.)
- Laboratory Technologists/Workers
- Patients

Items to be prepared

- None

Procedures

1. Choose a consultation room and a laboratory for the survey
2. Discuss with the nurses/doctors of the consultation room and the laboratory to obtain their understanding of this survey and ask them to collaborate with it.
3. Fill current time on the upper left of laboratory order with 5S when doctors order laboratory examination.



Sample of the paper

4. After finishing examination, laboratory technicians in charge fill the current time on the upper right of the laboratory order immediately.
5. Compile the pieces of paper at the laboratories. After collecting all the orders, record and calculate average time to be spent.

Operational Manuals of the Time Study

3. WAITING TIME OF THE PATIENT -PAYMENT-	At Payment counter
---	---------------------------

Aim:

To measure waiting time of patients to complete payment.

Participants:

- Staff members of the payment counter
- Patients (20~30 patients or more)

Items to be prepared

- Pieces of small paper (Size of the paper should be enough to write patients' number and present time)

Procedures

1. Discuss with the staff members of the payment counter to obtain their understanding of this survey and ask them to collaborate with it.
2. Prepare for the memos to write time and patients order with the indication to submit the paper to the staff at the payment
3. Fill patients' order and current time on the upper left of the memo and give a patient visiting payment counter the paper. And tell him/her to give it to the staff when he/she finishes payment. It is better to write some mark such as '5S' for identification.

5S 9:28	5S 12:21
No. 1 9:28	
Please give it at payment.	

Sample of the paper

4. The workers who receive money collect the paper from the patients and fill current time on the upper right immediately.
5. Compile the pieces of paper. After collecting all the pieces of paper, record and calculate average time to be spent.

Operational Manuals of the Time Study

4. WORKING TIME -FINDING PATIENT'S RECORD-	At Reception
---	---------------------

Aim:

To measure time from patient's visit to finding a patient record .

Participants:

- Receptionist
- Person to measure time

Items to be prepared

- Stopwatch or clock to measure on the second time scale

Procedures

1. Prepare for the stopwatch or clock for measurement
2. Start to measure the time when patient arrives at the reception.
3. Stop and record the time how long it takes to find patient's record.
4. Record this result.
5. Measure several times (20 – 30 patients)
6. Compile the results and calculate average time to be spent.

Operational Manuals of the Time Study

5. WORKING TIME -PROVIDING PROPER DRUGS-	At Pharmacy
---	--------------------

Aim:

To measure time from patient's visit to provide proper medicines at Pharmacy.

Participants:

- Pharmacist
- Receptionist at the pharmacy (if exists)
- Person to measure time

Items to be prepared

- Stopwatch or clock to measure on the second time scale

Procedures

1. Prepare for the stopwatch or clock for measurement
2. Start to measure the time when a patient arrives at the pharmacy.
3. Stop and record the time how long it takes to provide proper drugs to the patient.
4. Record this result.
5. Measure several times (20 – 30 patients)
6. Compile the results and calculate average time to be spent.

Operational Manuals of the Time Study

6. WORKING TIME -COMPLETING PACK OF OPERATIONAL TOOLS-	At CSSD
---	----------------

Aim:

To measure time to complete packing of operational tools after the sterilization at CSSD.

Participants:

- Staff members in CSSD
- A Person to measure time

Items to be prepared

- Stopwatch or clock to measure on the second time scale

Procedures

1. Prepare for the stopwatch or clock for measurement
2. After sterilization of the tools, start to measure time to complete packing
3. Stop and record the time how long it takes to finish packing tools.
4. Record this result.
5. Measure several times (20 – 30 times)
6. Compile the results and calculate average time to be spent.

Operational Manuals of the Time Study

Record Sheet of the Time Survey

- Registration to Consultation Lab Results Payment
 Patients Record Pharmacy Operational Tools

Date of survey: / /

Person in charge of the survey

Survey Unit (Consultation Room/ Laboratory):

Sample Number	Time - Start	Time - End	Duration
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			

～ Questionnaire on Trainings～

Questions on your activity “Now” (compare to the right after returned from the JICA training course)

1. 研修の成果を活用するのは易しいですか？

Q1. Do you think it will be easy to apply what you acquired to your organization or country?

← ← Yes, very easy		No, very difficult → →	
□4	□3	□2	□1

If your answer is 3 or 4, go to Q2-1, and if your answer is 1 or 2, go to Q2-2.

2-1. 活用することが容易と感じる場合、なぜですか？

Q2-1. If you marked “4” or “3” for Q1, could you clarify the reason for it by rating following elements?

Reasons		← Strongly agree		Disagree →	
A	Because I am in a position of making decisions. 自分が意思決定の権限を有しているため	□4	□3	□2	□1
B	Because the purpose and content of this program accords with the directions of my organization. 研修の目的・内容と組織の方針とが合致しているため	□4	□3	□2	□1
C	Because I will have no difficulty in securing necessary financial resources. 活用するうえで必要となる予算の確保が容易なため	□4	□3	□2	□1
D	Because it's easy to get the understanding and cooperation of my colleagues. 同僚の理解と協力を得ることが容易なため	□4	□3	□2	□1
E	Because the situation in my country is very similar to the experience of Japan. 日本の経験が自国の状況と近いため	□4	□3	□2	□1
F	Other Reasons→Please describe briefly.他の理由(記述) Difference from the right after returned from the JICA training course and “Now”				

2-2. 活用することに困難を感じる場合、なぜですか？

Q2-2. If you marked “2” or “1” for Q1, could you clarify the reason for it by rating following elements?

Reasons		← Strongly agree		Disagree →	
A	Because I am not in a position of making decisions. 自分が意思決定の権限を有していないため	□4	□3	□2	□1
B	Because the purpose and content of this program does not accords with the directions of my organization.	□4	□3	□2	□1

添付資料 3 調査表 (3) 研修成果をはかるための質問票

	研修の目的・内容と組織の方針とが合致しないため				
C	Because I will have difficulty in securing necessary financial resources. 活用するうえで必要となる予算の確保が難しいため	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
D	Because it's difficult to get the understanding and cooperation of my colleagues. 同僚の理解と協力を得ることが難しいため	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
E	Because the situation in my country is very different from the experience of Japan. 日本の経験が自国の状況と大きく相違しているため	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
F	Other Reasons→Please describe briefly. 他の理由(記述) Difference from the right after returned from the JICA training course and “Now”				

3. 研修の成果をどのように活用していますか？

Q3. How are you applying what you acquired to your organization or country “Now” ? Please mark your degree of priority for each of the following items.

	Item	Degree of Priority			
		← High		Low →	
A	Improvement of Policy/ Institution/ System 政策・制度の改善	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
B	Securing Financial Resources 資金の確保	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
C	Improvement of Physical Infrastructure or Equipment 施設の改善	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
D	Improvement of the Mechanism and Management of Organizations 組織の仕組みの改善	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
E	Improvement of Technology or Know-How applied for operation of organizations 業務に運用されている技術・方法の改善	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
F	Capacity Improvement/ Attitude Change of Individuals in organizations 個人の能力の向上や姿勢の変化	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
G	Other ideas→Please describe briefly.その他(記述) Difference from the right after returned from the JICA training course and “Now”				

添付資料 3 調査表 (3) 研修成果をはかるための質問票

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Q 4. 研修で習得した内容で、何が最も現在の活動で役立っていますか。

What contents of the JICA trainings is the most useful for your activities “Now” ?

(1) 日本での研修 About Trainings in Japan

(2) スリランカでの研修 About Trainings in Sri Lanka

Q 5. 研修で入手した資料のうちで、最も活用しているものは何ですか。

Which document you receive in the JICA Training, are you utilizing most in your activities “Now” ?

Q 6. 研修の改善点について、今考えることは何ですか。

Please feel free to inform us about your opinion “Now” for the Improvement of the JICA Training course.

※Your report may be quoted and used by JICA . Thank you very much for your cooperation.