MINISTRY OF HEALTH
DEMOCRATIC SOCIALIST REPUBLIC OF SRI LANKA

NATIONAL GUIDELINES FOR

IMPROVEMENT OF QUALITY AND
SAFETY OF HEALTHCARE INSTITUTIONS

(FOR SPECIALISED PUBLIC HEALTH UNITS AND CAMPAIGNS)

1ST EDITION OCTOBER 2010

Quality & Safety of Healthcare Institutions

jica ジャイカ

Quality Series Documents
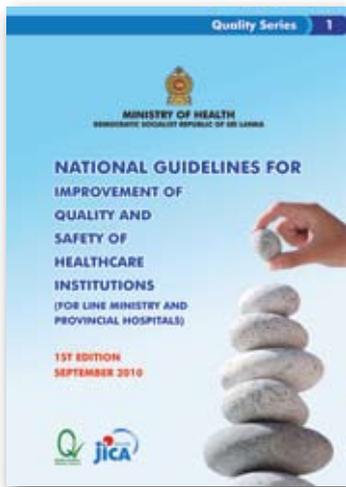
Quality Series 1

National Guidelines for Improvement of Quality and Safety of Healthcare Institutions

(For Line Ministry and Provincial Hospitals)

September 2010
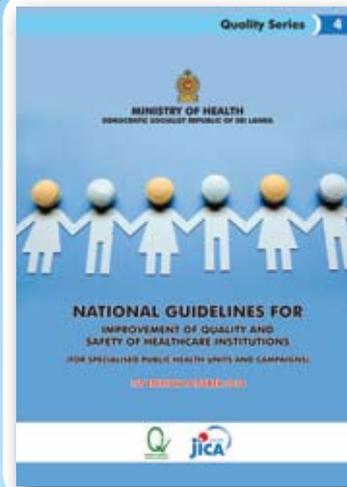
Quality Series 4

National Guidelines for Improvement of Quality and Safety of Healthcare Institutions

(For Specialised Public Health Units and Campaigns)

October 2010
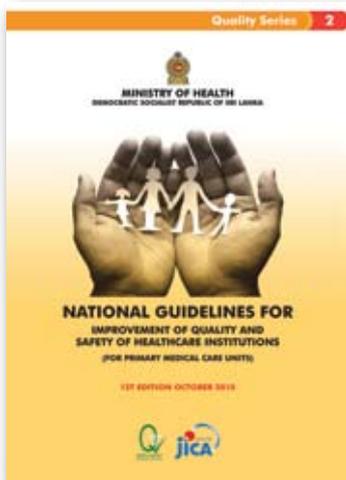
Quality Series 2

National Guidelines for Improvement of Quality and Safety of Healthcare Institutions

(For Primary Medical Care Units)

October 2010
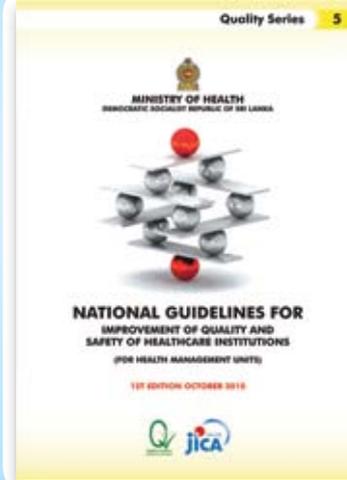
Quality Series 5

National Guidelines for Improvement of Quality and Safety of Healthcare Institutions

(For Health Management Units)

October 2010
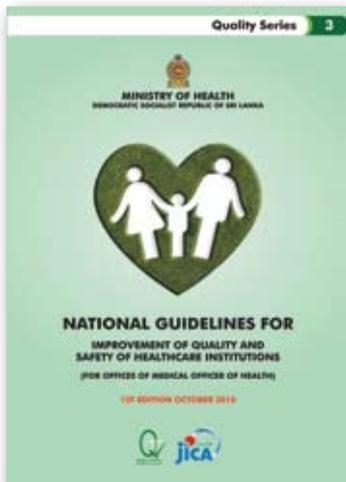
Quality Series 3

National Guidelines for Improvement of Quality and Safety of Healthcare Institutions

(For Offices of Medical Officer of Health)

October 2010
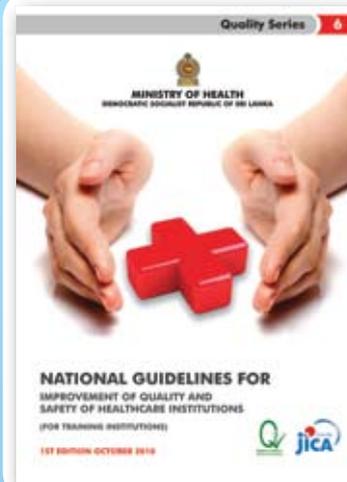
Quality Series 6

National Guidelines for Improvement of Quality and Safety of Healthcare Institutions

(For Training Institutions)

October 2010

MINISTRY OF HEALTH
DEMOCRATIC SOCIALIST REPUBLIC OF SRI LANKA

jICA

Quality Series No.4

National Guidelines for

Improvement of Quality and Safety of Healthcare Institutions
(For Specialised Public Health Units and Campaigns)

First Edition

Editors:

Dr. Wimal Jayantha

Deputy Director General/Planning, Ministry of Health

Dr. S. Sridharan

Director Organization Development, Ministry of Health

Dr. C.J. Aluthweera

Coordinator for National Quality Assurance Programme, Ministry of Health

Mr. Shogo Kanamori

JICA Expert on Medical Services Administration

October 2010

Preface

Sri Lanka has reached a high level of health status amongst its population in comparison with the countries in the neighbourhood. Alongside the preventive care service network which has evolved since 1920s, the Specialised Public Health Units and Campaigns under the Ministry of Health have played significant roles in improvement of the health outcomes, particularly of those represented by the MDG indicators. Nevertheless, there is still room for further improvement of the quality of the work undertaken by them.

The *National Guidelines for Improvement of Quality and Safety of Healthcare Institutions* provide a comprehensive set of quality standards and affordable measures to improve the work undertaken by the Specialised Public Health Units and Campaigns. They are therefore expected to be fully oriented on these Guidelines and prepared to improve their working environment and process, as well as the service delivery in the specialised areas. Needless to say, the strong commitment of heads of units is critical in achieving the goals aimed by these Guidelines.

I wish to thank all the stakeholders involved in the development of this document as well as Japan International Cooperation Agency (JICA) for its technical assistance. In particular, I am grateful to Dr. Wimal Jayantha, DDG/Planning, who supervised the whole developmental process, Dr. S. Sridharan, Director OD, who led and facilitated the drafting work, Dr. C. J. Aluthweera, Coordinator for National Quality Assurance Programme, who provided technical inputs in development of the quality standards, and Mr. Shogo Kanamori, JICA Expert on Medical Services Administration, who provided coordinative and technical assistance.
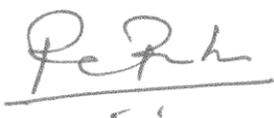
Dr. Ravindra Ruberu
Secretary
Ministry of Health

20 October 2010

List of Contributors

Dr. Aluthweera, **Champa;** Coordinator for National Quality Assurance Programme, Ministry of Health

Dr. Ambagahage, Thushara; Medical Officer, National Programme for Tuberculosis Control and Chest Diseases, Ministry of Health

Dr. Balasooriya, B.A.P.R.; Senior Registrar, MDPU, Ministry of Health

Dr. Batuwanthudawa, B.K.R., Consultant Epidemiologist, Epidemiology Unit, Ministry of Health

Dr. Deniyage, Sarath; Director, Malaria Control Programme, Ministry of Health

Mr. Dissanayake, **Chaturanga;** Project Assistant, JICA Advisor's Office

Dr. Dolamulla, Suranga; Deputy Director; TH North Colombo (Ragama)

Dr. Fernando, **Rani;** Director, Castle Street Hospital for Women

Dr. Gamage, **G.L.N.D.;** DMO, DH Polpithigama

Dr. Gamage, **Rehan;** Research Assistant, JICA Advisor's Office

Dr. Gamlath, **G.;** MS, DGH Kegalle

Dr. Jayanath, **B.L.D.;** MOIC, PU Madampe

Dr. Jayantha, **Wimal;** DDG (Planning), Ministry of Health

Dr. Jayasooriya, Usha; MO, National Programme for Tuberculosis Control and Chest Diseases, Ministry of Health

Mr. Kanamori, **Shogo;** JICA Expert on Medical Services Administration

Dr. Karawita, D.A.; Assistant Venereologist, National STD/AIDS Prevention Programme

Dr. Perera, Dilum; Medical Officer, Health Education Bureau, Ministry of Health

Dr. Pranagama, N.; Director, Cancer Control Programme, Ministry of Health

Dr. Rajamanthri, M.D.S.; Director, TH Kurunegala

Dr. Ruwanpathirana, T.; Reg/Community Physician, Family Health Bureau, Ministry of Health

Dr. Sridharan, **S.;** Director Organization Development, Ministry of Health

Dr. Wedamulla, Asanka; MO Planning, MDPU, Ministry of Health

Dr. Wijerathne, **Lalitha;** MO/QMU, DGH Gampaha

Dr. Wijesinghe, **W.A.K.;** RDHS, Kegalle District

TABLE OF CONTENTS

1. Introduction

These Guidelines will provide guidance to those working at Specialised Public Health Units and Campaigns under the Ministry of Health in strengthening the organisational and individual preparedness for improvement of the quality of their work. It is assumed that these Guidelines will be used for the following purposes.

- As a handbook for the Specialised Public Health Unit and Campaign staff in implementing quality improvement programmes and related activities

- As a guiding document for orientation programmes to the Specialised Public Health Unit and Campaign staff conducted by the National Quality Secretariat

1.1. Target institutions of the Guidelines

The target institutions of these Guidelines include all Specialised Public Health Units and Campaigns under the Ministry of Health.

- Epidemiology Unit
- Family Health Bureau
- Health Education Bureau
- Mental Health Unit
- Non-communicable Disease Control Unit
- Environmental and Occupational Health Unit
- Estate and Urban Health Unit
- Quarantine Services Unit
- Care for Youth, Elderly, Displaced and Disabled Persons
- Nutrition Coordination Unit

- Anti Leprosy Campaign
- Anti Filariasis Campaign
- Public Health Veterinary Services Unit
- Anti Malaria Campaign
- National Programme for Tuberculosis Control and Chest Diseases
- National Cancer Control Programme
- National STD/AIDS Prevention Programme
- Dengue Coordinator Unit
- Blood Transfusion Service

1.2. Institutional Arrangements for Quality Improvement of Specialised Public Health Units and Campaigns

All Specialised Public Health Units and Campaigns under the Ministry of Health are expected to establish Quality Management Unit and to implement Quality Management Programme under the

guidance of the National Quality Secretariat, according to the "General Circular No.01-29/2009" of the Ministry of Healthcare & Nutrition dated 22 September 2009 (attached as APPENDIX).

2. Quality Standards of Specialised Public Health Units and Campaigns

This chapter provides the quality standards of the Specialised Public Health Units and Campaigns. They are divided into two aspects and 13 areas.

I.   Working Environment (5S)
1.   Seiri (Sorting)
2.   Seiton (Organisation)
3.   Seiso (Cleaning with Meaning and for Beautifying)
4.   Seiketsu (Standardisation)
5.   Shitsuke (Training & Self-Discipline)
II. Overall Management of the Unit
6.   Leadership quality
7.   Health information system and performance review
8.   Human resource management
9.   Office management
10. Financial management
11. Responsiveness
12. Productivity and quality improvement programme
13. Inter-sectoral coordination, public relations and community mobilisation

These standards will be referred to whenever a Specialised Public Health Unit/Campaign conducts quality improvement activities as well as internal audit. They are also in line with the criteria for external audits and for selection of the National Health Excellency Award recipients.

I. Working Environment (5S)

Area of Concern		Standards	Measurable Elements
1	**Seiri (Sorting)**		
	Eliminating unnecessary items from the workplace that are not needed for current process at work		

1.1	Outside and inside premises	1.1.1 Unwanted items removed from the workplace	- An established process in sorting wanted and unwanted items is present.
			 - A proper process for condemning items is present.
			 - Unwanted items are not left in the workplace or marked with tags.
			   ➤ Red tags for those items to be disposed
			   ➤ Orange tags for those items under consideration.
			 - Tops and insides of all cupboards, shelves, tables and drawers are free of unwanted /irrelevant items.

		1.1.2 The floors and passageways in the public areas equipped with garbage bins for general waste and kept free of litters	- Garbage bins for general waste are in place and colour coded. - The time for removing litters from the garbage bins are indicated. - The place is free of litter.
		1.1.3 Unwanted trees and branches removed (if applicable)	- Trees which are obstructing the drainage are removed. - Tree branches above the roof and over the electric and telephone wires are trimmed.
1.2	Walls and notice boards	1.2.1 Walls being free of old posters, pictures or calendars.	- Posters/pictures are not fading or torn. - Information on posters/pictures is not obsolete. - Calendars are updated.
		1.2.2 Notice boards being free of obsolete notices	- Removal instructions are in place. - The removal instruction is complied. - Notice boards are categorized according to the needs. - Responsible persons for each notice board are identified. - The alignment and an X-Y axis tool are maintained in the notice board.

I. Working Environment (5S)

2 Seiton (Organisation)

Ensuring all the items that have been sorted are arranged and placed in pre-assigned positions in order to facilitate efficiency at work.

	Area of Concern		Standards		Measurable Elements
2.1	Office identification	2.1.1	An office name board and a site map available	-	An office name board is displayed outside in all three languages.
				-	A site map is displayed at the entrance / reception area in all three languages.
2.2	Directional indications	2.2.1	Directional boards available at every junction	-	Directional boards are displayed at every junction outside and inside of the office to all facilities from the entrance in all three languages.
		2.2.2	Corridors clearly marked with entrances and exit lines, curved door openings, and direction of travel	-	Curved door openings are marked at entrance doors to rooms.
				-	The direction of travel is indicated on the corridors.
				-	The sliding doors are provided with directional arrows.
2.3	Labelling and marking	2.3.1	Rooms and toilets clearly identified with labels	-	All rooms and toilets are identified with labels, name boards or numbers.
		2.3.2	Stores and storage areas properly organised	-	Items in stores and storage areas are kept in shelves, racks or bins and clearly marked.
				-	Shelf grids are marked with reference numbers/names for easy retrieval of items.
				-	All stationeries in the cupboard are kept in places identified with symbols and marks (visual control of stationeries).
				-	Items are stored in an alphabetical order and in a logical manner (left to right / top to bottom).
				-	A mechanism to replenish items is organized with colour codes:
					⋀ Maximum stock level: Green
					⋀ Reorder stock level: Orange
					⋀ Minimum stock level: Red
		2.3.3	Switches and fans easily identified	-	All switches and fan regulators are labelled accordingly.
				-	A separate electrical point plan is in place for each room at entrance.
2.4	Placing and parking rules	2.4.1	Equipment and tools being kept in original places after use	-	'Isles' are identified for each equipment and tool to be kept after use with the straight line method and shadow drawings displayed.
				-	A mechanism to identify persons removing items from 'isles' Items is in place.
					An example of 'Isles' is shown in "ANNEX 1: Isles for Stationeries".

I. Working Environment (5S)

Area of Concern	Standards	Measurable Elements
	2.4.2 Files and folders arranged using the mistake proofing concept	- Files and box folders are arranged using the mistake proofing concept to facilitate identification of particular files (within 30 seconds) and storing in original places.
	2.4.3 Tables and chairs placed in order	- Tables and chairs in the office are arranged according to XY axis.
	2.4.4 Parking areas for vehicles specified and marked (If applicable)	- Parking areas for vehicles are specified and marked. - Vehicle flows are identified and marked. - Sign boards for vehicles of differently-abled persons are in place.

3   Seiso (Cleaning with Meaning and for Beautifying)

Cleaning up one's workplace completely to eliminate dust on floors, machines or equipment.

Area of Concern	Standards	Measurable Elements
3.1 General appearance of cleanliness	3.1.1 Office premises maintained with healthy and safe environment (if applicable)	- The garden is properly maintained and landscaping is done by a gardener. - Drains are not leaking or overflowing. - Stagnation of water is avoided in all drains. - The visible parts of the roof are free of unwanted items.
	3.1.2 Floors, walls, windows and curtain & other fittings being kept clean	- The cleanliness is maintained at: ▲ Floors ▲ Walls ▲ Windows ▲ Curtains ▲ Other fittings ▲ Gutters - A cleaning checklist is available and updated.
	3.1.3 Toilets are clean and in working order	- Unpleasant odour is not experienced in toilets. - Toilet facilities are kept ready for use. - A cleaning checklist is available and updated. - Adequate ventilation is provided in all the toilets.

I. Working Environment (5S)

Area of Concern		Standards		Measurable Elements
3.2	Cleaning of machines, equipment, tools and furniture	3.2.1	The cleanliness of buildings, machines, equipment, tools and furniture maintained	- The high level of cleanliness is maintained with no visible dirt: ⋏ Buildings ⋏ Office vehicles ⋏ Office equipment ⋏ Furniture (tables, desks, chairs, etc.)
3.3	Cleaning practice	3.3.1	An organised cleaning system in place	- The following tools and documents are displayed/available: ⋏ Cleaning responsibility chart ⋏ Cleaning schedules ⋏ Cleaning guidelines - The above tools and documents are updated monthly.
		3.3.2	Cleaning tools and detergents properly stored	- Proper storage facilities for cleaning tools and detergents are available. - Cleaning tools for outside areas/toilets and inside areas are separated.
		3.3.3	An updated cleaning checklist available	- A cleaning checklist is displayed and made visible to the staff members. - Responsible personnel for cleaning is identified and mentioned in the cleaning checklist. - The cleaning checklist is updated weekly. **A sample cleaning checklist is provided in "ANNEX 2: Cleaning Checklist (Sample)".**

4 Seiketsu (Standardization)

Generating mechanisms to maintain the three Ss (Seiri, Seiton and Seiso) by developing procedures, schedules and tools for continuous assessment and regular audit.

Area of Concern		Standards		Measurable Elements
4.1	Standardized visuals	4.1.1	Sign boards and directional boards standardised	- All sign boards and directional boards are standardised with proper alignment and consistent fonts, and by colour codes.
		4.1.2	Identification labels placed on all machines and equipment	- All machines and equipment have identification labels with the following information: ⋏ Name of the items ⋏ Identification and batch numbers ⋏ Date of acquisition ⋏ Contact details of maintenance company ⋏ Responsible person for maintenance ⋏ Cost of equipment

I. Working Environment (5S)

Area of Concern		Standards		Measurable Elements
			4.1.3	Caution signs displayed at appropriate places	- "Danger" signs are displayed at electric switchboards and transformers. - "Slopes" sings are displayed at wherever there is a slope. - "Slippery" signs with zebra code are placed at wet floor after cleaning.
		4.1.4	Open and shut directional labels available on doors	- The directional labels are put on door handles of cupboards.
		4.1.5	Waste bins separated, labelled and colour-coded	- All the waste bins are separated, labelled and colour-coded. **The colour-codes are elaborated in "ANNEX 3: Standardised Colour Codes"**

4.2	Maintenance of vehicles and equipment	4.2.1	Vehicles and equipment properly maintained	- Maintenance schedules and records are available and updated for the following items:
				  ➢ Vehicles
				  ➢ Office equipment
				- Operational instructions are made available for equipment.

4.3	Safety and security measures	4.3.1	Security measures in place for a fire event	- Functional fire extinguishers or sand buckets are available. - The guidelines or a protocol for the fire event is available.

5   Shitsuke (Training & Self-Discipline)

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

Area of Concern		Standards		Measurable Elements
5.1	Internal audit	5.1.1	Internal audits on the quality and safety improvement conducted with the checklist	- An internal audit sheet on the quality improvement of the institution is available. - A team has been appointed to conduct the internal audit. - The internal audit is conducted at least once in three months.
5.2	Training and raising awareness	5.2.1	The staff trained on 5S, productivity and quality	- All the staff are trained on 5S, productivity and quality. - A programme to train new staff on 5S, productivity and quality is available.
		5.2.2	A system to give awards to well-performed staff and units available	- An event to appreciate best performing employees is carried out annually.

II. Overall Management of the Unit

Areas of Concern		Standards		Measurable Elements
6	**Leadership quality**			
6.1	Target setting and planning	6.1.1	Vision, Mission and values of the organisation available	- The Vision, Mission and values of the organisation are displayed in a visible place. - Office staff are aware of the Vision, Mission and values, and understand them.
		6.1.2	Productivity based goals and objectives available	- Productivity based goals and objectives of the unit are available.

		6.1.3	The management of the unit based on plans	- The following plans are developed and available.
				  ∧ Advance programmes for all the key staff
				  ∧ Annual plan of the institution
				  ∧ Medium-term plan of the institution
				- Indicators to measure the organizational performance are available, including:
				  ∧ Key measurement areas
				  ∧ Rates/ratios to measure the performance
				  ∧ Targets with timeframe

6.2	Follow-up activities	6.2.1	Measures taken to reduce deviation of standards of gaps	- Follow-up activities are taken to address deviation of standards of gaps (e.g. increase of incidence) by top management and documented. - New or innovative measures (e.g. pilot project, research) are taken to reduce deviation of standards of gaps by top management.
		6.2.2	Monitoring and evaluation of project activities	- A monitoring mechanism is available in implementing project activities. - Mid-term and final evaluation of the project activities are conducted and documented.
7	**Health information system and performance review**			
7.1	Health information system	7.1.1	Collection of returns and data adequately managed	- Types of returns and data to be collected by the Unit are clearly defined. - All the monthly and quarterly returns are collected in a timely manner.
		7.1.2	Web-based information system available	- A web-based information system is available and functioning.

II. Overall Management of the Unit

Areas of Concern		Standards	Measurable Elements
	7.1.3	Orderly health information in place	- Accurate, complete and updated data and statistics are available. - Human resource database including those working at peripheral units is available and updated to comply with the biannual staff census. - Key statistics are displayed in the unit.

	7.1.4	Decision making based on health information	- The health information is used for planning and decision making purposes, as evident by:
			  ➢ Minutes of monthly and performance review meetings
			  ➢ Annual and mid-term plans

7.2 Performance review	7.2.1	A functional supervisory system in place	- The monthly meeting of the unit is conducted and minutes are kept. - A supervisory staff chart is available. - Regular inspections of the peripheral units (if any) are conducted by supervising staff at least once in three months. - Reports on supervisory visits are available and updated.
	7.2.2	Performance compiled and reviewed	- Regular meetings to review key measurements and the organisational performance are conducted with internal and external staff members and documented. - Annual reports on the performance are compiled and distributed.
8 Human resource management			
8.1 Human resource management	8.1.1	Staff training conducted regularly	- A staff training annual plan is available. - A staff training record book is available and updated. - A coordinator for staff training is assigned.
	8.1.2	Staff deployment adequately managed	- The cadre and the current status of the staff are displayed and updated. - Staff deployment record books are available for all categories of staff and updated. - Personal files are available for each staff and updated.
	8.1.3	Job descriptions for all categories of staff available	- Job descriptions for all categories of staff are available.
	8.1.4	Appraisal system in place	- A staff appraisal format is available. - Staff appraisal is conducted on a regular basis.
	8.1.5	Staff welfare schemes available	- Staff welfare schemes (e.g. annual functions, loan schemes, etc.) are available.
	8.1.6	Human development mechanism in place	- A plan or policy on human development (e.g. stress free environment, development of social relationship and promotion of physical activities) is available.

II. Overall Management of the Unit

9 Office management

Areas of Concern		Standards		Measurable Elements
9.1 Office management system	9.1.1	A functional office management system in place	-	The name, designation and the subject of every health management assistant (HMA) is available at the entrance of the office.
			-	Name and subject of each HMA is displayed on each HMA's table.
			-	All the files have identification numbers and documents in the files are numbered in a standard manner.
			-	A mechanism to cover up absence of office staff is in place.
			-	An inbuilt mechanism to receive and send letters and faxes is in place.
9.2 Office equipment and consumables	9.2.1	Office equipment properly managed	-	An inventory of the office equipment is available and updated.
			-	Each equipment has a separate file with maintenance records and all the other details.
	9.2.2	Office consumables properly managed	-	Annual stock requirement is available for each consumable item.
			-	Supplier information of the office consumables is available.
			-	A proper process to issue consumable items to the unit on request is in place.

10 Financial management

Areas of Concern		Standards		Measurable Elements
10.1 Financial management	10.1.1	Salary sheets/vouchers properly completed	-	The salary sheets and vouchers are completed properly.
	10.1.2	Overtime/allowance payment in time	-	Overtime and allowance payments are done in time.
	10.1.3	Cash and accounts managed properly	-	The actual cash balance complies with the record in the cash book.
			-	The accounts are maintained properly.
			-	The returns of petty cash released to the institutions are collected in time.
	10.1.4	Stock verification conducted properly (if applicable)	-	Stock verification is conducted properly.

II. Overall Management of the Unit

Areas of Concern	Standards	Measurable Elements
11 Responsiveness		
11.1 Responsiveness to visitors	11.1.1 Information available for visitors	- A reception desk is available with a relevant person in charge. - Essential information is provided for visitors. - A resource centre which provides brochures, leaflet and other materials is available and functioning.
	11.1.2 Basic facilities available	- Seating facilities are available for visitors. - Basic facilities including drinking water and a clean usable toilet are available.
11.2 Responsiveness to staff members	11.2.1 Staff members provided with health screening	- Staff members are provided with health screening annually. - Health records of all the staff members are available.
11.3 Responsiveness to specialised groups	11.3.1 Secure access provided for the disabled and senior citizens.	- Special access at stairways and toilets is available for the disabled persons.
12 Productivity and quality improvement programme		
12.1 Productivity and quality improvement programme	12.1.1 Quality improvement system in place	- Quality circles or work improvement teams are established and functional. - Productivity and quality improvement programmes such as 5S implementation at the unit are conducted regularly and documented.
	12.1.2 Senior managers involved in quality improvement activities	- Senior managers initiate and attend meetings to implement quality management activities. - Records indicating the participation of the senior managers in the above activities are available.
	12.1.3 Public complaints and staff suggestions handled properly	- A register for public complaints and actions taken is available and maintained. - A mechanism to receive and review staff suggestions is in place.
13 Inter-sectoral coordination, public relations and community mobilisation		
13.1 Community participation	13.1.1 Community participation mechanism in place	- A mechanism to handle donations and other assistance from the community is organised.
	13.1.2 Commendation from the public received	- Commendation from the public are recorded. - A mechanism to disseminate commendations from the public to the staff members is in place.
13.2 Inter-sectoral coordination	13.2.1 Inter-sectoral meetings attended	- Senior managers attend inter-sectoral meetings (e.g. HDC, NHDC, etc.). - Minutes or records of those meetings are kept in files.

Shadow drawing

Cleaning Checklist (Sample)

Month/Year: _September 2010_

Item	Responsible Person	Time	Week			
			I	II	III	IV
Fans	_Mr. Fernando_	_Sat. 3.00pm_	X			
Carpet	_Mrs. Perera_	_Sun. 10.00am_		X		

ANNEX 3: Standardised Colour Codes

Standardised Colour Codes

Black: General

Red: Un-sterile
Empty
Negative

Blue: Sterile
Full
Positive

Green: Safe
Quality & Safety

Yellow: Infection

WASTE DISPOSAL

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

APPENDIX

General Circular Letter No. 01-29/ 2009

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

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

National Quality Assurance Programme in Health

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

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

1. **Quality Secretariat (QS)**

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

2. **Quality Management Units (QMU)**

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

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

3. **Roles and Functions**

   I. **Quality Secretariat**

   i. To facilitate the implementation of national policies related to quality and safety.

   ii. Prepare and disseminate standards, guidelines and procedures.

   iii. Development of training packages in order to strengthen capacity building of staff.

   iv. Coordination with relevant health and health related sectors for quality assessment and improvement.

   v. Facilitate the development of a shared learning environment and continued achievement of best practices.

   vi. Develop and implement a continuous monitoring & evaluation system.

   vii. Mobilize resources for the continuous improvement of quality and safety in the health system.

   viii. To facilitate the development of the legal and regulatory framework for the implementation of quality and safety policy.

   II. **Quality Management Unit (QMU)**

   i. Quality Management Units (QMU) will be established in National Hospital of Sri Lanka, Teaching Hospitals, Provincial General Hospitals, District General Hospitals and Base Hospitals and specialised hospitals.

   ii. All campaigns, decentralized units and special units under the Ministry of Healthcare & Nutrition are expected to establish Quality Management Unit.

   iii. Divisional Hospitals (District Hospitals, Peripheral Units and Rural Hospitals), and Primary Medical Care Units (Central Dispensary & Maternity Home and Central Dispensary) are expected to conduct their Quality Management Programme under a designated officer who will be guided by the Quality Management Unit of RDHS.

   iv. All MOOH are expected to plan and implement the Quality Management Programme, under the guidance of the Quality Management Unit of RDHS.

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

III. Functions of QMU

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

i. Promote employee participation in management of quality by establishing Work Improvement Teams (WIT) /Quality Circles (QC) in for the different departments/units within the health institution.

ii. Conduct training of Work Improvement Teams (WIT).

iii. Maintain a database in staff training and conduct a planned In-service Training Programme.

iv. Conduct programs and workshops on quality improvement and patient safety focussing on problem solving approaches and measurements.

v. Initiate a quality culture in health institutions by introducing 5S concepts leading towards Total Quality Improvement (TQI).

vi. Ensure management leadership and involvement of medical consultants in the quality improvement process.

vii. Assist in preparing strategic plans for the institutions with focus on reduction of waiting times, instituting a smooth patient flow, infection control and waste disposal.

viii. Implementation of standards, guidelines and protocols relevant to customer/ patient care including clinical pathways.

ix. Maintain a computer based data system by collecting and analysing data related to quality improvement of services (eg. Patient accidents and adverse events, near misses re-admissions, case fatality rates, complication arising from medical and surgical procedures, referrals, adverse events following immunization and transfers, etc).

x. Prepare and distribute half yearly / quarterly bulletins and annual performance reports with the assistance of Medical Record Unit (MRU) and other relevant units.

xi. Promote an environment friendly healthcare institution.

xii. Conduct customer satisfaction surveys, and employee satisfaction surveys, maintain and take corrective action for public complaints. Encourage suggestion scheme in healthcare institutions.

xiii.   Ensure quality of supplies by encouraging maintenance contract agreements for support services in order to impalement Total Productivity Maintenance of the supplies.

xiv.   Develop Annual Procurement plans for different variety of purchases.

xv.   Organize and update supplier and maintenance information system and disseminate to the relevant Units.

xvi.   Facilitate assessment and improvement of performance through regular monitoring of the programme using quality measurement indicators (Guidelines will be sent).

xvii.   Assist and conduct performance reviews and maintain records of such reviews.

xviii.   Promote studies, research and medical audits in the institutions.

xix.   Assist Non Health Sectors to implement Productivity and Quality Assurance Programmes.

Contact Details

Quality Secretariat is located at;

Castle Street Hospital Complex, Colombo 08.

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

e- mail: Quality Secretariat" <qualitysecretariat@yahoo.com>.
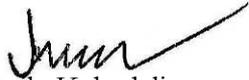
Dr. Athula Kahadaliyanage
Secretary
Ministry of Healthcare & Nutrition
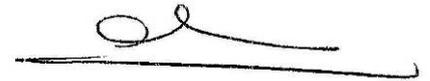
Dr. Ajith Mendis
Director General of Health Service

Annexure

Organizational Structure

```
                    ┌─────────────────────────────┐
                    │    Quality Secretariat      │
                    │   Ministry of Healthcare &  │
                    │          Nutrition          │
                    └─────────────────────────────┘
                                  │
        ┌─────────────────────────┼─────────────────────────┐
        │                         │                         │
┌───────────────┐       ┌─────────────────┐      ┌─────────────────┐
│Quality Management│     │     Quality     │      │     Quality     │
│      Unit       │      │ Management Unit │      │ Management Unit │
│TH & Other Special│     │      PDHS       │      │ All Campaigns & │
│hospitals under MoH│    │ (Planning Unit) │      │Specialized UnitS│
└───────────────┘       └─────────────────┘      └─────────────────┘
                                  │
                        ┌─────────────────────┐
                        │Quality Management Unit│
                        │        RDHS          │
                        │   (Planning Unit)    │
                        └─────────────────────┘
                                  │
              ┌───────────────────┼───────────────────┐
              │                   │                   │
       ┌─────────────┐   ┌─────────────────┐   ┌─────────────┐
       │   Quality   │   │Divisional Hospitals &│ │             │
       │Management Unit│  │Primary Medical Care │ │  MOH Office │
       │ PH, DGH, BH │   │      Units       │   │             │
       └─────────────┘   └─────────────────┘   └─────────────┘
```
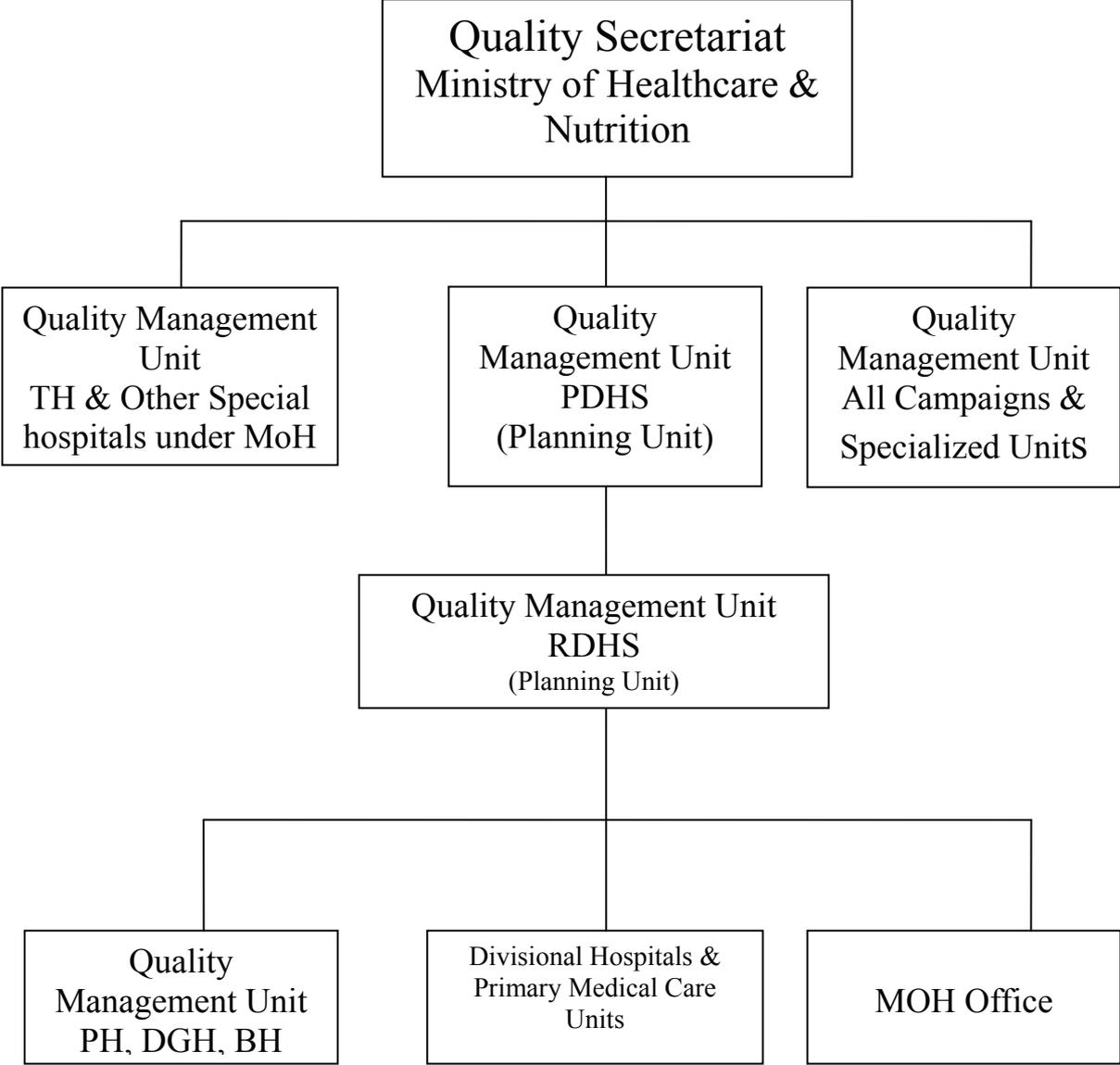
Feedback Form

**National Guidelines for Improvement of Quality and Safety of Healthcare Institutions
(For Specialised Public Health Units and Campaigns)**

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

Name: _____ **Title:** _____

Institution: _____

Address: _____

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

Please write your suggestions for improvement of these Guidelines below:

Kindly mail this form to:

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

MINISTRY OF HEALTH
DEMOCRATIC SOCIALIST REPUBLIC OF SRI LANKA