



MINISTRY OF HEALTH
DEMOCRATIC SOCIALIST REPUBLIC OF SRI LANKA

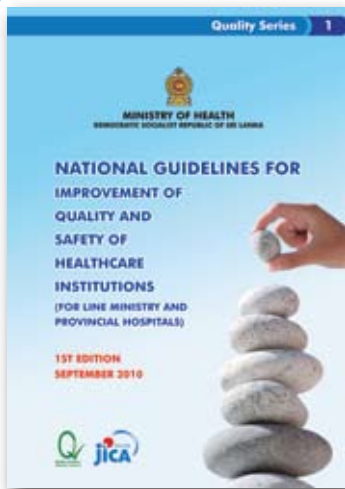


NATIONAL GUIDELINES FOR
IMPROVEMENT OF QUALITY AND
SAFETY OF HEALTHCARE INSTITUTIONS
(FOR PRIMARY MEDICAL CARE UNITS)

1ST EDITION OCTOBER 2010



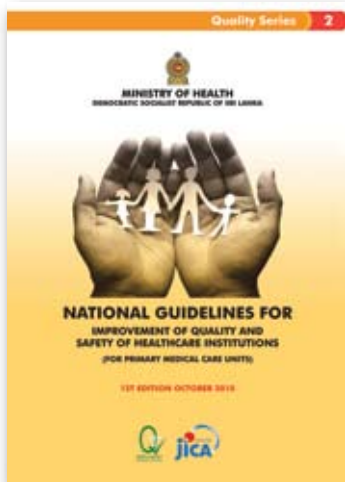
Quality Series Documents



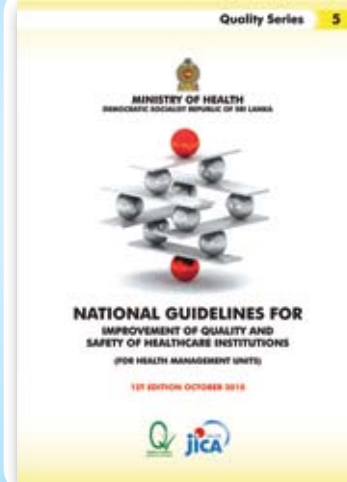
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September 2010



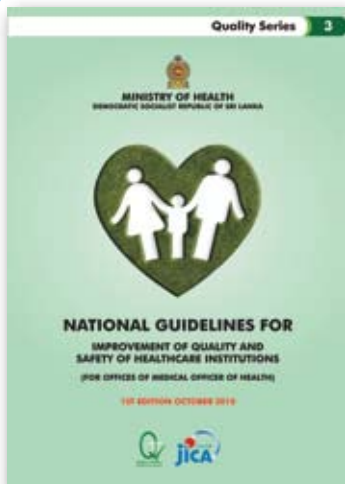
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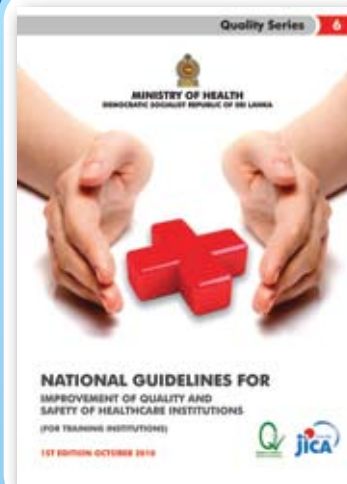
Quality Series 2
National Guidelines
for Improvement of
Quality and Safety of
Healthcare Institutions
(For Primary Medical
Care Units)
October 2010



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



Quality Series 3
National Guidelines
for Improvement of
Quality and Safety of
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(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
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October 2010



Quality Series No.2

National Guidelines for

**Improvement of Quality and Safety of Healthcare Institutions
(For Primary Medical Care Units)**

First Edition

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Preface

Sri Lanka provides free healthcare services to all the citizens irrespective of their status, income or geographic location, and has achieved remarkable health outcomes, particularly relative to neighbouring countries with a similar income range. Nevertheless, there are certain drawbacks in the service delivery system at the primary level which have affected the quality and efficiency of its services as demonstrated by overcrowding in the higher level institutions, deficiencies of amenities and patient dissatisfaction.

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

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



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1 October 2010

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1. Introduction


These Guidelines will provide guidance to the staff working at Primary Medical Care Units in strengthening the organisational and individual preparedness for improvement of the quality and safety of patient care services. It is assumed that these Guidelines will be used for the following purposes.

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

1.1. Target institutions of the Guidelines

The target institutions of these Guidelines are Primary Medical Care Units (MH & CD and Central Dispensaries under the old categorization).

New Categorization	Old Categorization
Teaching Hospital (TH)	Teaching Hospital (TH)
Provincial General Hospital (PGH)	General Hospital (GH)
District General Hospital (DGH)	
Base Hospital (Type A & Type B)	Base Hospital (BH)
Divisional Hospital	District Hospital (DH)
	Peripheral Unit (PU)
	Rural Hospital (RH)
Primary Medical Care Unit	Maternity Homes (MH) & CD
	Central Dispensary (CD)



According to the official circular on “Re-categorization of Hospitals” issued by the Ministry of Health, the Primary Medical Care Units are to be equipped with the following facilities/services.

- Outpatient care
- Limited emergency care: facilities for stabilization of patients before referring to secondary or tertiary care medical institutions.
- Facilities for a poly-clinic including Ante-Natal & Post-Natal, Family Planning, Child Health, Well Women, etc.

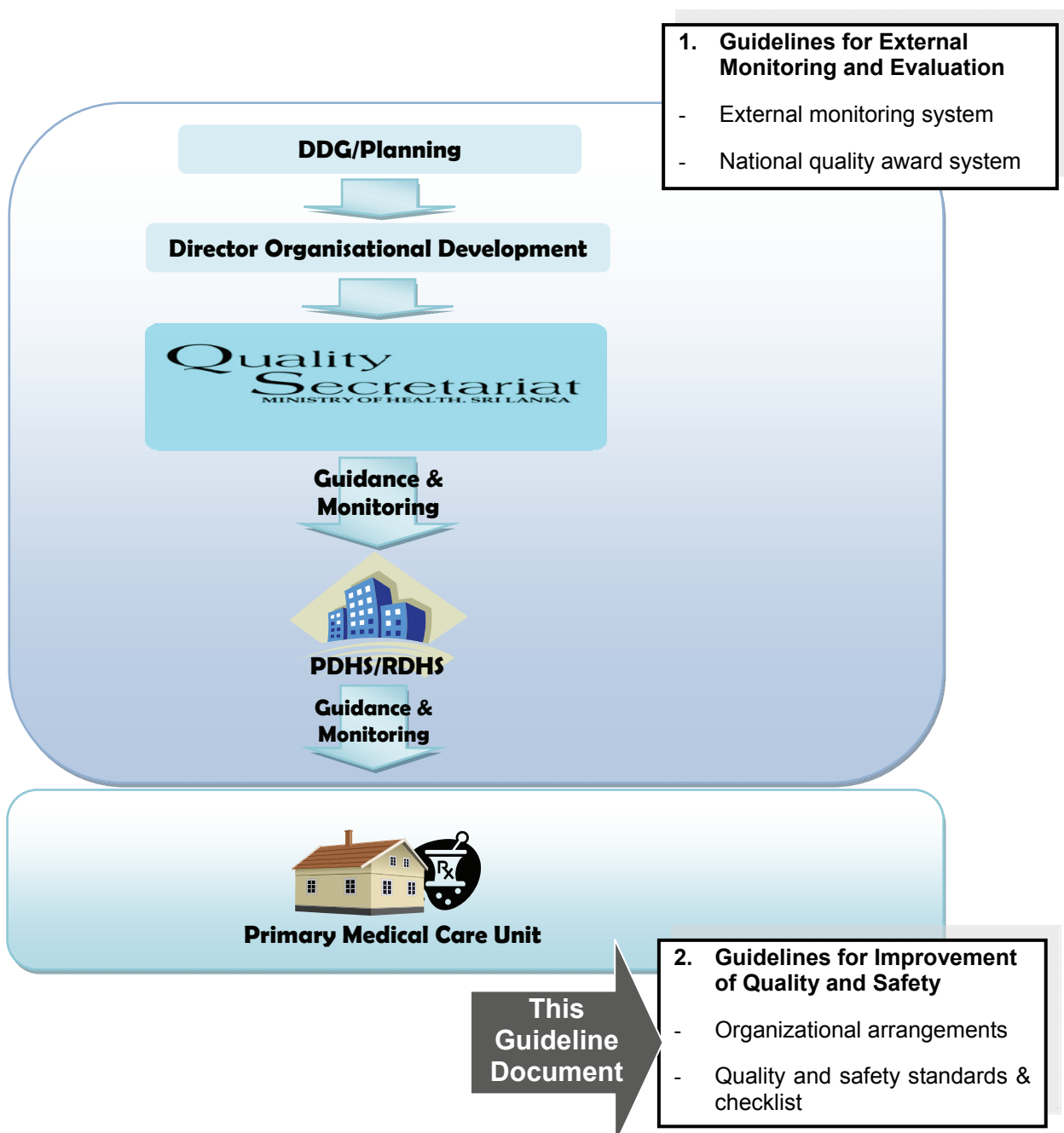
1.2. The Guidelines in the context of Quality Assurance Programme

Two separate guidelines will be used to implement the National Quality Assurance Programme. One serves to provide guidance to Primary Medical Care Units in quality and safety improvement, and the other to provide protocols for external monitoring and evaluation of the services provided by the Primary Medical Care Units.

(1) Guideline for External Monitoring and Evaluation of Primary Medical Care Units

(2) Guideline for Improvement of Quality and Safety of Services at Primary Medical Care Units

The present Guideline mainly focuses on the improvement of the quality and safety at the Primary Medical Care Units.



1.3. Institutional arrangements for improvement of quality and safety of Primary Medical Care Units

All 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, according to the “General Circular No.01-29/2009” of the Ministry of Healthcare & Nutrition dated 22 September 2009 (attached as APPENDIX).

2. Quality and Safety Standards of Primary Medical Care Units

This chapter provides the quality and safety standards to which all the Primary Medical Care Units shall adhere. They are divided into three aspects and 13 areas as follows:

- I. Internal and External Customer Environment (5S)
 1. Seiri (Sorting)
 2. Seiton (Organisation)
 3. Seiso (Cleaning with Meaning and for Beautifying)
 4. Seiketsu (Standardisation)
 5. Shitsuke (Training & Self-Discipline)
- II. Services involving Patient Contacts
 6. Reception area
 7. Immediate service points and frontline services
 8. Responsiveness
 9. Medical/pharmaceutical supplies and equipment management
- III. Overall Quality and Safety Improvement
 10. Waste management
 11. Health education activities
 12. Leadership and management
 13. Productivity and quality improvement programme

These standards will be referred to whenever a Primary Medical Care Unit conducts quality and safety improvement activities. They are also in line with the criteria for external audits and for selection of the National Health Excellency Award recipients.

I. Internal and External Customer Environment (5S)

Area of Concern	Standards	Measurable Elements
1 Seiri (Sorting) <i>Eliminating unnecessary items from the workplace that are not needed for current process in the institution.</i>	1.1 Outside and inside premises	1.1.1 Unwanted items removed from the workplace <ul style="list-style-type: none"> - An established process in sorting wanted and unwanted items is present. - A proper process for condemning items is present. - Unwanted items are not left in the workplace or marked with tags. <ul style="list-style-type: none"> ➢ Red tags for those items to be disposed ➢ Orange tags for those items under consideration. - Tops and insides of all cupboards, shelves, tables and drawers are free of unwanted /irrelevant items. 1.1.2 The floors and passageways in the public areas equipped with garbage bins for general waste and kept free of litters <ul style="list-style-type: none"> - Garbage bins for general waste are in place and colour coded. - The time for removing litters from the garbage bins are indicated. - The place is free of litter.
	1.2 Walls and notice boards	1.1.3 Unwanted trees and branches removed 1.2.1 Walls being free of old posters, pictures or calendars. 1.2.2 Notice boards being free of obsolete notices

I. Internal and External Customer Environment (5S)

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

I. Internal and External Customer Environment (5S)

		Measurable Elements
Area of Concern	Standards	
2.4 Placing and parking rules	2.4.1 Equipment and tools being kept in original places after use	<ul style="list-style-type: none"> - 'Isles' are identified for each equipment and tool to be kept after use with the straight line method and shadow drawings displayed. - A mechanism to identify persons removing items from 'isles' items is in place. <p>An example of 'Isles' is shown in "ANNEX 1: Isles for Stationeries".</p>
	2.4.2 Files and folders arranged using the mistake proofing concept	<ul style="list-style-type: none"> - Files and box folders are arranged using the mistake proofing concept to facilitate identification of particular files (within 30 seconds) and storing in original places.
	2.4.3 Parking areas for mobile equipment specified and marked	<ul style="list-style-type: none"> - Parking areas are specifically marked for: <ul style="list-style-type: none"> ➤ Wheelchairs ➤ Garbage bins ➤ Suckers and oxygen trolleys
	2.4.4 Parking areas for vehicles specified and marked	<ul style="list-style-type: none"> - Designated parking places are available for ambulances (if available). - Vehicle flows in the premises are identified and marked. - Sign boards for vehicles of differently-abled persons are in place.
3	Seiso (Cleaning with Meaning and for Beautifying)	
		<i>Cleaning up one's workplace completely to eliminate dust on floors, machines or equipment.</i>
3.1 General appearance of cleanliness	3.1.1 The premises maintained with healthy and safe environment for internal and external customers	<ul style="list-style-type: none"> - The garden is properly maintained and landscaping is done by a gardener. - Drains are not leaking or overflowing. - Stagnation of water is avoided in all drains. - Unpleasant odour is not produced from the waste site or other places. - The visible parts of the roof are free of unwanted items.

I. Internal and External Customer Environment (5S)

Area of Concern	Standards	Measurable Elements
	3.1.2 Floors, walls, windows and curtain & other fittings being kept clean	<ul style="list-style-type: none"> - The cleanliness is maintained at: <ul style="list-style-type: none"> ➤ Floors ➤ Walls ➤ Windows ➤ Curtains ➤ Other fittings ➤ Gutters - A cleaning checklist is available and updated.
	3.1.3 Toilets are clean and in working order	<ul style="list-style-type: none"> - Unpleasant odour is not experienced in toilets. - Toilet facilities are kept ready for use. - A cleaning checklist is available and updated. - Adequate ventilation is provided in all the toilets.
3.2 Cleaning of machines, equipment, tools and furniture	3.2.1 The cleanliness of buildings, machines, equipment, tools and furniture maintained	<ul style="list-style-type: none"> - The high level of cleanliness is maintained with no visible dirt: <ul style="list-style-type: none"> ➤ Buildings ➤ Ambulances (if available) ➤ Medical equipment ➤ Furniture (tables, desks, chairs, etc.)
3.3 Cleaning practice	3.3.1 An organised cleaning system in place	<ul style="list-style-type: none"> - The following tools and documents are displayed/available: <ul style="list-style-type: none"> ➤ Cleaning responsibility chart ➤ Cleaning schedules ➤ Cleaning guidelines - The above tools and documents are updated monthly.
	3.3.2 Cleaning tools and detergents properly stored	<ul style="list-style-type: none"> - Proper storage facilities for cleaning tools and detergents are available. - Appropriate and necessary chemicals are used for management of body fluid spills. - Cleaning tools for outside areas/toilets and inside areas are separated.

I. Internal and External Customer Environment (5S)

Area of Concern	Standards	Measurable Elements
4 Seiketsu (Standardization) <i>Generating mechanisms to maintain the three Ss (Seiri, Seiton and Seiso) by developing procedures, schedules and tools for continuous assessment and regular audit.</i>		
4.1 Standardized visuals	4.1.1 Sign boards and directional boards standardised	<ul style="list-style-type: none"> - All sign boards and directional boards are standardised with proper alignment and consistent fonts, and by colour codes.
	4.1.2 Drug cupboards standardised in all units	<ul style="list-style-type: none"> - Drugs are sorted in a logical manner. <ul style="list-style-type: none"> ➤ vital, essential or normal ➤ accountable, non-accountable, or special & extra - Drugs are arranged in alphabetical order and left-to-right in all units.
	4.1.3 Arrangements of surgical supplies standardised in all units	<ul style="list-style-type: none"> - The sterilisation status is indicated for surgical supplies. - Surgical supplies are arranged logically (e.g. gloves according to sizes and in the left-to-right order)
	4.1.4 Identification labels placed on all machines and equipment	<p>All machines and equipment have identification labels with the following information:</p> <ul style="list-style-type: none"> ➤ Name of the items ➤ Identification and batch numbers ➤ Date of acquisition ➤ Contact details of maintenance company ➤ Responsible person for maintenance ➤ Cost of equipment
	4.1.5 Caution signs displayed at appropriate places	<ul style="list-style-type: none"> - "Danger" signs are displayed at electric switchboards and transformers. - "Slopes" signs are displayed at wherever there is a slope. - "Slippery" signs with zebra code are placed at wet floor after cleaning.
	4.1.6 Open and shut directional labels available on valves and doors	<ul style="list-style-type: none"> - The directional labels are put on: <ul style="list-style-type: none"> ➤ Door handles of cupboards ➤ All other door handles
	4.1.7 Waste bins separated, labelled and colour-coded	<ul style="list-style-type: none"> - All the waste bins are separated, labelled and colour-coded. <p>The colour-codes are elaborated in "ANNEX 2: Standardised Colour Codes"</p>

I. Internal and External Customer Environment (5S)

Area of Concern	Standards	Measurable Elements
	4.1.8 Oxygen cylinders identified by standardised visuals	<ul style="list-style-type: none"> - The status of oxygen cylinders (empty or full) can be identified by colours or tags: <ul style="list-style-type: none"> ➤ Empty: Red ➤ Full: Blue
4.2 Maintenance of vehicles, machines and equipment	4.2.1 Vehicles, machines and equipment properly maintained	<ul style="list-style-type: none"> - Maintenance schedules and records are available and updated for the following items: <ul style="list-style-type: none"> ➤ Vehicles ➤ Medical equipment - Operational instructions are made available for equipment.
4.3 Safety and security measures	4.3.1 Safety measures are in place for electrical cables and devices	<ul style="list-style-type: none"> - Electrical wires are sealed or bundled to prevent accidental contacts with human beings. - All switches are properly fixed without any electrically-conductive parts exposed. - All electric devices and boilers are placed in a safety manner. - Danger signs (Zebra code or Tiger stripes) are applied
	4.3.2 Security measures in place for a fire event	<ul style="list-style-type: none"> - Functional fire extinguishers or sand buckets are available. - The guidelines or a protocol for the fire event is available.
5 Shitsuke (Training & Self-Discipline) <i>Working on 5S as daily routines and ensuring that it becomes an integral part of the workplace fabric.</i>		
5.1 Training and raising awareness	5.1.1 The staff trained on 5S	<ul style="list-style-type: none"> - All the staff are trained on 5S. - A programme to train new staff on 5S is available.
	5.1.2 A 5S Corner available in the institution	<ul style="list-style-type: none"> - A 5S Corner is organised where the staff have frequent access. - The 5S Corner is updated monthly.

II. Services involving Patient Contacts		
Areas of Concern	Standards	Measurable Elements
6 Reception area		
6.1 Reception area	6.1.1 An organised reception available	<ul style="list-style-type: none"> - A reception desk is available. - A trained person is in place all the time during the operational hours. - Accurate information about services is dispensed.
6.2 Waiting area	6.2.1 A spacious and ventilated waiting area available	<ul style="list-style-type: none"> - Ventilated environment is evident in the waiting area.. - The layout of the waiting area is well organized.
	6.2.2 Adequate seating facilities available with proper seating orders	<ul style="list-style-type: none"> - A sufficient number of seating facilities (minimum of 1/4 of the daily attendance) is available at the waiting area. - Seating facilities are arranged in order.
7 Immediate service points and frontline services		
7.1 OPD services	7.1.1 OPD operated daily with qualified staff	<ul style="list-style-type: none"> - OPD is operated from 8:00 to 12:00 and 14:00 to 16:00 during the weekdays, from 8:00 to 12:00 on Saturdays, and from 8:00 to 10:00 on Sundays. - Qualified medical staff is stationed at OPD at all the time during the operating hours.
	7.1.2 A register available	<ul style="list-style-type: none"> - A register of OPD patients is available and updated.
	7.1.3 Examination beds appropriately arranged	<ul style="list-style-type: none"> - Examination beds are screened for privacy. - Examination beds have clean mattresses and linen.
	7.1.4 The sterility maintained in dressing rooms, injection rooms, etc.	<ul style="list-style-type: none"> - A hand washing sink is available with clean towels and soap, and used. - Surgical gloves are available, arranged according to their sizes, and used to undertake wound dressing. - Sterilised instruments, packets and dressings are kept in a cupboard with a written indication of sterility.
	7.1.5 A survey to measure waiting time of patients at OPD conducted regularly	<ul style="list-style-type: none"> - A survey form to measure waiting time of patients is available. - A waiting time survey is conducted and analyzed monthly. - A report on appropriate actions taken to reduce the waiting time is available.
	7.1.6 A proper referral system available	<ul style="list-style-type: none"> - A list of specialized hospitals and contact details is available on the wall. - Transfer in-and-out record is available and updated. - The transfer in-and-out statistics are compiled and reviewed annually.

II. Services Involving Patient Contacts

Areas of Concern	Standards	Measurable Elements
7.2 Clinic services	7.2.1 Poly-clinic services available	<ul style="list-style-type: none"> - Facilities for poly-clinic services are available, including: <ul style="list-style-type: none"> ➤ Ante-natal & post-natal clinic ➤ Family planning clinic ➤ Child health clinic ➤ Well women clinic
7.3 Emergency care services	7.2.2 Special clinics available	<ul style="list-style-type: none"> - Special clinics (e.g. medical clinic) are available with qualified medical staff.
	7.3.1 An emergency care service functioning with essential equipment and drugs	<ul style="list-style-type: none"> - The essential equipment is kept in accessible places and in working order: <ul style="list-style-type: none"> ➤ Nebulising machine ➤ Sucker machine ➤ Ambubag ➤ Laryngoscope ➤ ET Tubes and Tracheotomy tubes (arranged logically according to their sizes) - An emergency tray is available with essential supplies, solutions and drugs. - A checklist for the emergency tray items is available and checked at daily. - A responsible officer is indicated for the maintenance of the emergency tray. - Emergency care guidelines are prepared and displayed (at least for Anaphylactic Shock and Cardiac Arrest).
A list of the emergency tray items are provided in “ANNEX 3: Emergency Tray Items for Primary Medical Care Units (Sample)”		
8 Responsiveness		
8.1 Overall responsiveness	8.1.1 An appointment system available for clinics	<ul style="list-style-type: none"> - A mechanism to give appointments to clinic patients is available. - The appointment system is properly practiced at clinics.
	8.1.2 Clean drinking water provided at all times to patients	<ul style="list-style-type: none"> - Clean drinking water is available for patients with a water filter/container.
	8.1.3 A suggestion box and a procedure to take remedial actions available	<ul style="list-style-type: none"> - A suggestion box is available with a pen and a designed form/writing pad. - Suggestions are being reviewed at monthly forums/meetings involving relevant decision makers. - A record book of actions taken responding to the suggestions is available and updated.

II. Services involving Patient Contacts

Areas of Concern	Standards	Measurable Elements
8.2 Responsiveness to specialised groups	8.2.1 Secure access provided for the disabled and senior citizens	<ul style="list-style-type: none"> - Separate toilets are available for the disabled persons. - Special access at stairways and toilets is available for the disabled persons. - Priority counters for the disabled persons and senior citizens are available.
9 Medical/pharmaceutical supplies, equipment and consumables management		
9.1 Annual estimate of medical/pharmaceutical supplies	9.1.1 Annual estimates of medical and pharmaceutical supplies prepared on time	<ul style="list-style-type: none"> - An annual estimate of medical and pharmaceutical supplies is prepared and sent to relevant authorities by September every year.
9.2 Stock maintenance of medical/pharmaceutical supplies	9.2.1 Drugs and vaccines stored according to the manufacturer's standards	<ul style="list-style-type: none"> - A refrigerator with a functioning analogue thermometer is available and kept at optimum temperature. - Drugs and vaccines (tetanus toxoid) are stored in their optimum temperatures. - The temperatures of the refrigerator are measured and recorded in a register in the morning and the evening.
	9.2.2 Stocks of medical/pharmaceutical supplies appropriately managed	<ul style="list-style-type: none"> - Drugs are labelled and arranged in a sorted and organized manner. - Drug inventories (surgical and general) are available and updated. - Information on daily stock items is available to OPD/clinic doctors. - 'First in - first out system' is maintained. - Information is updated on surplus items.
	9.2.3 Expiring items appropriately managed	<ul style="list-style-type: none"> - Periodic checks are done for expiring items regularly. - A register book of periodic checks for expiring items is available and updated. - A mechanism to prevent mix-up of expired and non-expired drugs and to dispose the expired items on time is in place.
	9.2.4 Emergency buffer stocks for vital and essential drugs maintained	<ul style="list-style-type: none"> - A list of vital and essential drugs with a buffer stock level is available. - The buffer stock level of all vital and essential drugs is maintained.
9.3 Dispensing and drug administration	9.3.1 A mechanism to provide essential information to patients on usage of drugs in place	<ul style="list-style-type: none"> - Drugs are dispensed in packets with written instructions including dosage, frequency and duration.

II. Services Involving Patient Contacts

Areas of Concern	Standards	Measurable Elements
9.4 Medical equipment management	9.4.1 A general inventory and a distribution register of different categories of equipment maintained	<ul style="list-style-type: none"> - A register on general inventory is available and updated. - A distribution register of different categories of equipment is available and updated.
	9.4.2 Separate files and stock cards for individual equipment available with necessary details	<ul style="list-style-type: none"> - Each equipment has a separate file with all the details of the equipment. - The files of the equipment contain a summary sheet indicating service and repair records of the equipment and updated.
9.5 Consumables management	9.5.1 Consumables other than medical/pharmaceutical supplies managed properly	<ul style="list-style-type: none"> - A consumable inventory is available and updated. - Consumables are replenished in a timely manner.

III. Overall Quality and Safety Improvement		Measurable Elements
Areas of Concern	Standards	Measurable Elements
10 Waste management		
10.1 Waste management	10.1.1 Wastes adequately disposed	<ul style="list-style-type: none"> - Five types of wastes are segregated by the colour codes: <ul style="list-style-type: none"> ➤ General wastes ➤ Sharps ➤ Infected wastes ➤ Plastics ➤ Glasses - A colour coding chart for the waste segregation is displayed. - The waste segregation is organised at the waste disposal area according to the colour codes. - An incinerator or a proper mechanism for the final disposal of wastes is available and functioning.
	10.1.2 Hazardous wastes disposed properly	<ul style="list-style-type: none"> - Disposal bins for sharps including needles are in place accordingly. - A protocol for disposal of waste body fluid and blood components are available and adhered to.
11 Health education activities		
11.1 Health education activities	11.1.1 Health education activities conducted	<ul style="list-style-type: none"> - An advance programme register for health education activities is available and updated. - A performance report on health education activities is available and updated.
12 Leadership and management		
12.1 Leadership quality	12.1.1 Vision and Mission of the institution available	<ul style="list-style-type: none"> - The Vision and Mission of the hospital are displayed in a visible place. - The staff are aware of the Vision and Mission, and understand them.
	12.1.2 A strategic plan and/or a medium-term plan of the institution available	<ul style="list-style-type: none"> - A document on strategic plan and/or a medium-term plan of the institution is available. - An activity plan of the institution is available and updated.
12.2 Public relations and community mobilization	12.2.1 A mechanism to improve community participation and community mobilization in place	<ul style="list-style-type: none"> - An annual plan for community activities is available. - All the community activities are recorded and filed.

III. Overall Quality and Safety Improvement

		Measurable Elements	
Areas of Concern	Standards		
12.3 Human resource management	12.3.1 Staff attendance properly managed	- A leave register of the staff is available and updated properly.	
	12.3.2 Duty lists for all categories of staff available	- Duty lists for all categories of staff are available.	
	12.3.3 Staff training conducted regularly	<ul style="list-style-type: none"> - A staff training annual plan is available. - A staff training record book is available and updated. 	
	12.3.4 Grievance handling mechanisms in place	<ul style="list-style-type: none"> - A way of reporting grievances (in verbal or written form) to authorities is available for staff and patients. - All the grievances of the staff are recorded separately and filed. - The grievances are reviewed at regular meetings. 	
12.4 Utility Services	12.4.1 Ambulances maintained properly (if available)	<ul style="list-style-type: none"> - The following forms and files are maintained for ambulances (if available) and updated according to the Guidelines. <ul style="list-style-type: none"> ➤ Vehicle Log Book (Form General 267) ➤ Daily Running Chart (Form General 268) ➤ The Vehicle Inventory indicating the Registration No., the date of registration, the maker and model, Chassis No., Engine No., and details of all accessories. ➤ Vehicle files - Guidelines are available and adhered to on cleaning of ambulances with disinfectants after transporting a patient with communicable disease. - Fuel consumption tests are done at least once a year. 	
	12.4.2 A mechanism for maintenance of building, water supply and electrical facilities in place	<ul style="list-style-type: none"> - The building plan and the water and electricity supply layout are available. - A system to check the pipelines and taps for leaking and to repair them is in place. - A complete inspection of the electrical network is carried out every 6 months. 	
12.5 Performance review	12.5.1 Staff meetings held regularly	<ul style="list-style-type: none"> - Staff meetings are held monthly. - Minutes of staff meetings are available. 	
	12.5.2 Statistics compiled regularly	<ul style="list-style-type: none"> - Statistics related to the services are compiled monthly and made available. 	

III. Overall Quality and Safety Improvement

Areas of Concern	Standards	Measurable Elements
13 Productivity and quality improvement programme		
13.1 Productivity and quality improvement programme	13.1.1 The institutional quality management system monitored regularly	<ul style="list-style-type: none"> - A pre-designed performance checklist with indicators is available. - All the units are monitored at least once in two months. - Records on monitoring visits and their feedbacks are kept.
	13.1.2 Patient surveys regularly conducted	<ul style="list-style-type: none"> - Simple patient satisfaction formats are available in all units. - A register on the simple patient satisfaction survey results is available. - Detailed patient satisfaction surveys are conducted once in three months. - Reports on the patient satisfaction surveys are available. - A register to record patient complaints and necessary action taken is available.
Patient satisfaction survey forms are provided in “ANNEX 4: Patient Satisfaction Survey Form (Sample)”.		






ANNEX 1: Isles for Stationeries



Shadow drawing



Standardised Colour Codes

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



HOSPITAL WASTE DISPOSAL

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

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

ANNEX 3: Emergency Tray Items for Primary Medical Care Units (Sample)

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

Patient Satisfaction Survey (OPD/Clinics)

OPD

Clinics

I. About you

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

II. How do you feel about the institution?

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

III. Patients' Care

	Excellent	Very Good	Good	Fair	Poor	N/A or DK
11. The way we explained about Clinics and OPD						
12. Doctors attention						

ANNEX 4: Patient Satisfaction Survey Form (Sample)

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

IV. Time spent at OPD & Clinics

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

ANNEX 4: Patient Satisfaction Survey Form (Sample)

V. Facilities provided from the Institution

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

VI. Comments on Overall Quality of the Service

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

ANNEX 4: Patient Satisfaction Survey Form (Sample)

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

If not, Comments

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

APPENDIX

General Circular Letter No. 01-29/ 2009

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

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

National Quality Assurance Programme in Health

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

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

1. Quality Secretariat (QS)

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

2. Quality Management Units (QMU)

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

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

3. Roles and Functions

I. Quality Secretariat

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

II. Quality Management Unit (QMU)

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

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

III. Functions of QMU

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

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

APPENDIX: General Circular on National Quality Assurance Programme in Health

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

Contact Details

Quality Secretariat is located at;

Castle Street Hospital Complex, Colombo 08.

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

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



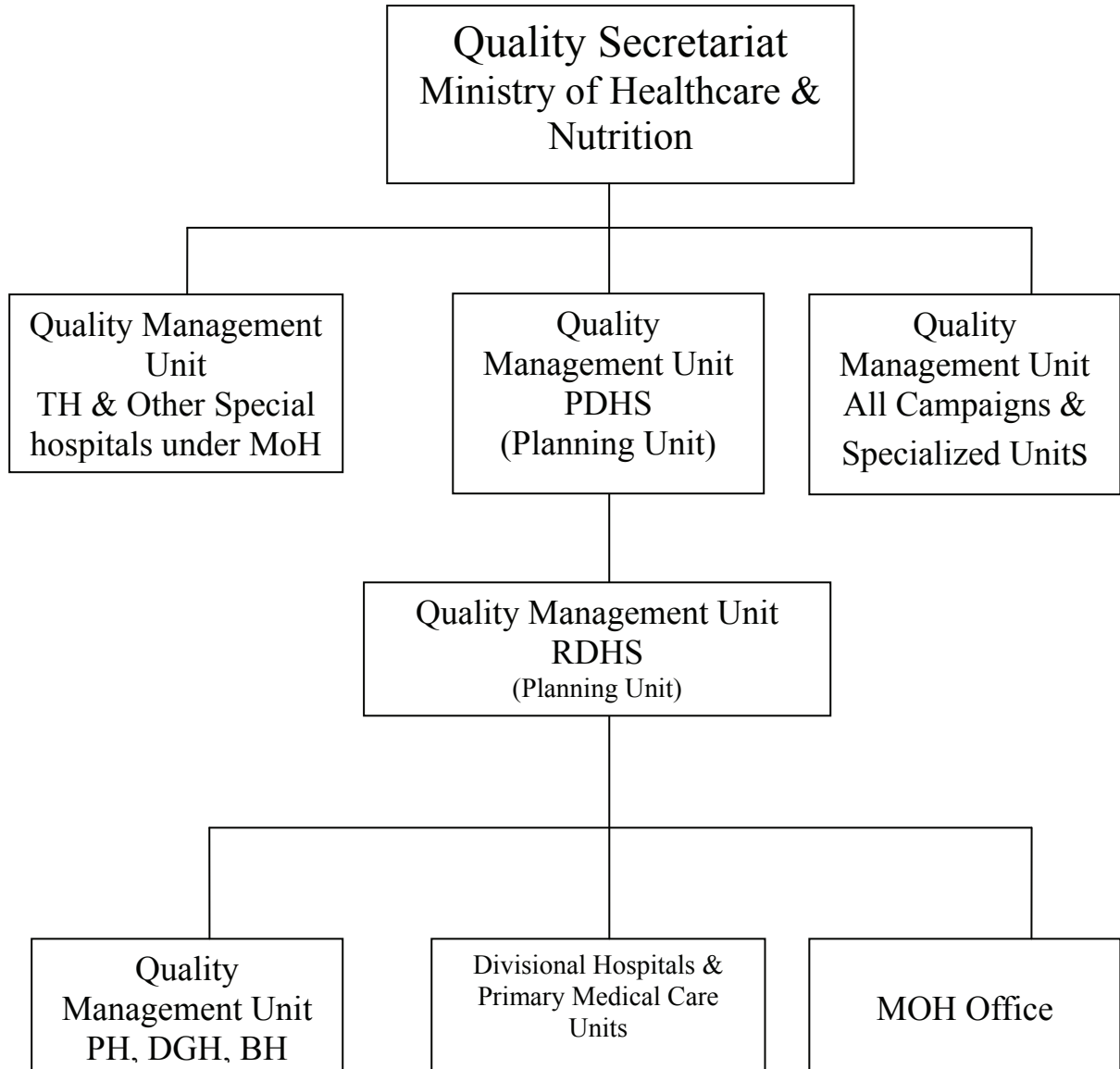
Dr. Athula Kahadaliyanage
Secretary
Ministry of Healthcare & Nutrition



Dr. Ajith Mendis
Director General of Health Service

Annexure

Organizational Structure



Feedback Form

National Guidelines for Improvement of Quality and Safety of Healthcare Institutions (For Primary Medical Care Units)

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

