

**Project Completion Report**

**Project for  
Improving Quality of Health Care  
Services  
in Lao PDR**

Vientiane, 5 March 2021

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## Abbreviations

ASEAN	Association of South-East Asian Nations
ATP	Attapeu Province
AV	Audio Visual
CPS	Champasak Province
CTG	Cardiotocography
DHHP	Department of Hygiene and Health Promotion
DHO	District Health Office
DHPE	Department of Health Professional Education
DHR	Department of Healthcare and Rehabilitation
DOF	Department of Finance
DOP	Department of Personnel
DPC	Department of Planning and Cooperation
EmOC	Emergency Obstetrics Care
FDD	Food and Drug Department
HQC	Hospital Quality Criteria
HQM	Hospital Quality Management
HSR	Health Sector Reform
IT	Information Technology
JCC	Joint Coordination Committee
JICA	Japan International Cooperation Agency
Lao PDR	Lao People's Democratic Republic
MDSR	Maternal Death Surveillance and Response
MMR	Maternal Mortality Ratio
MNCH	Maternal Newborn and Child Health
MOH	Ministry of Health
NHIB	National Health Insurance Bureau
OA	Office Automation
OJT	On the Job Training
PDM	Project Design Matrix
PHO	Provincial Health Office
PO	Plan of Operation
QHC	Quality of Health Care
QHC Project	The Project for Improving Quality of Health Care Services
SLV	Salavan Province
SKG	Sekong Province
TOR	Terms of Reference
U5MR	Under Five Mortality Rate
UHS	University of Health Science

# Project Completion Report

## I. Basic Information of the Project

### 1. Country

The Lao People's Democratic Republic

### 2. Title of the Project

The Project for Improving Quality of Health Care Services

### 3. Duration of the Project (Planned and Actual)

February 2016 – February 2021

### 4. Background (from Record of Discussions(R/D))

In the Lao PDR, the national health status had been improving steadily over the past decades. Despite the progress made, Maternal Mortality Ratio (MMR) and Under Five Mortality Rate (U5MR) still remained the highest among ASEAN countries, where the estimation of MMR to be 220 per 100,000 live births (2013) and U5MR to be 79 per 1,000 live births (2011).

In the previous project, "Project for Strengthening Integrated Maternal, Neonatal and Child Health Services", JICA supported Provincial Health Offices (PHOs) and District Health Offices (DHOs) to improve the coverage of maternal, neonatal and child health (MNCH) services targeting southern four (4) provinces (Champasak, Salavan, Sekong and Attapeu) through: (a) appropriate management of MNCH program by the Provincial and District Health Offices; (b) improvement of capacity of health service providers for integrated MNCH services; and (c) promoting of the utilization of integrated MNCH services in collaboration with the community.

The MOH launched the Health Sector Reform (HSR, 2013-2025) aiming to achieve universal health coverage (UHC) by 2025. In the draft document of the second phase of HSR (2016-2020), improvement of the quality of the essential health care services is demanded. Under the circumstances, the MOH requested JICA for a technical

cooperation project to improve the quality of health care services, of which MNCH is an entry point.

## **5. Overall Goal and Project Purpose (from Record of Discussions(R/D))**

### **Overall Goal:**

Quality services are provided by health facilities in the Lao PDR.

### **Project Purpose:**

Starting with improvement of maternal, newborn and child health (MNCH) as an entry point, quality health services are provided at provincial and district hospitals in the four (4) southern provinces<sup>1</sup>.

## **6. Implementing Agency**

The Department of Health Care and Rehabilitation (DHR), the Cabinet, the Department of Hygiene and Health Promotion (DHHP), the Department of Health Professional Education (DHPE), the Department of Finance (DOF), the Food and Drug Department (FDD), the Department of Planning and Cooperation (DPC), the Department of Personnel (DOP), the University of Health Science (UHS) and the National Health Insurance Bureau (NHIB) of the Ministry of Health (MOH)

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<sup>1</sup> According to MM approved in the fourth Joint Coordination Committee (JCC), “health centers” were deleted from the project purpose

## II. Results of the Project

### 1. Results of the Project

#### 1-1. Input by the Japanese side (Planned and Actual)

(1) Expert dispatch:	Total 17 dispatches
• Long-term JICA experts	8 dispatches (Table 2 in Annex 1)
• Short-term JICA experts	9 dispatches (Table 3 in Annex 1)
(2) Receipt of training participants:	Total 1,231 participants
Training course in Japan (Table 4 in Annex 1)	Total 14 participants
• National Quality Management Systems	12 participants
• Health Policy Development	1 participant
• Hospital Management	1 participant
Visits to Vietnam (Table 5 & 6 in Annex 1)	Total 29 participants
• 3rd Vietnam Forum on Quality in Healthcare	19 participants
• 4th Vietnam Forum on Quality in healthcare	10 participants
Training courses in Lao PDR (Table 7 - 15 in Annex 1)	Total 1,188 participants
• QHC Model Training	109 participants in 1 time
• Hospital Quality Management (HQM) & Patient Safety	95 participants in 4 times
• Hospital Administration	4 participants in 1 time
• Emergency Obstetrics Care (EmOC) Training	147 participants in 4 times
• EmOC Monitoring	143 participants in 4 times
• EmOC On the Job Training	25 participants in 8 batches
• Cardiotocography (CTG) Training	154 participants in 22 times
• Ultrasound Training	74 participants in 11 times
• Central Nursing Consultations	262 participants in 4 times
• Training/sharing by 4 southern provinces	175 participants in 8 times



- (3) Meetings: Total 2,652 participants
- National Meeting
- JCC 210 participants in 4 times
  - National Dissemination Meeting 96 participants in 1 time
  - Lao Forums 601 participants in 4 times
- Four Provincial Meeting
- Four Provincial Joint Meetings 654 participants in 10 times
  - Quality Criteria Workshops 101 participants in 3 times
  - Nurses' Terms of Reference (TOR) for HQM 24 participants in 1 time
  - Project Technical Meetings 313 participants in 5 times
  - Other Occasional Meetings 159 participants in 5 times
- Provincial Meeting
- Provincial MNCH Meetings 300 participants in 7 times
  - Maternal Death Surveillance and Response (MDSR) Meetings 194 participants in 13 times
- (4) Equipment Provision : *67,200USD in 2017*
1. OA machines and instruments
  2. IT and AV equipment and instruments
  3. Two vehicles
  4. Training equipment (Mamanatile)
- (5) Overseas activities cost: *1,349,036.12 USD in total*
1. Costs of holding meetings, workshops, trainings, seminars and forums
  2. Travel costs for both Lao and Japanese side
  3. Publications
  4. Running costs including personnel expenses

## 1-2. Input by the Lao side (Planned and Actual)

### (1) Counterpart assignment:

- DHR, the Ministry of Health, Lao PDR 14 members
- Four Southern Provincial Health Offices 4 members
- Four Southern Provincial Hospitals 4 members
- 11 Target District Health Offices 11 members
- 11 Target District Hospitals 11 members

### (2) Related Committee Members:

- Lao Forum Organizing Committee: Total 136 members
- Lao Forum Secretariat: Total 14 members
- QHC Model Writing and Editing Committee: Total 16 members
- Hospital Quality Improvement Committee (Champasak Provincial Hospital):  
Total 21 members
- Hospital Quality Improvement Committee (Sekong Provincial Hospital):  
Total 17 members
- Hospital Quality Improvement Committee (Salavan Provincial Hospital):  
Total 15 members
- Hospital Quality Improvement Committee (Attapeu Provincial Hospital):  
Total 26 members

### (3) Provision of offices:

- Project Office in Nutrition Building, Vientiane with light and water expenses provided by DHR.
- Project Office in DHR, Ministry of Health, Vientiane with light and water expenses provided by DHR.
- Project Office in Pakse with light and water expenses provided by Champasak provincial health office<sup>2</sup>.

### (4) Other items borne by the counterpart government:

There were no specific items of budget for the Project for Improving Quality of Health Care Services (QHC Project) in DHR and each of the provincial health offices. They have allocated necessary budgets in order to participate in events that the QHC project had organized such as Lao Forum, and to implement project activities at each of the health facilities.

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<sup>2</sup> To follow Lao way of calling health offices in provincial level and district level, this report uses Provincial Health “Department” and District Health “Office” in the following sections.

### 1-3. Activities (Planned and Actual)

The project has implemented the following activities in the PDM and PO (Version 2.0) without notable delays even under the difficulty with COVID-19. The project came up with almost all of its expected outputs by the end of the project period. The results of outputs are as follows:

<p><b>Output 1:</b> Criteria for hospitals were developed* *Deletion of health centers from the Project target was approved in JCC in December 2020 as in 3. History of PDM modification in page 14.</p>
<p><b>Activities:</b></p> <ol style="list-style-type: none"><li>1.1. To specify the target service with Process Map</li><li>1.2. To develop HQC<sup>3</sup> and Evaluation Sheet for PHs and DHs</li><li>1.3. To develop and implement Evaluation Sheet for Patient Experience and Satisfaction</li><li>1.4. To introduce HQC and Evaluation Sheet to PHs and DHs</li><li>1.5. To update HQC and Evaluation Sheet for PHs and DHs periodically</li></ol>
<p><b>Achievements:</b></p> <ul style="list-style-type: none"><li>● As a result of activity 1.1 and 1.2, hospital quality criteria (quality improvement plan) and their evaluation sheets for seven target services such as (1) Outpatient Department, (2) Inpatient Department, (3) Toilet, (4) Intrapartum Care, (5) Postpartum Care, (6) Care for Postpartum Hemorrhage (PPH), (7) Care for Eclampsia and those for (8) Hospital Quality Management were introduced to four provincial hospitals and those for four target services such as (1) Reception of Outpatient Department (OPD), (2) Toilet, (3) Prenatal care, (4) Postnatal care and those for (5) hospital Quality Management were introduced to 11 target district hospitals. [Activity 1.1, 1.2]</li><li>● Four provincial hospitals developed the survey sheet for patient experience and satisfaction on 05 August 2020 based on the reference standardized form made by DHR and QHC/JICA in August 2019. [Activity 1.3]</li><li>● Four provincial hospitals and the 11 target district hospitals introduced HQC and Evaluation Sheet. [Activity 1.4]</li><li>● Update meetings for hospital quality criteria (quality improvement plan) were periodically held. The final joint update meeting of Hospital Quality Criteria (HQC) was held on 04 and 05 March 2020. By this meeting, four Provincial Hospitals have updated HQC as follows: four updates in OPD since November 2017; three updates in IPD since September 2018; four updates in toilets since June 2017; four updates in PPH and eclampsia (EmOC) since October 2017; three updates in intrapartum care and postpartum care (Normal Delivery) since July 2018. By this meeting, 11 District Hospitals have updated twice for four target services and hospital quality management. [Activity 1.5]</li></ul> <p><b>Further Achievements:</b></p> <ul style="list-style-type: none"><li>● Two provincial hospitals developed their own hospital quality criteria. Salavan Provincial Hospital developed criteria for dental care and Kangaroo Mother Care (KMC) and Attapeu provincial hospital developed criteria for neonatal resuscitation.</li><li>● Provincial health office of each province implemented hospital quality criteria and the QHC Model to additional three district hospitals out of the target 11 district hospitals.</li></ul>

<sup>3</sup> HQC is abbreviation of Hospital Quality Criteria.

Provincial health offices explained hospital quality criteria and the QHC Model to the remaining all 11 district hospitals in four southern provinces.

**Output 2:**

Quality evaluation for hospitals is operated

**Activities:**

- 2.1. To develop SOPs for self-evaluation of HQC in provincial and district hospitals
- 2.2. To develop SOPs for external evaluation of HQC in provincial and district hospitals
- 2.3. To modify SOPs for updated HQC (by Activity 1.4)
- 2.4. To develop TOR of people in charge of Hospital Quality Management (e.g. Quality Committee) in provincial and district hospital, and update the TOR periodically

**Achievements:**

- Four provincial hospitals developed SOPs for self-assessments. Four provincial health offices developed Standardized Operating Procedures (SOPs) for external evaluations in each province. Writing and editing committee developed General SOP for self-assessments and General SOP for external evaluations. [Activity 2.1, 2.2]
- The final update of SOPs (survey sheets of hospital quality criteria) was completed on 4 and 5 March 2020. [Activity 2.3]
- All four provincial hospitals and 11 target district hospitals developed TOR of Hospital Quality Improvement Committee (include Five Goods One Satisfaction Committee in district hospitals). The TORs were updated in four provincial hospitals and 5 district hospitals by the end of 2019. [Activity 2.4]

**Further Achievements:**

- Four District Health Offices in the target districts developed the TOR of District Quality Improvement Committee by the end of 2019. [Activity 2.4]

**Output 3:**

Continuous Quality Improvement (CQI) activity is conducted by hospitals

**Activities:**

- 3.1 To standardize target services in provincial and district hospitals (by developing SOPs, Checklist, rule etc.)
- 3.2 To conduct daily management and continuous quality improvement (CQI) activities for improvement opportunities identified by provincial hospitals
- 3.3 To conduct technical trainings (\*4) in provincial and district hospitals
- 3.4 To develop modules for technical trainings (\*4)

\*4: The QHC Model is a repeated cycle of three steps that activate and sustain Continuous Quality Improvement (CQI) in hospitals in Lao PDR. The QHC Model consists of (1) development and update of hospital quality criteria, (2) regular quality assessment and (3) Continuous Quality Improvement (CQI) with accelerating mechanisms of (i) training to strengthen knowledge and skills of health staff and (ii) opportunities to share practical experiences and learning experiences.<sup>4</sup>

<sup>4</sup> Page 5 in The QHC Model Guideline defines the QHC Model as “The QHC Model guides health facilities to establish the routines of hospital quality management such as 3.1. Hospital Quality Improvement Committee, 3.2. Quality Improvement Plan (Hospital Quality Criteria and Survey Tools) and 3.3. Stepwise Quality Improvement including repeated cycles of (1) self-assessment, (2) prioritization of topics of quality improvement and (3) continuous quality improvement (CQI/KAIZEN) activities. To strengthen 3.3 Stepwise Quality Improvement, (4) external

**Achievements:**

- Total 75 standards (TOR, SOP, Checklist, rule, etc.) were developed by provincial hospitals or district hospitals. [Activity 3.1]
- Total 32 quality improvement activities have been conducted in four Provincial Hospitals. [Activity 3.2]
- Total 10 Joint meetings (Total 654 participants), three Hospital Quality Criteria Workshops (Total 101 participants), five Technical Meetings (Total 313 participants), Seven Provincial MNCH Meetings (Total 300 participants), 13 Workshops on MDSR (Maternal Death Surveillance and Response) (total 194 participants), one Workshop for Nurses' TOR of Hospital Quality Management (total 24 participants) and three study tours by province (total 32 participants) were held in the project for learning CQI from others. [Activity 3.3]
- Total 1,231 participants attended a series of technical training on hospital quality management, obstetrics care and nursing. [Activity 3.3].
- Training modules for the CTG practice, the ultrasound practice and the introduction of hospital quality management were developed. [Activity 3.4]

**Further Achievements:**

- Three provincial hospitals conducted training by their initiative.

**Output 4:**

"QHC Model" is documented

**Activities:**

- 4.1 To establish writing and editing committee of "QHC Model Guidebook"
- 4.2 To make writing and editing schedule of "QHC Model Guidebook"
- 4.3 To write and organize manuscripts of "QHC Model Guidebook"
- 4.4 To document four provinces' experiences on implementation of "QHC Model"
- 4.5 To approve a case document of "QHC Model" by each of provinces
- 4.6 To compile case documents of "QHC Model" in four Southern provinces

**Achievements:**

- The QHC Model Guideline was published by the Ministry of Health with the signature of the Minister of Health. Also, four case reports from four provinces were published by four provincial health offices in Chamapasak, Salavan, Sekong and Attapeu with the signature of the director of four provincial health offices. [Activity 4.3]
- Following the schedule since 20 December 2019, the writing and editing team (DHR, University of Health Science, Tropical Public Health institute, Mahosot hospital, four southern provinces, Vientiane provincial hospital) developed the manuscript of the QHC model guideline in 22 times of Writing and Editing meetings including 16 remote meetings from May to August 2020. [Activity 4.1, 4.2]
- Four southern provinces complied and published case reports on their experiences of implementation of the QHC Model in Provincial Hospitals with approval from the director of each provincial health office. [Activity 4.4, 4.5, 4.6]

**Further Achievements:**

- The Practical Guide for Implementation of the QHC Model at District Level was published by the Ministry of Health with the signature of the Minister of Health in January 2021. This document was based on documentation of the experience of four southern provinces on implementation of the QHC Model to district hospitals after seven Writing and Editing meetings in September and October 2020. [Activity 4.4]

evaluations, (5) staff development and (6) sharing opportunities of practical experiences of CQI/KAIZEN accelerate (3) quality improvement activities (CQI/KAIZEN)."

<p><b>Output 5:</b> "QHC Model" is proposed to the Ministry of Health, Lao PDR</p>
<p><b>Activities:</b></p> <ol style="list-style-type: none"> <li>5.1 To suggest a "QHC Model" to Ministry of Health</li> <li>5.2 To hold the seminar of introducing "QHC Model" inviting all provinces in Lao PDR</li> <li>5.3 To hold Forum in Lao PDR to share practical experience of quality improvement in health facilities</li> <li>5.4 To advertise, share and study "QHC Model"</li> <li>5.5 To encourage budgeting for activities and assignment of human resources in order to sustain "QHC Model" in provincial level</li> </ol>
<p><b>Achievements:</b></p> <ul style="list-style-type: none"> <li>● On 23 July 2020, the technical team of DHR and four southern provinces with Vientiane Provincial Hospital proposed the QHC Model to the boards of directors of DHR (director general and one deputy director). [Activity 5.1]</li> <li>● Department of Healthcare and Rehabilitation, the Ministry of Health Lao PDR held the national dissemination meeting on the QHC Model, inviting all central hospitals, all provincial health offices and all provincial hospitals on 22 December 2020. [Activity 5.2]</li> <li>● Department of Healthcare and Rehabilitation, the Ministry of Health Lao PDR held four times of Lao Forums on Improving Quality of Health Care Services in 2018, 2019, 2020 and 2021. [Activity 5.3]</li> <li>● To share the show cases of quality improvement in the QHC Model, total 46 presentations in Lao forum and 14 presentations in Lao National Health Research Forum were published. The QHC project chaired the session of Quality of Care in the 13<sup>th</sup> Lao National Health Research Forum. The post proceeding book of the 1<sup>st</sup> Lao forum was published in English and the brochure for the QHC Model was developed. [Activity 5.4]</li> <li>● Basic structure of Hospital Quality Improvement Committee and use of budget line of chapter 63 for the practice of the QHC Model were clearly described in the QHC Model Guideline. [Activity 5.5]</li> </ul> <p><b>Further Achievements:</b></p> <ul style="list-style-type: none"> <li>● As a result of the proposal, DHR held the QHC Model Training for five central hospitals, three centers (eye, skin and rehabilitation), one health department and several district hospitals in Vientiane capital and 13 provincial health offices and 13 provincial hospitals on 20 and 21 January 2021.</li> </ul>

## 2. Achievements of the Project

### 2-1 Outputs and indicators

<p><b>Output 1:</b> Criteria for hospitals were developed</p>
<p><b>Indicators:</b></p> <ol style="list-style-type: none"> <li>1.1 Hospital Quality Criteria for provincial hospital is developed (*1)</li> <li>1.2 Survey Sheet for patient experience &amp; satisfaction survey for provincial hospital is developed</li> <li>1.3 Hospital Quality Criteria for district hospital is developed (*2)</li> </ol> <p>*1: Targets of Hospital Quality Criteria in Provincial Hospital At least Obstetrics Care (Normal Delivery, Emergency Obstetrics Care), Outpatient Department, Inpatient Department, Toilet and Hospital Quality Management. Additional Quality Criteria will be developed if necessary.</p> <p>*2: Targets of Hospital Quality Criteria in District Hospital Targets in District Hospital are based on targets in Provincial Hospital. However, Hospital Quality Criteria for District Hospital will be simplified and integrated from those for Provincial Hospital based on characteristics of District Hospital.</p>

**Achievements:**

- [100% (8/8) has been achieved and considered high achievement.] Four provinces developed hospital quality criteria (quality improvement plan) for seven target services such as (1) Outpatient Department, (2) Inpatient Department, (3) Toilet, (4) Intrapartum Care, (5) Postpartum Care, (6) Care for Postpartum Hemorrhage (PPH), (7) Care for Eclampsia and those for (8) Hospital Quality Management.
- [100% (1/1) has been achieved and considered high achievement.] Four provincial hospitals developed the survey sheet for patient experience and satisfaction.
- [100% (5/5) has been achieved and considered high achievement.] Four provincial health offices, provincial hospitals and district hospitals participatory developed hospital quality criteria (quality improvement plan) for district hospitals covering four target services such as (1) Reception of OPD, (2) Toilet, (3) Prenatal care, (4) Postnatal care and those for (5) hospital Quality Management.

**Further Achievements:**

- Two provincial hospitals developed their own hospital quality criteria.

**Output 2:**

Quality evaluation for hospitals is operated

**Indicators:**

- 2.1 4 provincial hospitals and 11 district hospitals conduct self-evaluation at least 3 times/year based on “Hospital Quality Criteria” by the end of the project.
- 2.2 4 provincial hospitals and 11 district hospitals conduct external evaluation by provincial health office at least once/year based on “Hospital Quality Criteria” by the end of the project.
- 2.3 4 provincial hospitals conduct patient experience & satisfaction surveys at least 3 times/year by the end of the project.

**Achievements:****Indicator 2.1:**

- [100% (4/4) has been achieved and considered high achievement] Four provincial hospitals conducted self-assessment at least 3 times per year based on “Hospital Quality Criteria” by the end of the project (Table 1).
- [100% (11/11) has been achieved and considered high achievement] The 11 district hospitals conducted self-assessment at least three times per year based on “Hospital Quality Criteria” by the end of the project (Table 2).

**Indicator 2.2:**

- [100% (4/4) has been achieved and considered high achievement] Four provincial hospitals received an external evaluation at least once a year based on “Hospital Quality Criteria” by the end of the project (Table 1).
- [100% (11/11) has been achieved and considered high achievement] The target 11 district hospitals received an external evaluation at least once a year based on “hospital Quality Criteria” by the end of the project (Table 2).

**Indicator 2.3:**

- [100% (4/4) has been achieved and considered high achievement] Four provincial hospitals conducted patient experiences & satisfaction surveys at least three times a year by the end of the project.

PHs	2020	
	External evaluation	Self-assessment
Champasak	1	3
Salavan	1	3
Sekong	1	4
Attapeu	1	3

Table 1. External evaluation and self-assessment conducted in PHs in 2020

Province	Target 11 DHs	2020	
		External evaluation	Self-assessment
Champasak	Paksong	1	3
	Khong	1	3
	Moonlapamok	1	4
	Champasak	1	5
Salavan	Kongxedone	1	3
	Vapi	1	3
	Samuay	1	3
Sekong	Thateng	1	11
	DakCheung	1	5
Attapeu	Phouvong	1	9
	Saysettha	1	9

Table 2. External evaluation and self-assessment conducted in DHs in 2020



<p><b>Output 3:</b> Continuous Quality Improvement (CQI) activity is conducted by hospitals</p>
<p><b>Indicators:</b></p> <p>3.1 Each provincial hospital tackles on at least 2 priority improvement opportunities found by quality evaluation at the end of the project.</p> <p>3.2 The total number of standardized services (delivered according to SOPs, Checklist, rule, etc.) in 4 provincial hospitals reaches to 5 services by the end of the project.</p>
<p><b>Achievements:</b></p> <p><b>Indicator 3.1:</b></p> <ul style="list-style-type: none"> <li>● [400% (32/8) has been achieved and considered high achievement] Four provincial hospitals tackled total 32 Continuous Quality Improvement (CQI/KAIZEN) activities based on the results of the quality evaluations (see a list of CQI in Annex 2).</li> </ul> <p><b>Indicator 3.2:</b></p> <ul style="list-style-type: none"> <li>● [1500% (75/5) has been achieved and considered high achievement] 4 provincial hospitals standardized total 62 services (see a list of Standards in Annex 3).</li> </ul>

<p><b>Output 4:</b> "QHC Model" is documented</p>
<p><b>Indicators:</b></p> <p>4.1 Case of implementation of "QHC Model" in each of 4 provinces is documented.</p> <p>4.2 The implementation guide of "QHC Model" is documented.</p>
<p><b>Achievements:</b></p> <p><b>Indicator 4.1:</b></p> <ul style="list-style-type: none"> <li>● [100% (4/4) has been achieved and considered high achievement] Each of 4 provinces developed a case report.</li> </ul> <p><b>Indicator 4.2:</b></p> <ul style="list-style-type: none"> <li>● [200% (2/1) has been achieved and considered high achievement] The QHC project developed (1) the QHC Model guideline and (2) the practical guide for implementation of the QHC Model to district level. The latter was additionally developed by reflecting the special request from the Director General of DHR.</li> </ul>

<p><b>Output 5:</b> "QHC Model" is proposed to the Ministry of Health, Lao PDR</p>
<p><b>Indicators:</b></p> <p>5.1 Findings and experiences of "QHC Model" are shared at least twice/year in meetings related with quality of health care in Lao PDR.</p>
<p><b>Achievements:</b></p> <ul style="list-style-type: none"> <li>● [170% (17/10) has been achieved and considered high achievement] The project shared the findings and experiences of "QHC Model" at least twice a year in meetings related with quality of health care in Lao PDR (see a list of proposal opportunities in Annex 2).</li> </ul>

## 2-2 Project Purpose and indicators

<p><b>Project Purpose:</b> Starting with improvement of maternal, newborn and child health (MNCH) as an entry point, quality health services are provided at provincial and district hospitals and health centers in the four (4) southern provinces</p>
<p><b>Indicators:</b></p> <ol style="list-style-type: none"><li>1. 4 provincial hospitals and 11 district hospitals improve and maintain the result of evaluation of “Hospital Quality Criteria” by the end of the project.</li><li>2. 4 provincial hospitals improve and maintain the result of patient experience &amp; satisfaction surveys by the end of the project.</li></ol>
<p><b>Achievements:</b></p> <p><b>Indicator 1:</b></p> <ul style="list-style-type: none"><li>● Four provincial hospitals tackled quality improvements of seven target services and hospital quality management. Achievement of quality improvements in four southern provinces was high as 93.8% (30/32) of hospital quality criteria (quality improvement plan) showed improvement and/or maintain their achievements (see Method of Evaluation for the Project Purpose in Annex 2).</li><li>● The 11 target district hospitals tackled quality improvements of four target services and hospital quality management. Achievement of quality improvements in the 11 target district hospitals was high as 83.6% (46/55) of hospital quality criteria (quality improvement plan) showed improvement and/or maintain their achievements (see Method of Evaluation for the Project Purpose in Annex 2).</li></ul> <p><b>Indicator 2:</b></p> <ul style="list-style-type: none"><li>● Four provincial hospitals tackled quality improvements of patient experience and satisfaction. Achievement of quality improvements was high as 87.5% (7/8) of patient experience and satisfaction in OPD and IPD in four provincial hospitals was improved and maintained (see Method of Evaluation for the Project Purpose in Annex 2).</li></ul>

### 3. History of PDM Modification

- This project updated PDM three times. This project applied a two-step approach so that the first update of PDM was conducted in the second year (2017) of the project.
- The first update from the zero version to the first version was approved on 15 May 2017. Update to the first version included (1) modification of overall goals of the project, (2) specification of the project purposes and (3) specification of outcomes and outcomes indicators while maintaining the direction of the project described in the zero version. The overall goal of “Quality services are provided by health facilities in the Lao PDR” was specified by the indicator of the MOH goal of the proportions of health facilities accredited by the coming national hospital accreditation. It was because the “Five Goods One Satisfaction” policy announced the coming national hospital accreditation system (Dok Champa etc.) in October 2016. Nation-wide introduction of the implementation model for the improvement of quality health services, which was developed by the QHC Project was set as the precondition to achieve the MOH goal. To achieve the improved quality of healthcare services in four southern provinces as well as development of the implementation model, the specified three outcomes such as improvement of the quality of MNCH medical services from the technical aspect, strengthening the management and supervisory systems and the process of the roll-out of the Lao Quality Model is promoted were considered necessary.
- The second update from the first version to the second version was approved on 17 January 2019. Update to the second version included (1) the management and supervisory systems in Output 2 made the entire framework of the Hospital Quality Management (The QHC Model), (2) the project activities were rearranged because there were activities related with both the clinical service in Output 1 (maternal care) and the management and supervisory system in Output 2, and (3) documentation of the QHC Model and its proposal to the Ministry of Health Lao PDR were added, while maintaining the overall goals, the project purposes and the contents of the project activities.
- The third update was a small modification of the second version. It was approved on 8 December 2020. Update to the third version included the deletion of the activity 1.6 “To develop Quality Criteria (draft) and Evaluation Sheet (draft) for HCs”. This change was due to the change of the precondition that the World Bank was supporting DHR to develop the scorecard for health centers and the global spread of COVID-19 dramatically reduced the available time for Japanese experts to do field works in Lao PDR. The activity in the QHC Project related with health centers was the development of the draft quality criteria for health centers. The QHC Project planned to develop the draft quality criteria for health centers after completion of the implementation of the QHC Model at the target districts. This was because the QHC Project had to experience how to simplify the hospital quality criteria of higher-level health facility (e.g. Provincial

Hospital) to make those of lower level health facilities (e.g. District Hospital). While waiting for the implementation of the QHC Model at district level in 2019, the World Bank and DHR decided the target health facilities of the World Bank was health centers in May 2019. The World Bank consulted with main development partners such as World Health Organization, Asian Development Bank and JICA about their score cards (zero version) for health centers in January 2020, aiming its finalization by February 2020. As a result, DHR and four southern provinces decided to propose deletion of the activity 1.6 “To develop Quality Criteria (draft) and Evaluation Sheet (draft) for Health Centers (HCs)” in May 2020. Deletion of health centers from the Project target was approved in JCC in December 2020.

#### **4. Others**

##### **4-1 Results of Environmental and Social Considerations (if applicable)**

Not applicable

##### **4-2 Results of Considerations on Gender/Peace Building/Poverty Reduction (if applicable)**

Separation of male and female toilets are growing concerns due to inclusion of such ideal conditions in hospital quality criteria of toilets.

### **III. Results of Joint Review**

#### **1. Results of Review based on DAC Evaluation Criteria**

##### **Relevance**

The relevance of the Project was considered high based on the following information.

##### **(1) Relevance to the policy of Lao PDR**

Government of Lao PDR aims to achieve Universal Health Coverage (UHC) by 2025. The achievement of UHC requires an increase of quality health coverage by provision of services with good quality. For this reason, it is expected that health facilities at central level, provincial level and district level become able to provide good and certain services to Lao citizens. The purpose of this Project is to improve the quality of health care services in health facilities in four southern provinces (Champasak, Salavan, Sekong and Attapeu). To achieve the overall goals of this Project, the Project developed the guideline of the QHC Model as a tool to guide hospitals to achieve Lao Quality of Healthcare and supported its dissemination to all health facilities at central level and provincial level. In this way, the Project addressed the goal “quality improvement of health care services” in the second phase (2016-2020) of Laos Health Sector Reform (HSR: 2011-2025). In addition, this Project was a running start for the goal “the achievement of UHC by quality improvement in primary health care (district hospitals and community hospitals)” in the third phase (2021-2025) of the HSR.

To achieve the above goal of the HSR, the Ministry of Health Lao PDR issued the Five Goods One Satisfaction Policy<sup>5</sup> in August 2016. This policy increased momentum of quality improvement in health care in Lao PDR. As a result, this Project met the policy needs of Lao PDR by contribution to realization of the Five Goods One Satisfaction policy in four southern provinces. Also, the Project brought experiences and findings of hospital quality management in four southern provinces to the Ministry of Health and development partners as the QHC Model. As the years moved on, DHR and four southern provinces started to say that the QHC project is a Lao project which Laotian has initiative. This implies high relevance of the QHC project to the policy of the Lao government.

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<sup>5</sup> The Five Goods One Satisfaction Policy was disseminated in October 2016. It directed hospitals to make efforts toward six ideal conditions of Lao hospitals, namely good reception, good cleanliness, good convenient, good diagnosis, good treatment and patient satisfaction. It admitted different hospital had different quality improvement opportunity and their approach to tackle the improvement opportunity may be different. Although the policy did not specify indicators or criteria for six ideal conditions, the policy described about the coming plan on hospital accreditation and its awards given to hospitals.

## **(2) Consistency with Japan's Country Assistance Policy**

Japan's country assistance policy states that the priority area of Japan's assistance to Lao PDR is to strengthen health systems through improvement of health facilities to increase access to health care services with focus on Maternal, Neonatal and Child Health (MNCH). For Lao PDR to achieve Universal Health Coverage (UHC) by 2025, it is said essential to acquire quality of healthcare services. Therefore, the Project that provided technical assistance on improving the quality of health care services in health facilities followed Japan's country assistance policy for Lao PDR.

## **(3) Use of the past achievements of JICA support**

The QHC project utilized the JICA support in the past as follows: (1) The QHC Model applied the practice of self-assessments in 10 Minimum Requirements (10MR) that was firstly introduced by JICA Kids Smile project in the past; (2) As an entry point, the initial components of the QHC Model were investigated in the existing mechanism of provincial maternal and child health care (MNCH) programs supported by JICA in the past. Experience of the QHC project with MNCH programs was taken in the QHC Model as a more generalized form that was applicable to health facilities in general; (3) The QHC project involved Mahosot hospital especially for consultation of nursing management. Mahosot hospital is responsible for supervision of provincial hospitals in four southern provinces. Moreover, the model ward supported by JICA in the past was selected as one of sites in the hospital tour and widely recognized all over Laos in the fourth Lao Forum.

## **(4) Relevance of the project approach**

Since 2018, the World Health Organization (WHO) recommends an approach that considers "Local Definition of Quality" as one of strategies for national quality policy in health care. This Project had considered "Local Definition of Quality" in 2015 at the time of the project formulation. Therefore, an initial activity of the QHC project was to discuss about Lao Quality of Health Care with health staff in four southern provinces. This approach resulted in growing the initiative of the Lao side in the QHC project.

The QHC project was expected to support the National Dissemination of the Model for Hospital Quality Management within four years since 2017. To meet this expectation, the Project involved people who showed interest in quality and safety in health care, for example Lao Forum on Improving Quality of Health Care, from the early stage of the Project. Collaboration between four southern provinces and the central level was good. Four southern provinces accumulated operational experiences and the Department of Healthcare and Rehabilitation generalized the experiences as the QHC Model.

## **(5) Needs at the end of the Project**

DHR expressed their needs on strengthening primary health care in four southern provinces and JICA's support on developing mechanism of hospital accreditation.

## **Effectiveness**

The effectiveness of the project was considered high based on the achievement of the project purpose and the five outputs.

### **(1) Achievement of Project purpose**

The indicators of the Project purpose showed that the Project effectively realized (1) 93.8 % (30/32) of quality improvements for the seven target services and the hospital quality management in four southern provincial hospitals; (2) 87.5% (7/8) of increase of patient experience and satisfaction and (3) 83.6 % (46/55) of quality improvements of the four target services and the hospital quality management in the 11 target district hospitals.

### **(2) Contribution of outputs to the achievement of the Project purpose**

The Project purpose was achieved through attainments of the output 1: Quality Criteria for hospitals were developed<sup>6</sup>. Eight hospital quality criteria for provincial hospitals and five hospital quality criteria for district hospitals were developed. Although draft criteria for health centers was not developed because the assistance from the World Bank became available for this activity, the experience of the QHC Project on participatory development of quality improvement plan (hospital quality criteria) was shared with the World Bank. Also, Attapeu province is preparing for dissemination of the QHC Model to their health centers after completion of their implementation of the QHC Model to all four districts.

the output 2: Quality evaluation for hospitals is operated. The four provincial hospitals and the 11 target district hospitals conducted self-assessments at least three times in 2020. The four provincial health offices conducted external evaluations for the provincial hospital and the target district hospitals at least once in 2020, the output 3: Continuous Quality Improvement (CQI) activity is conducted by hospitals. The total 32 (the goal was 8 activities) quality improvement activities were conducted and 75 (the goal was 5 standardizations) standardizations were made, the output 4: "QHC Model" is documented. The guideline of the QHC Model, case reports of the implementation of the QHC Model in four southern provinces and the practical guide for implementation of the QHC Model at district level were published and the output 5: "QHC Model" is proposed to the Ministry of Health, Lao PDR.

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<sup>6</sup> Health centers were deleted from the target because deletion of health centers from the Project target was approved in JCC in December 2020 as in 3. History of PDM modification in page 14.

The QHC Model was proposed to the Department of Healthcare and Rehabilitation, the Ministry of Health Lao PDR on 23 July 2020.

As a result, four provincial hospitals and the 11 target district hospitals achieved the project purpose.

### **(3) Analysis of factors**

#### **1) Promoting factors**

Promoting factors were (1) high commitment of DHR to the Project and (2) discussion among Lao people after participation and ownership of counterparts through learning process of trials and errors of hospital quality management.

From the beginning, Department of Healthcare and Rehabilitation showed high commitment to the Project by attending almost of all meetings in the Project. Participatory development of Goals for Quality (Quality Improvement Plan or Hospital Quality Criteria) and presentations in annual Lao Forum resulted in fostering ownership and initiative among four southern provinces on their quality improvement activities. The 4-year process of trials and errors and dialogues for developing the QHC Model enabled high level of adaptation of the existing techniques of hospital quality management into the routine of the QHC Model in Lao context. That established systematic way of quality management in hospitals. Also, such routine re-define a use of clinical and management training for quality improvement. Encouragement of discussion among Lao people stimulated findings on upgrading Lao way of hospital quality management step by step.

#### **2) Inhibiting factors**

Due to the evacuation of Japanese experts for COVID-19 from March/ April to September/ November 2020, human resource development on hospital quality management and on-site assistance of continuous quality improvement activities were canceled. This cancel inhibited further achievement of use of the QHC Model in other wards in hospitals and dissemination of the QHC Model to additional district hospitals more than the target 11 districts. Due to the flood to Pakse office on 9 September 2019, two months delay occurred in the Project. The flood in Attapeu caused a cancel of self-assessment of Attapeu provincial hospital.

### **Efficiency**

The efficiency of the project was considered high based on analysis of inputs and outputs.

#### **1) Japanese Experts**

The timing, quality and quantity of the dispatch of Japanese experts were considered appropriate. As for the short-term experts, some counterpart commented that it is harder to catch up with highly technical contents in a short period of time in an intensive manner, compared to the continuous guidance by the long-term experts. Nevertheless, the short-



term experts showed clear direction toward better quality management systems in Lao context. The roles of the short-term experts were clear and adequately integrated in the Project activities. Therefore, the experts played their roles with maximum efficiency.

#### 2) Machine and equipment

The machinery and equipment required for the Project activities have been provided in appropriate timing and quantity to support the routine of the QHC Model in four southern provinces. Counterparts had been capable of handling the equipment and machines provided by the Project and used in the Project activities.

#### 3) Training of counterparts

The timing, duration and subject of counterpart training in Laos and Japan were adequate. Especially for the clinical training, connection between training and quality improvement plan (hospital quality criteria) in the QHC Model transformed their learning and experiences into the goals for quality improvement. Achievement of such goals were effectively accelerated and maintained in four southern provinces. The timing of the management training was appropriate. It waited until four southern provinces experienced the routine of the QHC Model and accumulated questions on hospital quality management.

#### 4) Inputs from the Lao side

A sufficient number of personnel from counterparts participated in the Project activities. Department of Healthcare and Rehabilitation assigned the committee members for the Project. Four provincial health offices assigned heads of units of healthcare and rehabilitation as contact persons and four provincial hospitals assigned deputy directors and heads of hospital quality improvement committee for the Project. All members of four hospital quality improvement committees actively joined the Project activities. Due to the high relevance of the Project into the current priority of Lao PDR, all the quality improvement activities have been conducted by the budget of four southern provinces.

## **Impact**

Impact of the Project is expected to be positive as the results of the following analysis:

#### (1) Impacts on the overall goal

The achievement of the overall goal “Quality services are provided by health facilities in the Lao PDR” is highly expected. This is because (1) the QHC Model proposed by the Project was endorsed as the QHC Model Guideline by the Ministry of Health Lao PDR. (2) The QHC Model Guideline was nationally disseminated to central hospitals, provincial health offices and provincial hospitals on 22 December 2020. Furthermore, (2) “The provincial case reports” of the implementation of the QHC Model in four southern provinces provided

examples of the implementation of the QHC Model. Also, Department of Healthcare and Rehabilitation will lead provincial health offices to disseminate the QHC Model at district level with (3) “The practical guide of the implementation of the QHC Model at district level”. These three products of the Project will be nation-widely disseminated and used in all provinces in Lao PDR. Moreover, when the QHC Model was used with Hospital Accreditation of Lao PDR, the QHC Model will guide hospitals toward the achievement of the Award. In the future, it is expected many other goals for quality such as patient safety and goals brought by development partners etc. will be coming to Lao PDR in addition to the national hospital standards in Lao PDR. The QHC Model incorporates those goals of quality into the health facilities’ quality improvement plan and guides practical actions to achieve the goals of quality. It is highly recommended that the QHC Model be established in all health facilities in Lao PDR as the system to initiate changes for continuous quality improvement.

#### (2) Essential requirements for onset of the effect of the QHC Model

To bring out the maximum effect of the QHC Model, health staff working in health facilities as well as officers in provincial health offices need to understand and practice the QHC Model in their daily work. Although the Ministry of Health produced the QHC Model Guideline and its supportive guides with support of the Project, the budget for implementation of the QHC Model and its follow-up should be prepared, especially in provincial health offices, provincial hospitals, district health offices and district hospitals in the provinces other than four southern provinces. Although the Project supported health facilities in four southern provinces to develop TOR of Hospital Quality Improvement Committee and each health facility assigned their staff for Quality Improvement Committee, currently all staff do the practice of the QHC Model (Hospital Quality Management Work) while they have other assignments. Like in Vietnam and other countries, the Ministry of Health should consider establishment of a unit that has full-time assignment of staff for Hospital Quality Management works such as the practice of the QHC Model. Also, the strong commitment of the boards of directors of health facilities to hospital quality management is essential.

### **Sustainability**

The sustainability of the Project considered high based on the following information.

#### (1) The policy of the Ministry of Health Lao PDR

The Ministry of Health, Lao PDR showed the goal of health facilities in Lao PDR by issuing the “Five Goods One Satisfaction” policy in August 2016. Moreover, the Ministry of Health created an environment for health facilities to tackle quality of health care by establishing the national quality improvement committee in 2019. In 2020, it is expected that the Ministry of Health issue the National Hospital Standards for hospital accreditation. The QHC Model is expected to be used at provincial level and district level as a tool to guide hospitals in

Lao PDR to achieve goals of quality including the National Hospital Standards, however, step by step according to their feasibility.

#### (2) Financial aspect

The Ministry of Health and four southern provinces have already included the budget for the activities of the QHC Model under the budget for the Five Goods One Satisfaction in the next five years' plan. The provincial health offices in four southern provinces received a part of the applied budget for the QHC Model in 2020 and have applied the budget for the activities of the QHC Model in 2021. In the Project, all the quality improvement activities have done by the budget of four southern provinces. One of the strengths of the QHC model is that it does not cost much money when health facilities developed affordable quality improvement plan.

#### (3) Future prospects

It is expected that the routine of the QHC Model will be disseminated to districts hospitals other than the target and health centers in the future. This is because the goal of the third phase (2021-2025) of the Health Sector Reform (HSR: 2011-2025) is to achieve the quality of primary health care (district hospitals and health centers). Many development partners such as WHO, ADB, the World Bank started involved in the national quality initiative of Lao PDR. Other development partners have continued to support quality of healthcare in Lao PDR. The QHC Model, especially the component of facilities' quality improvement plan, is designed to incorporate the existing activities in health facilities and development partners. When this broad utility of the QHC Model was used as a framework of continuous quality improvement in health facilities in Lao PDR, health facilities could work with the united support and cooperation from development partners under the supervision of the Ministry of Health.

### **2. Key Factors Affecting Implementation and Outcomes**

The Project was affected by (1) COVID-19, (2) the flood to Pakse office and (3) the flood in Attapeu province as well as the fire, the fall of ceiling and the water leak due to deterioration of buildings in Vientiane office.

### **3. Evaluation on the results of the Project Risk Management**

#### (1) Result of risk management

The Project had to rearrange the plan of implementation of the Project activities due to (1) six-month evacuation of Japanese experts for COVID-19 and (2) two-month use of temporary office for the flood to Pakse office as well as (3) Flood in Attapeu province that caused two- month delay of activities in Attapeu. Those unexpected events resulted in

cancellation of our activities for realization of the overall goals. Also, the fire, fall of ceiling and water leak in Vientiane office interrupted the Project activities. However, negative effects to activities in PDM were minimized by rearrangement of the plan of implementation. Especially under the evacuation of Japanese experts for COVID-19, all people concerned such as counterparts and project staff in Laos actively participated in total around 181 web meetings in the Project. Those efforts minimized the delay of activities in PDM.

(2) Result of use of lessons in the previous projects

Idea of “Flexible” process in the Project for Strengthening for Health Services for Children (KIDSSMILE: 1 November 2002 to 31 October 2007) was applied in the QHC Model as mechanism to encourage capacity development of staff and problem solving through Continuous Quality Improvement in the cycle of step-wise quality improvement.

#### **4. Lessons Learnt**

##### **Lessons learnt drawn by Department of Healthcare and Rehabilitation:**

1. When the overall goal of the Project included nationwide dissemination of the products of the Project, the Project should assure an initial commitment and involvement of the Ministry of Health as an essential pre-condition of the Project from its early stage. At the fourth Lao Forum on 19 February 2021, the vice minister of health emphasized in his opening speech that the QHC Model brought an idea of starting quality improvement from easier and important issues while no excuse of stopping quality improvement by simply waiting for budget for achieving difficult issues. The QHC Model encourages easy and important topics of quality improvement first and difficult topics later based on real situation of health facilities. While health facilities tackle topics of quality improvement, health staff in provincial level and district level can bring their own ideas on what to and how to improve the quality of health care services. Health staff has will and participate in quality improvement activities. The establishment of the routine of systematic and stepwise quality improvement will eventually result in improvement of even difficult topics such as infrastructure of health facilities etc. step by step. This DHR’s explanation of the QHC Model to the Minister of Health resulted in successful dissemination of this vice minister’s message on the importance of the QHC Model to the participants all over Laos. This was due to high commitment and involvement of DHR from the beginning of the Project.
2. DHR recognized that not simply importing foreign ways but also testing and adapting new ways and even developed new ways based on Lao experience were important to develop appropriate and effective way for Laos. Experience of DHR is as follows: Four years of demonstration approach to build the Lao model of hospital quality management (QHC Model), and roles and attitudes of Japanese experts and national staff as facilitators and supporters fostered Laotian’s ownership of the Project and the QHC

Model. Also, considering advices of Japanese experts, Laotian has built and updated the basic practice of hospital quality management that fit to Lao context. This enabled the hospitals' efforts toward Five Goods One Satisfaction based on actual experiences of hospitals in Lao PDR. For example, quality management skills of staff in hospitals and provincial health offices in four southern provinces were improved step by step. While improving quality management skills of staff, the prototype QHC Model was gradually improved based on experience of what worked and what did not work. As a result, the QHC Model helped establishment of Quality Improvement Committee in both provincial hospitals and district hospitals as well as the routine of hospital quality management. The QHC Model strengthened a routine of regular self-assessments and brought the custom to make action plans after assessments.

When the Project considered fitness of the model to local context, the recipients (e.g. Laotian) who know local context should take initiative while Japanese experts can support as good facilitators. This is applicable especially new technology like quality and safety in healthcare that requires local adaptation.

3. The introduction of four times of Lao Forum on Improving Quality of Health Care Services was useful to increase the number of personnel who have interests to hospital quality improvement in Laos by teaching each other and encouraging health facilities as well as informing reality of hospital quality management in Laos to development partners. Such sharing opportunity was also useful for DHR to see real situation in hospitals especially on what needs to be improved there. To realize the policy of Five Goods One Satisfaction, DHR and the Ministry of Health should take initiative to continue national sharing opportunities for improving quality of healthcare services.
4. DHR and local authority needs to consider strengthening a hospital wide governance on quality management in addition to technical and clinical skills strengthened by a program-based approach. The QHC Project considered a hospital as a unit of hospital quality management not like a program approach that mainly focused quality improvement in one unit. As a result, the practice of quality management spread to other units such as OPD, IPD, toilets, MNCH (EmOC and Early Essential Newborn Care: EENC), and then it was expanding to other units including hospital quality improvement committee and nursing department/ committee. This resulted in hospital wide governance on quality management in four southern provinces. Program-based approach has benefit to strengthen technical and clinical skills and processes.
5. DHR needs to organize and explain relationship between the existing management models (QHC Model, 10MR, 5S) and goals for quality (hospital accreditation standards, clinical standards, etc.) for better understandings of local authorities. The QHC project strengthened 5S (set, sort, shine, standardize, sustain), continuous quality improvement (CQI/KAIZEN) as well as clinical skills. The QHC Model is a basic and comprehensive model that allows use of additional management tools for quality management.

### **Lessons learnt drawn by Four Southern Provinces:**

1. The recipients (e.g. four southern provinces) should tell JICA experts that the recipients would like to achieve local adaptation of techniques not simply importing foreign way and standards. JICA experts should consider and discuss this point, too. It was impressive that JICA experts did not simply bring the Japanese way and standards. JICA experts transferred techniques on how to think about quality, methods of quality management and problem solving in Lao context. Also, JICA experts encouraged us to develop Lao Model of Hospital Quality Management (QHC Model) that fit to Lao context. So, staff in four southern provinces learned how to think by ourselves and how to work on quality of healthcare. It resulted in a systematic quality management practices in Lao way (QHC Model) such as Hospital Quality Improvement Committee, quality improvement plan with clear indicators (hospital quality criteria) and cycles of self-assessments, prioritization of topics of quality improvement, and quality improvement activities with daily management. Now the staff are confident with tackling issues on quality of healthcare services. Through these activities in the Project, leadership and ownership of our staff were strengthened. We realized that our individuals' ownership is important for quality improvement.
2. The recipients should consider how to realize and continue such opportunities of learning by doing together with other provinces even after the end of the Project support. Learning by doing together with other provinces and JICA experts in the Project (e.g. Lao forums, Joint meetings, Writing and editing committee, etc.) was useful to understand and develop the steps of quality management. Also, it is good to have colleagues in and out of the province to work and to consult on quality improvement now. From the beginning of the Project, the Project should consider how to increase the number of colleagues whom the recipients could teach each other and consult with.
3. During the Project, the recipients should consider the use of the hospital wide approach that strengthens the hospital wide governance on quality management in addition to the program-based approach that strengthens technical and clinical skills and process. The Project considered a hospital as one unit of quality management taking variety of topics of quality improvement plan such as toilets, OPD, EmOC, IPD and normal delivery. Also, establishment of hospital quality improvement committee accelerated a hospital wide governance of quality management. Now our activities are hospital wide. It is not limited to an activity in one unit. The hospital director knows the problems in the hospital.
4. The Project introduced new idea of measuring patient satisfaction in 2019. Standardized operating procedure of patient satisfaction survey was developed. Since this field is still new in Laos, the recipients should consider involvement of patients and their family when service providers consider ideal conditions of their services. Also, the recipients

should consider more appropriate questions to patients and their family in local context. This will further identify topics of quality improvement in the health facility.

5. In the Project, we established connection between clinical training, and quality improvement plan and SOPs. This mechanism was useful for the implementation of new clinical procedure because the mechanism enabled stepwise introduction of clinical procedure. Also, this activity increased our learning opportunities to learn again what we have learned before. The recipients need to understand the nature of training that the training contents cannot be introduced in one night. To gain maximum benefit from training, the recipients could consider connection between training content and quality improvement plan.

### **Lessons learnt drawn by QHC/JICA**

1. To develop a model that is continuously used in Laos, it is important for development partners not to simply import foreign model or standards into Laos. Counterparts and consultants of development partners need to collaborate on the model that fits to Lao context by efforts of trials and errors on pilot models during the Project. Initial discussion of goals of quality of healthcare services was useful to start such dialogue with counterparts.
2. For the national dissemination of the model developed in the Project, a strategy or scenario on how to disseminate the model nation-widely should be considered from the beginning of the Project. For example, if the Project had the shared idea with counterparts on how the QHC Model in the Project would be used with the hospital accreditation, it was much easier to implement the Project, especially for the step of generalization of the QHC Model that fit to other health facilities in Laos. Although detailed plan comes after implementation, brief ideas of such strategy or scenario should have been shared at the stage of the Project planning.
3. Intervention to not only clinical skills (unique skills such as nursing, midwifery etc.) but also management skills was important to improve the quality of health care services. Implementation of management skills as well as strengthening hospital wide governance on quality management visualized quality of healthcare services and clearly determined what to do in each unit and specialty (e.g. member of quality improvement committee, each units and nursing committee, etc.).

## **IV. For the Achievement of Overall Goals after the Project Completion**

### **1. Prospects to achieve Overall Goal**

**Overall Goal 1:** The implementation model for the improvement of quality health services, which was developed by the Project, is introduced into all provinces in the Lao PDR by the year of 2025.

#### **Actions taken by and a plan of Department of Healthcare and Rehabilitation:**

1. DHR developed the QHC Model guideline and disseminated the guideline to central hospitals and provinces all over the country.
2. DHR considers bringing the QHC Model into the annual quality plan of DHR. This is because the QHC Model is one tool that helps sustainable achievement of Five Goods and One Satisfaction and the coming hospital accreditation standards in systematic way.
3. DHR is going to follow up dissemination of the QHC Model into all provinces in Lao PDR with the QHC Model Guideline. The QHC Project as a trial of improving quality of health services in Lao PDR developed the QHC Model and demonstrated that the QHC Model is effective and sustainable for improving quality of health care services and patient satisfaction in health facilities in four southern provinces. Those results showed Lao citizens became able to access to comfortable and good quality services on time.
4. As the national supporting mechanisms for the QHC Model, DHR considers offering regular training for trainers on the QHC Model in cooperation with national universities and institutes in Lao PDR. DHR is considering a plan to continue national sharing opportunities for hospitals in Lao PDR such as Lao Forum on Improving Quality of Health Care Services and Annual Meeting on Healthcare Services in Lao PDR. DHR is going to provide budget for Five Goods One Satisfaction as well as hospital quality management under the annual expense item of chapter 63.

#### **Actions taken by and a plan of Four Southern Provinces:**

- Attapeu provinces has already completed the implementation to all the district hospitals. Three provinces (Champasak, Salavan and Sekong) has a plan to continue to implement the QHC Model to all the district hospitals.

#### **Development Partners:**

- As WHO and ADB support the Ministry of Health on the national quality improvement committee and national hospital standards, many development partners have been aware of the Five Goods One Satisfaction policy and the national initiative on quality of healthcare services and direct their activity to quality of healthcare. This movement is expected to accelerate the dissemination of the QHC Model all over Laos.



**Overall Goal 2:** By 2025, the proportions of health facilities accredited by the national system (Dok Champa) are: 90 % in central hospitals, 70% in provincial hospitals, 50% in district hospitals and 30% in health centers

**Department of Healthcare and Rehabilitation:**

- Health facilities can achieve the goal because the high level of MOH gave guidance, coordination and cooperation with Development Partners, DHR has disseminated the Five Goods One Satisfaction policy all over the country. DHR is going to assign members of the quality improvement committee in the central, provincial and district level. DHR considers continuation of sharing opportunities such as Lao forum on Improving Quality of Health Care Services. Therefore, the practice of quality improvement will be implemented all over the country.

**2. Plan of Operation and Implementation Structure of the Lao side to achieve Overall Goal**

**Department of Healthcare and Rehabilitation:**

1. DHR has a plan to establish Lao hospital accreditation by developing the national hospital standards and the operational procedures of the hospital accreditation with support of WHO and ADB. Also, DHR is going to revise the structure of the national quality improvement committee by support of ADB. The routine of stepwise quality improvement in the QHC Model is expected to increase the number of the accredited health facilities. After National Dissemination Meeting on the QHC Model, DHR expects and encourages the following dissemination of the QHC Model to district level with the practical guide for implementation of the QHC Model at district level developed in the Project.
2. DHR gives instruction to disseminate the QHC Model at district level using the QHC Model guideline and the practical guide for implementation of the QHC Model at district level. DHR also considers proposing the use of the QHC Model at district level by combining the lessons learnt from other development partners in the same way for the continuous quality improvement. DHR is going to coordinate with development partners about budget and technical issues.
3. DHR considers continuation of national sharing opportunities such as Lao Forum on Improving Quality of Healthcare Services.
4. MOH is going to provide annual budget on section 63 about quality of healthcare services.

**3. Recommendations for the Lao side**

1. QHC/JICA recommends that DHR considers use of the QHC Model as a basic model to achieve the standards in hospital accreditation and other standards. Unlike the national standards that is common for all health facilities within each level, the QHC Model recommends health facilities to develop their own quality improvement plan (hospital quality criteria) because different health facilities will have different concerns on quality

under their different conditions. To guide health facilities to develop their hospital quality improvement plans that align with national goals for quality, DHR need to guide health facilities to include feasible but essential goals for quality into their quality improvement plan.

2. Operation of the QHC Model was affordable under the budget in four southern provinces. The QHC Model has worked in four southern provinces even the Project did not provide budget for quality improvement. QHC/JICA recommends DHR to secure fundamental budget of each province for their operation and the monitoring & supervision of the QHC Model.
3. As the director general of DHR emphasized, DHR's monitoring on implementation of the QHC Model in central hospitals, provincial hospitals and community hospitals are essential. It is recommended that DHR secure budget for their monitoring in health facility, establish a mechanism to monitor the progress in provinces and continual training of the QHC Model whenever it was requested. DHR could use the hospital quality improvement plan of hospital quality management (HQM) and toilets for the initial implementation of the QHC Model. Also, DHR could utilize the existing trainers of the QHC Model in both central level, four southern provinces and Vientiane province.
4. Introduction of new technology such as quality and safety of healthcare requires certain number of people who implement and discuss about appropriate approach for Laos. As DHR took initiative for Lao forum, Lao forum has potential to increase number of concerned people on improving quality of healthcare in Laos. We recommend that DHR develops and sustains the network of quality managers all over Laos in addition to the existing patient safety network.
5. Whenever quality management initiatives were discussed, (1) quality management model (e.g. 10MR, QHC Model, etc.), (2) quality management tools (e.g. 5S, PDCA, etc.) and (3) goals for quality (e.g. National Accreditation Standards, Essential Health Services Package, RUDT, SOP, checklist, etc.) have been mixed up. This increased complexity of the existing quality management initiatives. When DHR combines the existing initiatives and develop the Lao initiative of hospital quality management, the above three categories should highlight which aspect of quality management is discussed.

#### **4. Monitoring Plan from the end of the Project to Ex-post Evaluation**

Not applicable (No information)

## **ANNEX 1: Project Inputs**

(List of Dispatched Experts, List of Counterparts, List of Trainings, etc.)

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## A. Input by the Japanese side (Planned and Actual)

1. Expert dispatch

Total 17 dispatches

**Table 1. Long-term Experts**

No.	Field	Name	Assignment Period
1	Chief Advisor	Takayuki Shimizu	19 Apr 2016 – 19 Apr 2017
2	Chief Advisor	Shinsuke Murai	17 Dec 2017 – 19 Feb 2021
3	MNCH	Satoko Jimbo	13 Jun 2016 – 12 Jun 2019
4	MNCH	Satoko Jimbo	13 Jun 2019 – 19 Feb 2021
5	Nursing	Aki Hashizume	03 Oct 2016 – 31 Mar 2019
6	Nursing	Miwa Kanda	18 Apr 2019 – 19 Feb 2021
7	Project Coordinator	Shiho Tobita	21 Feb 2016 – 30 May 2018
8	Project Coordinator	Goro Nishimoto	23 May 2018 – 19 Feb 2021

**Table 2. Short-term Experts**

No.	Field	Name	Assignment Period
1	Chief Advisor	Shinsuke Murai	21 May 2017 – 03 Jun 2017
2	Chief Advisor	Shinsuke Murai	06 Aug 2017 – 19 Aug 2017
3	Chief Advisor	Shinsuke Murai	16 Sep 2017 – 07 Oct 2017
4	Chief Advisor	Shinsuke Murai	01 Nov 2017 – 18 Nov 2017
5	Hospital Quality Management	Shinsuke Murai	31 Oct 2016 – 03 Dec 2016
6	Hospital Quality Management	Shinsuke Murai	02 Feb 2017 – 17 Feb 2017
7	Hospital Quality Standard	Sayaka Horiuchi	18 Sep 2019 – 26 Sep 2019
8	Information Management Organization Development	Kanako Tanigaki	23 Sep 2019 – 11 Oct 2019
9	Information Management Organization Development	Kanako Tanigaki	21 Nov 2019 – 07 Dec 2019

## 2. Training participants

Total 1,231 persons

### (1) Training in Japan

Total 14 persons

**Table 3. List of Lao Personnel trained in Japan**

National Quality Management Systems: Period 18-30 January 2020

No.	Name	Position and affiliation at the time of training
1	Dr. Somchanh Thounsavath	Head of DHR, DHR
2	Dr. Sommana Rattana	Head of Administration, DHR
3	Dr. Ningnong Xaignavong	Vice head of HM of Private Hospital
4	Dr Phoumsavath Ounnavong	Technical staff in DHR, DHR
5	Dr. Souliya Keohavong	Contact Person, CPS PHO
6	Dr. Soudsada Nalongsack	Quality Committee, CPS PH
7	Ms. Vilavanh Khoummavong	Contact Person, SLV PHO
8	Dr. Vanhthong Bounvilay	Deputy Director, SLV PH
9	Dr. Noupard Phomkaenthao	Deputy Director, ATP PHO
10	Mr. Sayasone Manvilay	Quality Committee, ATP PH
11	Dr. Sompong Duanghorm	Contact Person, SKG PH
12	Dr. Latsamy Souphanthong	Deputy Director, SKG PH

Health Policy Development: Period 20 January – 02 February 2019

No.	Name	Position and affiliation at the time of training
13	Dr. Ningnong Xaignavong	Vice Head, HM of Private Clinic, DHR

Hospital Management: Period 20 January – 26 February 2019

No.	Name	Position/Organization at the time of training
14	Dr. Kong Sayasin	Medical Admin, SLV PH

(2) Visits to Vietnam

Total 29 persons

**Table 4. List of participants of Vietnam Forum on Hospital Quality Management and Patient Safety**

The 3<sup>rd</sup> Vietnam Forum (19-21 September 2017)

No.	Name and Surname	Position	Affiliation
1	Dr. Manivanh Savatdy	Head of Local Hospital Division	DHR
2	Dr. Somchan Thounsavat	Deputy Head of Local Hospital Division	DHR
3	Dr. Ketsomsouk Boupavanh	Vice Dean, Director of EDC/HP	UHS
4	Dr. Chanhaem Xongnavong	Head of Faculty of Nursing	UHS
5	Dr. Anousone Sisoulath	Deputy head of Faculty of Nursing	UHS
6	Dr. Somyod Duangphachan	Deputy Director	VTE PH
7	Dr. Vanpheng Phanthanalay	Head of Administration Unit	VTE PH
8	Dr. Vilavanh Khoummavong	Head of Curative Unit	Salavan PHO
9	Dr. Kongsith Ounchid	Director	Salavan PH
10	Dr. Kong Xaiyasin	Technical staff	Salavan PH
11	Dr. Sompong Duanghorm	Head of Curative Unit	Sekong PHO
12	Dr. Ladsamy Souphanthong	Deputy Director	Sekong PH
13	Ms. Daophasone Sihalath	Nurse committee	Sekong PH

14	Dr. Phonexay Khounmala	Head of Curative Unit	Champasak PHO
15	Dr. Khidsavaeng Sisoulath	Deputy Director	Champasak PH
16	Dr. Bounthan Phaitanavanh	Head of Medical Administration	Champasak PH
17	Dr. Noupard Phomkaenthao	Head of Curative Unit	Attapeu PHO
18	Dr. Hongkham Sisavarth	Deputy Director	Attapeu PH
19	Dr. Vongvilai Fongsamoud	Head of Technical	Attapeu PH

The 4<sup>th</sup> Vietnam Forum (9-12 January 2019)

No.	Name	Position	Affiliation
20	Dr. Chanpasong CHIEMSISOULATH	Deputy Director	CPS PH
21	Mrs. Khammy SOUVANKHAM	Head nurse	CPS PH
22	Dr. Vanthong BOUNVILAY	Deputy Director	SLV PH
23	Mr. Ladsamy MANIVONG	Head nurse	SLV PH
24	Dr. Latsamee SOUPHANTHONG	Deputy Director	SKG PH
25	Miss. Daophasone SISOULATH	Vice head nurse	SKG PH
26	Dr. Sisay PHICHIT	Deputy Director	ATP PH
27	Mrs. Phaimany KITTİYALATH	Acting Head nurse	ATP PH
28	Mrs. Bouavan PATHOUMTHONG	Head of nursing department	Mahosot Hospital
29	Dr. Anousone SISOULATH	Vice dean of faculty of nursing	UHS

(3) Training in Lao PDR

Total 1,188 participants

**Table 6. Number of Trainees in the QHC Model Training**

<b>Area</b>	<b>No.</b>	<b>Affiliation</b>	<b>No. of trainees</b>
Vientiane Capital	1	DHR, MOH	5
	2	Children Hospital	2
	3	Mother and Child Hospital	2
	4	Mahosot Hospital	2
	5	Mitthaphab Hospital	2
	6	Eye Center	2
	7	Rehabilitation Center	2
	8	Health Department of Vientiane Capital	2
	9	Nasaiytong District Health Office	2
	10	Hatxaifong District Hospital	1
	11	Sisattanak District Health Office	1
Udomxai	12	Udomxai Provincial Hospital	2
Sainyabuli	13	Sainyabuli Provincial Health Department	2
	14	Sainyabuli Provincial Hospital	2
Xaisomboun	15	Xaisomboun Provincial Health Department	2
	16	Xaisomboun Provincial Hospital	2
Xiangkhouang	17	Xiangkhouang Provincial Health Department	2
	18	Xiangkhouang Provincial Hospital	3
Houaphanh	19	Houaphanh Provincial Health Department	2
	20	Houaphanh Provincial Hospital	3
Bokeo	21	Bokeo Provincial Health Department	3
	22	Bokeo Provincial Hospital	1
Phongsaly	23	Phongsaly Provincial Health Department	1
	24	Phongsaly Provincial Hospital	3
Luang Namtha	25	Luang Namtha Provincial Health Department	2
	26	Luang Namtha Provincial Hospital	9
Luang Prabang	27	Luang Prabang Provincial Health Department	1
	28	Luang Prabang Provincial Hospital	3
Khammouane	29	Khammouane Provincial Health Department	1
	30	Khammouane Provincial Hospital	2
Savannakhet	31	Savannakhet Provincial Health Department	2
	32	Savannakhet Provincial Hospital	2
Bolikhamsai	33	Bolikhamsai Provincial Health Department	2
	34	Bolikhamsai Provincial Hospital	2
<b>Total</b>			<b>77</b>



**Table 7. Number of Trainers in the QHC Model Training**

Area	No.	Affiliation	No. of trainers
Vientiane Capital	1	DHR, MOH	2
	2	University of Health Science	2
	3	Tropical Public Health Institute	2
	4	Mahosot Hospital	3
Vientiane Province	12	Vientiane Provincial Hospital	2
Chamapsak	13	Chamapsak Provincial Health Department	1
	14	Chamapsak Provincial Hospital	1
Salavan	15	Salavan Provincial Health Department	1
	16	Salavan Provincial Hospital	1
Sekong	17	Sekong Provincial Health Department	1
	18	Sekong Provincial Hospital	1
Attapeu	19	Attapeu Provincial Health Department	2
	20	Attapeu Provincial Hospital	1
JICA	21	QHC/JICA	3
<b>Total</b>			<b>23</b>

**Table 8. Hospital Quality Management and Patient Safety Trainings**

No.	Training	Period	Number of Participants					
			Total	CPS	SKG	SLV	ATP	DHR
1	1 <sup>st</sup> Training	11- 12 Jun. 2019	21	5	5	4	5	2
2	2 <sup>nd</sup> Training	16 -17 Jul. 2019	20	5	5	5	5	0
3	3 <sup>rd</sup> Training	2 - 3 Oct. 2019	29	6	7	7	7	2
4	4 <sup>th</sup> Training	17 - 18 Dec. 2019	25	6	6	6	6	1
<b>Total</b>			<b>95</b>	<b>22</b>	<b>23</b>	<b>22</b>	<b>23</b>	<b>5</b>

**Table 9. Hospital Administration Training (21/May-1/Jun/2018)**

No.	Name	Position at the time of training	Affiliation
1	Mr. Soukkhi Slimanotham	Vice Head of Admin	CPS PH
2	Dr. Kong Sayyasin	Head of Admin	SLV PH
3	Mr. Thongkhoun Chanthamixay	Head of Admin	SKG PH
4	Mr. Sayyasone Manvilay	Administrator	ATP PH

**Table 10. EmOC Training**

No.	Province	Implementation Date	Participants
1	Champasak	24-28 July, 2017	44
2	Sekong	24-29 September, 2018	31
3	Salavan	09-14 July, 2018	32
4	Attapeu	18-23 December, 2017	40
<b>Total</b>			<b>147</b>

**Table 11. EmOC Monitoring**

No.	Province	Period	No. Participant
1	Champasak	22-26 January, 2018	41
2	Sekong	04-05 February, 2019	20
3	Salavanh	06-07 December, 2018	31
4	Attapue	26-28 November, 2018	51
<b>Total</b>			<b>143</b>

**Table 12. EmOC On the Job (OJT) Training**

No.	Province	Period	No. Participant
1	Champasak	October-November 2017 January-February, 2018	6
2	Sekong	December 2018-January 2019	6
3	Salavanh	February-March 2019	7
4	Attapue	December 2017-January, 2018	6
<b>Total</b>			<b>25</b>

**Table 13. CTG Trained Personnel**

No.	Province	Frequency	Total	2018	2019
1	Champasak	10	51	24	27
2	Salavan	4	67	67	0
3	Sekong	6	11	11	0
4	Attapue	2	25	14	11
<b>Total</b>		<b>22</b>	<b>154</b>	<b>116</b>	<b>38</b>

**Table 14. Ultrasound Trained Personnel**

No.	Province	Frequency	Total	2018	2019
1	Champasak	2	6	6	0
2	Salavanh	4	53	39	14
3	Sekong	3	5	5	0
4	Attapue	2	10	6	4
<b>Total</b>		<b>11</b>	<b>6</b>	<b>56</b>	<b>18</b>

**Table 15. Central Nursing Consultation**

No.	Consultation	Date	Number of Participants					
			Total	CPS	SKG	SLV	ATP	DHR
1	Nursing Consultation in Planning Meeting	17 May 2018	76	NA	NA	NA	NA	NA
2	Central Nursing Consultation (WS)	24-27 Jul 2018	60	20	20	20	0	0
3	Nursing Consultation WS	10-12 Oct 2018	44	24	0	0	20	0
4	Central Nursing Consultation (WS)	11-16 Nov 2018	82	20	22	20	20	0
<b>Total</b>			<b>262</b>	NA	NA	NA	NA	NA

NA: The number of participants was not available

**Table 16. Training/Sharing by four Southern provinces based on proposals of interventions**

**Total: 175 participants**

	ATP		CPS		SKG		SLV	
Type of Proposal	Training	Study Tour	Training	Study Tour	Training	Study Tour	Training	Training
Theme	EENC	Cleanliness	5S/KYT	QHC	SOP	5G1S	IPC	KMC
Destination	-	VTE PH	-	Settha Hospital	-	ATP PH	-	-
External Resources	No	-	JOCV	-	QHC Project	-	Central	Central
Target	Staff of PH and DHs (Delivery and Pediatric unit)	Nurses and cleaners	Nurses and Doctors (mainly nurse)	Quality Committee	Doctors	Management Level	PH Staff	PH staff (Delivery and pediatric unit)
No. of Participants	28	10	24	8	30	14	37	24
Implementation Date	12-15/Nov/2019	11-17/Nov/2019	7, 13-14/Nov/2019	20-22/Nov/2019	5-6/Nov/2019	6/Dec/2019	7-8/Nov/2019	3/Sept and 9-11/Dec/2019

3. Meeting participants  
Total 2,652 participants

(1) National Meeting  
Total 907 participants

**Table 17. JCC**

No.	Meeting	Period	Venue	Main Agenda	Participant
1	1 <sup>st</sup> JCC	03 March, 2017	Vientiane	To agree on PDM-PO	43
2	2 <sup>nd</sup> JCC	15 August 2018	Vientiane	To agree on revised PDM-PO	50
3	3 <sup>rd</sup> JCC	09 August 2019	Vientiane	To discuss the QHC Model	51
4	4 <sup>th</sup> JCC	08 December 2020	Vientiane	To agree on the achievements and the products of the Project, the revised RD, and the revised PDM-PO	66
<b>Total</b>					<b>210</b>

**Table 18. Meeting for National Dissemination of the QHC Model**

Area	No.	Affiliation	No. of trainees
Vientiane Capital	1	DHR, MOH	10
	2	Department of Inspection, MOH	1
	3	National Insurance Bureau	1
	4	Department of Health Education	2
	5	Department of Finance	1
	6	Other Departments (name unknown)	2
	7	Children Hospital	1
	8	Mother and Child Hospital	2
	9	Mahosot Hospital	1
	10	Mitthaphab Hospital	2
	11	Setthathirath Hospital	2
	12	Eye Center	2
	13	Skin Center	1
	14	Medical Treatment Center	1
	12	Health Department of Vientiane Capital	2
Udomxai	13	Udomxai Provincial Hospital	2
Sainyabuli	14	Sainyabuli Provincial Health Department	1
	15	Sainyabuli Provincial Hospital	3

Xaisomboun	16	Xaisomboun Provincial Health Department	2
	17	Xaisomboun Provincial Hospital	2
Xiangkhouang	18	Xiangkhouang Provincial Health Department	2
	19	Xiangkhouang Provincial Hospital	2
Houaphanh	20	Houaphanh Provincial Health Department	2
	21	Houaphanh Provincial Hospital	2
Bokeo	22	Bokeo Provincial Health Department	2
	23	Bokeo Provincial Hospital	2
Phongsaly	24	Phongsaly Provincial Health Department	2
	25	Phongsaly Provincial Hospital	2
Luang Namtha	26	Luang Namtha Provincial Health Department	1
	27	Luang Namtha Provincial Hospital	3
Luang Prabang	28	Luang Prabang Provincial Health Department	2
	29	Luang Prabang Provincial Hospital	1
Khammouane	30	Khammouane Provincial Health Department	2
	31	Khammouane Provincial Hospital	2
Savannakhet	32	Savannakhet Provincial Health Department	2
	33	Savannakhet Provincial Hospital	2
Bolikhamsai	34	Bolikhamsai Provincial Health Department	2
	35	Bolikhamsai Provincial Hospital	2
Vientiane Province	36	Vientiane Provincial Health Department	2
	37	Vientiane Provincial Hospital	2
Salavan	38	Salavan Provincial Health Department	2
	39	Salavan Provincial Hospital	2
Champasak	40	Champasak Provincial Health Department	2
	41	Champasak Provincial Hospital	2
Sekong	42	Sekong Provincial Health Department	2
	43	Sekong Provincial Hospital	2
Attapeu	44	Attapeu Provincial Health Department	2
	45	Attapeu Provincial Hospital	2
<b>Total</b>			<b>96</b>

**Table 19. Lao Forum on Improving Quality of Health Care Services**

No.	Meeting	Period	Venue	Participants				
				Total	Invited	Self-funded	DPs	Sponsor
1	1 <sup>st</sup> LF	12-14 Feb. 2018	VTE Province	62	43	5	14	0
2	2 <sup>nd</sup> LF	13-15 Feb. 2019	Luang Prabang	120	45	56	17	2
3	3 <sup>rd</sup> LF	11-13 Feb. 2020	Champasak	198	42	110	28	18
4	4 <sup>th</sup> LF	18-20 Jan. 2021	Vientiane Capital	248	152	96	29	9
<b>Total</b>				<b>628</b>	<b>282</b>	<b>267</b>	<b>88</b>	<b>29</b>



(2) Four Southern Provincial Meeting  
Total 1,227 participants

**Table 20. Joint Meetings**

No.	Meeting	Period	Venue	Main Agenda	Participant
1	1 <sup>st</sup> Joint Meeting	29 May 2017	Champasak	To agree on annual targets/work plan	49
2	2 <sup>nd</sup> Joint Meeting	10 August 2017	Sekong	To share the progress	44
3	3 <sup>rd</sup> Joint Meeting	14-15 November 2017	Salavan	To develop hospital quality Criteria/TOR of Hospital Quality Improvement Committee	57
4	4 <sup>th</sup> Joint Meeting	18-19 January 2018	Champasak	To develop evaluation forms and process maps	74
5	5 <sup>th</sup> Joint Meeting	06 March 2018	Champasak	To develop Hospital Quality Criteria	71
6	6 <sup>th</sup> Joint Meeting	16 May 2018	Attapeu	To share the progress and agree on the annual plan	68
7	7 <sup>th</sup> Joint Meeting	19-22 November 2018	Sekong	To share the progress and road map of the QHC project/ ATP disaster meeting	89
8	8 <sup>th</sup> Joint Meeting	5 March 2019	Salavan	To update Hospital Quality Criteria and annual plan	70
9	9 <sup>th</sup> Joint Meeting	27-28 November 2019	Champasak	To share the progress and develop an annual plan	67
10	10 <sup>th</sup> Joint Meeting	4-5 March 2020	Attapeu	To share the progress and update Hospital Quality Criteria	65
<b>Total</b>					<b>654</b>

**Table 21. Hospital Quality Criteria Workshops**

No.	Meeting	Period	Venue	Main Agenda	Participant
1	1 <sup>st</sup> HQC WS	8 February 2017	Champasak	To practice how to develop Hospital Quality Criteria	30
2	2 <sup>nd</sup> HQC WS	29-30 June 2017	Attapeu	To develop Hospital Quality Criteria (Toilet)	27
3	3 <sup>rd</sup> HQC WS	28-29 September 2017	Champasak	To develop Hospital Quality Criteria (OPD reception and EmOC)	44
<b>Total</b>					<b>101</b>

**Table 22. Technical Meetings**

No.	Meeting	Period	Venue	Main Agenda	Participant
1	1 <sup>st</sup> Technical Meeting	29 April 2016	Champasak	To propose PDM	39
2	2 <sup>nd</sup> Technical Meeting	02 August 2016	Attapeu	To share the outline of Baseline survey	32
3	3 <sup>rd</sup> Technical Meeting	04 October 2016	Sekong	To share the scope of the QHC Project	50
4	4 <sup>th</sup> Technical Meeting	17 January 2017	Salavan	To share Draft PDM/ Results of Baseline survey	40
5	5 <sup>th</sup> Technical Meeting	09 March 2017	Champasak	To report JCC	31
<b>Total</b>					<b>313</b>

**Table 23. Other Occasional Meetings for Special Topics**

No.	Meeting	Period	Venue	Main Agenda	Participant
1	Needs on Hospital Quality Management	28 November 2016	Champasak	To discuss needs of hospital quality management	38
2	Needs on Professional Quality	28 December 2016	Champasak	To discuss obstetrics care	31
3	PDM (Ver.1) Forming	26 January 2017	Champasak	To discuss activities and indicators of the PDM	35
4	Checklist Workshop	10 March 2017	Champasak	To discuss how to develop checklist	24
5	5 <sup>th</sup> Technical Meeting	09 March 2017	Champasak	To report JCC	31
<b>Total</b>					<b>159</b>

(3) Provincial Meeting

Total 494 participants

**Table 24. Provincial MNCH Meetings**

	Date	Numbers of Participants		
		Provinces	Districts	Health Centers
<b>Champasak</b>				
1st MNCH Meeting	17 Aug, 2017	21	15	2
2nd MNCH Meeting	7-8 Nov, 2018	20	59	0
<b>Salavanh</b>				
1st MNCH Meeting	23 Jun, 2017	8	35	0
2nd MNCH Meeting	26-27 Dec 2017	16	37	0
<b>Sekong</b>				
1st MNCH Meeting	10 May, 2017	12	14	0
2nd MNCH Meeting	14-15 Sep, 2017	15	12	0
<b>Attapue</b>				
1st MNCH Meeting	17-May-2017	12	22	0
<b>Total</b>		<b>104</b>	<b>194</b>	<b>2</b>

**Table 25. Workshop on MDSR (Maternal Death Surveillance and Response)**

	Date	Numbers of Participants		
		Provinces	Districts	Health Centers
<b>Champasak</b>				
1st MDSR	5-8 Jun, 2017	9	0	0
2nd MDSR	6-8 Sep 2017	6	0	0
3rd MDSR	29-May-18	6	0	0
4th MDSR	12-Dec-18	12*	0	0
5th MDSR	21-22 Feb 2019	17	19	2
<b>Salavanh</b>				
1st MDSR	29-30 Aug 2017	17	4	2
2nd MDSR	11-12 Sep 2017	5	4	4
3rd MDSR	28-Jun-18	10	0	0
<b>Sekong</b>				
1st MDSR	25-27 Apr 2017	5	5	0
2nd MDSR	14-Sep-17	15	12	0
<b>Attapue</b>				
1st MDSR	13-16 Jun 2017	6	2	4
2nd MDSR	25-Aug-17	5	4	2
3rd MDSR	27-Jun-18	5	0	0
<b>Total</b>		<b>118</b>	<b>62</b>	<b>14</b>

\*: CPS: 10 persons, SLV: 2 persons

4. Equipment Provision:

(1) Provision of Technical Equipment

**Table 26. Technical Equipment**

674,000USD for 2 Vehicles

3,200USD for 8 Mama Natalie Sets (birth simulator)

(2) Procurement for Project Implementation

**Table 27. Project office in Pakse, Champasak**

No.	JICA Property Register	Name	No.	Specification (maker and model)	Remark
Electronic devices					
1	17-3-000475	Photocopy	1	Canon image RUNNER C3530i	
2	16-3-000361	Photocopy	1	Canon image RUNNER 2520	
3	16-3-002358	Computer (Notebook)	1	HP, Model 14-am108TX	
4	16-3-002359	Computer (Notebook)	1	HP, Model 14-am108TX	
5	16-3-002360	Computer (Notebook)	1	HP, Model 14-am108TX	
6	16-3-000360	Computer (Notebook)	1	Acer Aspire	
7		Computer (Notebook)	1	Lenovo IdeaPad S340	
8	16-3-000365	Computer (Desktop)	1	Acer Aspire	
9	17-3-000474	Computer (Desktop)	1	Acer Aspire	
10		UPS	1	APC	
11		Printer	1	Canon E510	
12		Printer	1	Canon MP287	

13		Printer	1	Canon MP287	
14		Air conditioner	2	Mitsubishi	
15	11-3-000525	Air conditioner	1	Daikin	
16	16-3-002360	Camera	1	Canon EOS 1300D	
17		Camera	2	Canon IXUS 175	
18		Fax Machine	1	Panasonic KX-FP701	
19		UPS	4	APC 625 VA	
20		Telephone	1	Panasonic	
21		Water Dispenser	1	No Brand	
22		Projector	3	EPSON	
		Projection Screen (Stand)	3		
23		Speaker and microphone	1	YAMAHA	
24		Router Internet 1 set	1	Huawei	
Furniture					
25	07-30-004180	Safe	1	Lecco SDLH60'W46 stainless steel	
26		Small Book Shelf	2		(Wooden)
27		Book Shelf (Wooden)	6		
28		Stationery Shelf	1		(Steel)
29		White Board (Big)	2		

30		White Board (Small)	2		
31		WHITE Board (Standing)	1		
32		Desk	10		
33		Table	2		
34		Chair	7		
35		Chair (Plastic)	10		
36		Clock	1		

**Table 28. Khongxedon District**

No.	JICA Property Register	Name	No.	Specification (maker and model)	Remark
Electronic devices					
1	19-3-000621	Computer (Notebook)	1	Acer Aspire 5	KXD DH
2	19-3-000622	Computer (Notebook)	1	Acer Aspire 5	KXD DHO
3		UPS	2	Ablerex	KXD DH/DHO
4		Printer	2	EPSON L3110	
5		Projector	2	EPSON EBS05	KXD DH/DHO
Furniture					
5		Book Shelf (Wooden)	4		KXD DHO
6		Desk (Wooden)	1		KXD DH
28		Chair (Wooden)	2		KXD DH
29		Medical Bed Mat	6	BS456	KXD DH

**Table 29. Project Office in VTE**

No	JICA Property Register	Name	No.	Specification (maker and model)	Remark
Electronic devices					
1	16-3-000824	Photocopy	1	Canon image RUNNER C3320	
2	16-3-000278	Photocopy	1	Canon image RUNNER 2520	
3		Printer	1	Canon MP287	
4	16-3-000363	Computer (Desktop)	1	Acer Aspire	
5	16-3-000825	Air Conditioner	1	Gree	
6	16-3-000362	Air Conditioner	1	Mitsubishi	
7	19-3-000167	Air Conditioner	1	Gree	
8		Projector	1	Epson EB-SO4	
9		Wall Projection Screen	1	Acer	
10		Wall Projection Screen	2	Virtex	
11	08-3-005854	Electric Board	1	Panasonic UB-5315	
12		Fax Machine	1	Panasonic KX-FP701	
13		Telephone	1	Panasonic KX-TS880MX	
14		UPS	1	APC	
15		UPS	2	SVC	
16		Shredder	1	Aurora AS1060SB	
17		Fridge	1	HITACHI	
18		Water Heater	1	Jiplai	



19		Water Dispenser	1	Standard	
20		Coffee Maker	1	TURBORA	
21		Wireless Router	1	TP-link TL-WR741ND	
22		Wireless Router	1	Huawei	
Furniture					
23	12-3-000750	Safe	1	Leeco	
24		Small Book Shelf	5		
25		Book Shelf	7		
26		Stationery Shelf	4		
27		White Board (Big)	1		
28		White Board (Medium)	3		
29		White Board (Small)	3		
30		Desk	8		
31		Table (Big)	4		
32		Table (Small)	2		
33		Armchair	6		
34		chair	10		

5. Overseas activities cost  
Total 142,056,717.60USD

**Table 30. Overseas activities cost per item per year**

Major Budget Item		JFY2015	JFY 2016	JFY 2017	JFY 2018	JFY 2019	JFY 2020(**)	Total
1	General Activities	2,670.68	188,839.27	178,235.19	134,294.91	142,339.49	93,000.00	739,379.54
2	Travel Cost (Airfare)	297.32	25,968.88	41,313.82	40,986.75	23,484.12	5,000.00	137,050.89
3	Travel Cost (Non Airfare)	-	-	131,303.64	137,061.34	72,240.71	59,885.00	400,490.69
4	Consultant Fee	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5	JICA Laos Executed (*)	0.00	0.00	0.00	0.00	0.00	76,000.00	76,000.00
Total in USD		2968.00	214,808.15	350,852.65	312,343.00	238,064.32	23,3885.00	1,352,921.12
Total in Japanese Yen (1\$= 105JPY)		311,640.00	22,554,855.75	36,839,528.25	32,796,015.00	24,996,753.60	24,557,925	142,056,717.60

(\*) JICA Laos Office executed budget for QHC Project in temporary evacuated period for COVID-19 prevention.

Detail figures of items are unknown.

(\*\*) It is expected figures, not yet settled. Some of payments still remaining.

## B. Input by the Lao side

### 1. Counterpart assignment:

#### (1) DHR

##### Project Director

	Name	Position in the Organization	F/P	Project Assignment Period
1	Dr. Chanphomma Vongsamphanh	Director General, DHR, MOH	P	Feb 2016 - Jan 2017
2	Dr. Bounnack Saysanasongkham	Director General, DHR, MOH	P	Jan 2017 – Feb 2020
3	Dr. Khamphoua Southisombath	Director General, DHR, MOH	P	Feb 2020 - Present

##### Project Manager

	Name	Position in the Organization	F/P	Project Assignment Period
1	Dr. Bounnack Saysanasongkham	Deputy Director General	P	Feb 2016 – Jan 2017
2	Dr. Manivanh Savatdy	Head of Healthcare and Rehabilitation division	P	Jan 2017 - Jan 2018
3	Dr. Somchanh Thounsavath	Head of Healthcare and Rehabilitation division	P	Jan 2018 - Present

##### Other Officials in DHR

	Name	Position in the Organization	F/P	Project Assignment Period
1	Dr Manivanh Savatdy	Head of Healthcare and rehabilitation division	P	Feb 2016 - Jan 2018
2	Dr. Somchanh Thounsavath	Head of Healthcare and rehabilitation division	P	Feb 2016 - Present
3	Dr. Sommana Lattana	Deputy Director	P	Aug 2018 - Present
4	Dr. Viengsakhone Louangpradith	Acting head of Administration	P	Jan 2020 - Present

5	Dr. Ningnong Xaignavong	Vice head of HCM on Private	P	Dec 2017 - Present
6	Dr. Phoumsavath Ounnavong	Technical staff of DHR Division	P	Aug 2019 - Present
7	Dr. Minavanh Phetmanychanh	Technical staff of DHR Division	P	Jul 2019 - Present
8	Dr. Oulayvanh Phoutthavong	Technical Staff in DHR Division	P	2018 - Dec 2019

(2) Four Southern Provinces

Four Provincial Health Departments

	Name	Position in the Organization	F/P	Project Assignment Period
1	Dr. Phonexay Khounmala	Former Head of Curative Unit in CPS PHO	P	Feb 2016 – Jan 2018
2	Dr. Souliya Keohavong	Head of Curative unit in CPS PHO	P	Oct 2019 -Present
3	Dr. Sompong Duanghorm	Head of Curative unit in SKE PHO	P	Mar 2017 -Present
4	Dr. Vilavanh Koummavong	Head of Curative unit in SLV PHO	P	Mar 2016 -Present
5	Dr. Noupbat Phomkaenthao	Deputy Director of ATP PHO	P	Jan 2017 -Present

Four Provincial Hospitals

	Name	Position in the Organization	F/P	Project Assignment Period
1	Dr. Bounthan Phaitanavanh	Former Head of Medical Admin, CPS PH	P	Feb 2016 – Jun 2018
2	Dr. Soodsada Nalongsack	Vice head of Medical Admin	P	Apr 2019 - Present

3	Dr. Lathsamee Souphanthong	Deputy Director of SKG PH	P	Nov 2017 – Present
4	Dr. Kong Sayasin	Vice head, Admin, SLV PH	P	Jul 2017 – Present
5	Mr. Sayasone Manvilay	Technical Staff, Tech Admin, ATP PH	P	Jan 2017 - Present

#### 11 Target District Health Offices

	Name	Position in the Organization	F/P	Project Assignment Period
1	Dr. Chansouk Phouvongxay	Director of Champasak DHO	P	2017- Present
2	Dr. Khamsuay Xaphichid	Director of Khong DHO	P	Nov 2019- Present
3	Ms. Chanheuang Phothilath	Deputy Director of Mounlapamok DHO	P	Nov 2019- Present
4	Dr. Bualone Meunluang	Director of Paksong DHO	P	2017 – Present
5	Mr. Sisouphan kedthongphan	Director of Khongxedon DHO	P	Nov 2019 – Present
6	Mr. Bounlaiy Suaymanivong	Director of Samuay DHO	P	Nov 2019 – Present
7	Dr. Khambao Keovichit	Deputy Director of Vapi DHO	P	Nov 2019 – Present
8	Ms. Manivone Hormlatsamy	Director of Phouvong DHO	P	Nov 2019 - Present
9	Mr. Soukanh Chanthavong	Deputy Director of Saysettha DHO	P	Nov 2019- Present
10	Mr. Huangson Souliyi	Deputy Director of Dakjeung DHO	P	Nov 2019 - Present
11	Ms. Thanosin Xaiyasen	Deputy Director of Thateng DHO	P	Nov 2019 - Present

11 Target District Hospitals

	<b>Name</b>	<b>Position in the Organization</b>	<b>F/P</b>	<b>Project Assignment Period</b>
1	Dr. Inpone Xaiyasaeng	Director of Champasak DH	P	Aug 2017- Present
2	Dr. Bounlieng Chanchila	Director of Khong DH	P	March 2020 – Present
3	Dr. Bounterm Bouddakham	Deputy Director of Paksong DH	P	Nov 2019- Present
4	Dr. Khamphet Kathavong	Director of Mounlapamok DH	P	Nov 2019 – Present
5	Mr. Duangta Chanthalungsy	Director of Khongxedon DH	P	Nov 2019 – Present
6	Mr. Khuanjai Sonekhamphou	Deputy Director Samuay DH	P	Nov 2019 – Present
7	Mr. Yom Inthavong	Deputy Director Vapi DH	P	Nov 2019 – Present
8	Ms. Phouphet Sysanon	Deputy Director of Phouvong DH	P	Nov 2019 – Present
9	Mr. Inpun Khantisouliya	SDirector of Saysettha DH	P	Nov 2019 – Present
10	Dr. Vonekeo Phonevixai	Director of Dakjeung DH	P	Nov 2019 – Present
11	Mr. Khonesavanh Phanthavong	Director of Thateng DH	P	Nov 2019 - Present

(3) Related Committee Members:

1<sup>st</sup> Lao Forum Organizing Committee

	<b>Name</b>	<b>Title/Position in the Organization</b>
1	Dr. Bounnack Saysanasongkham	Director General, DHR
2	Dr. Somchanh Thounsavath	Deputy Head of DHR Division, DHR
3	Dr. Chanheme Songnavong	Dean of Faculty of Nursing, UHS
4	Dr. Anousone Sisoulath	Vice Dean of Faculty of Nursing, UHS
5	Dr. Ketsomsouk Bouphavanh	Vice Dean, Director of EDC/HP
6	Ms. Bouavanh Pathoumthong	Head of Nursing Department, Mahosot Hospital
7	Ms. Dasavanh Bounmany	Vice Head of Nursing Department, Mahosot Hospital
8	Dr. Somyoth Duangphachan	Deputy Director of Vientiane PH
9	Ms. Vanpheng Phanthalai	Head of Administration, Vientiane PH
10	Dr. Phonexay Kounmala	Head of Curative Section, Champasack PHO
11	Dr. Kidsavaeng Sisoulath	Deputy Director of Champasack PH
12	Dr. Bounthan Phaitanavanh	Head of Medical Administration, Champasack PH
13	Dr. Vilavanh Khoummavong	Head of Curative Unit, Salavan PHO
14	Dr. Kongsith Ounchid	Deputy Director of Salavanh PH
15	Dr. Kong Xaiyasin	Technical Staff, Salavanh PH
16	Dr. Sompong Duanghorm	Head of Curative Unit in Sekong PHO
17	Dr. Lathsamee Souphanthong	Deputy Director of Sekong PH
18	Ms. Daophasone Sihalath	Nursing Committee, Sekong PH
19	Dr. Noupbat Phomkaenthao	Head of Curative Unit, Attapeu PHO
20	Dr. Hongkham Sisavath	Deputy Director of Attapeu PH
21	Dr. Vongvilai Fongsamoud	Head of Technician Office, Attapeu PH

2<sup>nd</sup> Lao Forum Organizing Committee

	<b>Name</b>	<b>Title/Position in the Organization</b>
1	Dr. Bounnack Saysanasongkham	Director of DHR
2	Dr. Bouakhan Phakounthong	Deputy Director of DHR
3	Dr. Bounthiem Syphada	Deputy Director of LPQ PHO
4	Dr. Sommana Lattana	Head of Administration
5	Dr. Somchanh Thounsavath	Head of Healthcare and Rehabilitation
6	Dr. Somyoth Duangphachanh	Director of Vientiane PH
7	Dr. Vanpheng Phanthalay	Deputy Director of Vientiane PH
8	Dr. Ketsomsouk Boupavanh	Dean of Faculty of Medicines
9	Dr. Kidsavaeng Sisoulath	Deputy Director of Champasack PH
10	Dr. Vanthong Bounvilay	Deputy Director of Salavanh PH
11	Dr. Latsamee Souphanthong	Deputy Director of Sekong PH
12	Dr. Hongkham Sisavath	Deputy Director of Attapue PH
13	Dr. Anousone sisoulath	Vice Dean of Faculty of Nursing
14	Ms. Bouavanh pathoumthong	Head of Nursing Department, Mahosot Hospital
15	Dr. Phonexay Kounmala	Head of Curative Unit in Champasack PHO
16	Dr. Bounthanh Phaitanavanh	Head of Medical Administration Unit in Champasack PH
17	Dr. Vilavanh Koummavong	Head of Curative Unit in Salavanh PHO
18	Dr. Sompong Duanghorm	Head of Curative Unit in Sekong PHO
19	Dr. Noupbat Phomkaenthao	Head of Curative Unit in Attapue PHO
20	Ms. Dasavanh Bounmany	Vice Head of Nursing Department in Mahosot Hospital
21	Ms. Daophasone Sihalath	Nursing Committee in Sekong PH



22	Dr. Ningnong Xaignavong	Technical Staff in Healthcare and Rehabilitation Division
23	Dr. Kong Sayasin	Technical Staff in Salavanh PH
24	Mr. Sayasone Manvilay	Technical Staff in Attapue PH

### 3<sup>rd</sup> Lao Forum Organizing Committee

	<b>Name</b>	<b>Title/Position in the Organization</b>
1	Dr. Bounnack Saysanasongkham	Director General of DHR
2	Dr. Boukhan Phakounthong	Deputy Director of DHR
3	Dr. Bouathep Phoumin	Deputy Director of DHR
4	Dr. Sengchan Kounnavong	Director of Lao Tropical and Public health
5	Dr. Somchanh Thunsavath	Head of Healthcare and Rehabilitation Division
6	Dr. Sommana Iattana	Head of Administration in DHR
7	Dr. Viengsakhone Louangpradith	Vice Head of Administration
8	Dr. Ketsomsouk Boupavanh	Dean of Faculty Medicine, UHS
9	Dr. Anousone Sisoulath	Vice Dean of Faculty of Nursing, UHS
10	Ms. Bouavanh Pathoumthong	Head of Nursing Department, Mahosot Hospital
11	Dr. Souliya Keohavong	Head of Curative Unit, Champasack PHO
12	Dr. Soodsada Nalongsack	Vice Head of Medical Administration in CPS PH
13	Dr. Vilavanh Koummavong	Head of Curative Unit, Salavanh PHO
14	Dr. Kong Sayasin	Technical Administration, Salavanh PH
15	Dr. Sompong Duanghorm	Head of Curative Unit in Sekong PHO
16	Dr. Latsamee Souphanthong	Deputy Director of Sekong PH
17	Dr. Noupbat Phomkaenthao	Deputy Director of Attapue PHO

18	Mr. Sayasone Manvilay	Technical Administration, Attapue PH
19	Dr. Somyoth Duangphachanh	Director of Vientiane PH
20	Dr. Vanpheng Phanthanalay	Deputy Director of Vientiane PH

### 3<sup>rd</sup> Lao Forum Secretariat

	<b>Name</b>	<b>Title/Position in the Organization</b>
1	Dr. Ningnong Xaignavong	Vice Head of HM of Private Hospital
2	Dr. Phoxay Souliyavongsa	Technical Staff in DHR Division
3	Dr. Oulayvanh Phouthavong	Technical Staff in DHR Division
4	Dr. Minavanh Phetmanychanh	Technical Staff of DHR
5	Dr. Somkiat Vorlalath	Director of Champasack PHO
6	Dr. Kidsavaeng Sisoulath	Deputy Director of Champasack PH
7	Dr. Souliya Keohavong	Head of Curative Unit, Champasack PHO
8	Dr. Khamhuang Sisomvang	Vice Head of Curative unit, Champasack PHO
9	Dr. Sengphet Southivong	Administration in Curative Unit, Champasack PHO
10	Ms. Khanthong Sivongsa	Technical Curative Unit, Champasack PHO
11	Dr. Soodsada Nalongsack	Vice Head of Medical Administration in CPS PH
12	Mr. Soukhi Silimanotham	Vice Head of Administration, Champasack PH
13	Nurse Khammy Souvankham	Head of Nursing Administration Champasack PH
14	Nurse Phonepasueth Phaengsakmueang	Vice Head of Nursing Admin Champasack PH
15	Dr. Vanpheng Phanthanalay	Deputy Director of Vientiane PH
16	Dr. Kong Sayasin	Technical Administration, Salavanh PH
17	Dr. Sompong Duanghorm	Head of Curative Unit in Sekong PHO

18	Mr. Sayasone Manvilay	Technical Administration, Attapue PH
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The QHC Model Guideline Writing & Editing Members

	<b>Name</b>	<b>Title/Position in the Organization</b>
1	Dr. Somchanh Thunsavath	Head of Healthcare and Rehabilitation Division
2	Dr. Viengsakhone Louangpradith	Vice Head of Administration
3	Dr. Ningnong Xaignavong	Vice Head of HM of Private Hospital
4	Dr. Phoumsavath Ounnavong	Technical Staff of DHR Division
5	Dr. Minavanh Phetmanychanh	Technical Staff of DHR Division
6	Dr. Sengchan Kounnavong	Director of TPHI
7	Dr. Manithong Vonglokham	Head of Health System and Policy Research, TPHI
8	Dr. Ketsomsouk Bouphavanh	Dean of Faculty Medicine, UHS
9	Dr. Anousone sisoulath	Vice Dean of Faculty of Nursing, UHS
10	Ms. Bouavanh pathoumthong	Head of Nursing Department, Mahosot Hospital
11	Dr. Somyoth Duangphachanh	Director of Vientiane PH
12	Dr. Vanpheng Phanthalay	Deputy Director of Vientiane PH
13	Dr. Souliya Keohavong	Head of Curative Unit in CPS PHO
14	Dr. Sompong Duanghorm	Head of Curative Unit in SKG PHO
15	Dr. Vilavanh Koummavong	Head of Curative Unit in SLV PHO
16	Dr. Noupbat Phomkaenthao	Deputy Director of ATP PHO

Hospital Quality Improvement Committee in four Southern Provinces

Champasak

	<b>Name</b>	<b>Title/Position in the Organization</b>
1	Dr. Khamsing Keothongkou	Director of CPS PH
2	Dr. Kongmany Punyasavath	Deputy Director of CPS PH
3	Dr. Padith Souvanlasy	Deputy Director of CPS PH
4	Dr. Kidsavaeng Sisoulath	Deputy Director of CPS PH
5	Dr. Chanpasong Chiemsisoulath	Deputy Director of CPS PH
6	Dr. Soodsada Nalongsack	Vice Head of Medical Administration in CPS PH
7	Dr. Phoneyadeth Sipasert	Vice Head of Delivery Section
8	Ms. Khammy Souvankham	Head of Nursing Administration
9	Ms. Phonepasueth Phaengsakmueang	Vice head of nursing administration
10	Mr. Xayachak Vongpaserth	Technical Staff
11	Nurse Phanvilay Keopasaly	Administration
12	Mr. Sisanong Kormany	Head of Medical Equipment Supply
13	Mr. Bounhome Chanthavong	Vice Head of Personnel Office
14	Mr. Soukkhi Maythavanh	Vice Head of Inspection Section
15	Ms. Viphada Keopasaly	Technical Staff of Personnel Office
16	Mr. Pakaidao Kinpoonsin	Public Relations
17	Nurse Bounthamaly Chitpunya	Head of Internal Medical Ward
18	Nurse Phaiboon SengAloun	Head of External Medical Ward
19	Nurse Daovone Khamsoubin	Head of Delivery and MNCH Ward
20	Nurse Sammany Xaypunya	Head of Supporting Ward
21	Ms. Khaophone Suthilath	Technical Staff of Inspection Section Member

Sekong Provincial Hospital

	<b>Name</b>	<b>Title/Position in the Organization</b>
1	Dr. Phetsamai Thepvongsa	Director
2	Dr. Sai Sunlordy	Deputy Director
3	Dr. Chanthone Natsavanh	Deputy Director
4	Dr. Kiliya Southichak	Deputy Director
5	Dr. Latsamee Souphanthong	Deputy Director
6	Mr. Sounthone Luanxayyavong	Head of Personnel Unit
7	Ms. Sengphachanh Chanthavixay	Head of Nursing Department
8	Mr Thongkhoun Chanthamixay	Head of Administration Unit
9	Ms. Khambai Pinkeopaserth	Head of Finance Unit
11	Dr. Vansana Hansackda	Head of Internal Medicine
12	Dr Phonesasvanh Inthanasith	Head of External Medicine
13	Dr Khamtart Muensimueang	Pediatric Unit
14	Dr Baisy Soukpasert	Delivery Unit
15	Ms Sisouk Vanxay	Gynecology Unit
16	Dr Southisone Sounyvanh	Anesthesiology Unit
17	Ms. Beesamone	Supportive Staff

Note: In SKG PH, all staff members are assigned some of the responsibilities. This list is only technical committee members

Salavan Provincial Hospital

	<b>Name</b>	<b>Title/Position in the Organization</b>
1	Dr. Kongsith Ounchit	Director
2	Dr. Sommai Keomany	Deputy Director
3	Dr. Vanthong Bounvilay	Deputy Director
4	Dr. Kong Sayasin	Vice Head of Administration Office
5	Mr. Latsamee Manivong	Vice Head of Administration Office
6	Ms. Viengsamai Chanbengseng	Head of Financial Unit
7	Dr. Nuansavanh Souvannalath	Head of Technical Field
8	Dr. Yommala Lasaphon	Head of Delivery Unit
9	Dr. Phouthalavanh Souvannasing	Head of Pediatric Unit
10	Dr. Chansamone Mounlasy	Vice Head of Pediatric Unit
11	Dr. Chanthalangsy Soukhavady	Head of Kidney Laundering Unit
12	Ms. Phanmany Manotham	Head of Drug Revolving Fund
13	Ms. Khanthaly Khiemmanikhaxay	Head Nurse of Internal Zone Member
14	Ms. Vongdavan Sathienthep	Head Nurse of External Zone Member
15	Ms. Vongdavan Phommakaisone	Vice Head Administration Office

## Attapeu Provincial Hospital

	<b>Name</b>	<b>Title/Position in the Organization</b>
1	Dr. Bounthavy Chalernphon	Director
2	Dr. Hongkham Sisavath	Deputy Director
3	Dr. Sisay Phichit	Deputy Director
4	Dr. Noupit Phonesavanh	Deputy Director
5	Dr. Vithuna Sihalath	Head of Administration Unit
6	Dr. Phanomsone Sihalath	Head of Personnel and Policy Office
7	Dr. Thepphakone Phommachanh	Head of Statistic-Planning Unit
8	Ms. Soodsada Khaiphanliem	Head of Health Insurance
9	Ms. Lattanaphone	Head of Nursing
10	Mr. Sayasone Manvilay	Responsible for Toilet Indicator
11	Dr. Khamthoon Sivilay	Responsible for IPD Indicator
12	Dr. Phonephuvieng Phanthavong	Responsible for Emoc Indicator
13	Ms. Chansouk Khammixay	Responsible for OPD Indicator
14	Dr. Manosy Vorlalath	Head of Unit
15	Ms. Vatthana Philavong	Vice Head of Statistic-Planning Office
16	Dr. Sommai kingpaserth	Head of Pediatric Unit
17	Ms. Thipphasone Nomathilath	Technical of Nursing
18	Vice Head of Unit, all of Administration in each Unit	
19	Dr. Khounxay Boutsyvongsack	Head of Internal Medicine Unit
20	Dr. Chitsavanh Keokuonpasack	Head of ER Unit
21	Dr. Khonesavanh Inthanouvong	Head of MNCH Unit
22	Dr. Soukvanhxay Kittiyalath	Head of External Medicine Unit

23	Ms. Sychompoo Chalernphon	Technical Staff
24	Ms. Veomany Phomma	Vice Head of Personal Office
25	Ms. Lattanaphone Thammanouvong	Acting Head of Nursing Unit
26	Ms. Phaimany Kittayalath	Technical Staff

2. Provision of offices:

*Project Office in Nutrition Office in Vientiane with light and water expenses provided by DHR.*

*Project Office in Pakse with light and water expenses provided by Champasak Provincial Office.*

*Evacuation of equipment on 9 September 2019. Use of Emergency use of temporary office at the 2<sup>nd</sup> floor from 10 September to 17 October 2019.*

*Use of branch office in DHR from 6 May 2019 as shared office with other development partners.*

*Move to Vientiane Office in DHR on 9 October 2020 and use of the office until 20 February 2021 by the end of the Project.*

3. Other items borne by the counterpart government:

*There were no specific items of budget for the QHC Project in DHR and each of the provincial health offices. They have allocated necessary budgets in order to participate in events that the QHC project had organized such as Lao Forum, and to implement project activities at each of the health facilities.*



## ANNEX 2

### 1. Method of Evaluation for the Project Purpose

#### **Materials and Methods**

##### Data Collection:

To evaluate the achievement of hospital quality criteria (Quality Improvement Plan) in four provincial hospitals and the 11 target district (community) hospitals, the results of self-assessments for eight quality improvement plans (hospital quality criteria)<sup>1</sup> in four provincial hospitals (Attapeu, Champasak, Salavan and Sekong) and five quality improvement plans (hospital quality criteria)<sup>2</sup> in the 11 target district (community) hospitals (Champasak, Dac Cheung, Khong, Kongxedone, Moonlapamok, Paksong, Phouvong, Samuay, Saysetta, Thateng and Vapi) were collected until the end of December 2020.

To evaluate the achievement of patient satisfaction and experience in four provincial hospitals, the result of self-assessments for outpatient department (OPD) and inpatient department (IPD) were collected by the end of December 2020.

##### Data Analysis:

##### Judge of improvement and maintain:

Timeseries behaviors of the proportions of the achieved ideal conditions of each quality criteria (quality improvement plan) in each facility were visualized by line charts. The result of the first assessment was considered as baseline. Achievement was determined as either of maintained, increasing or decreasing based on the visual evidence of the line charts. If the achievements were maintained with up and down behavior after improvement, median of the achievement was computed as the representative value of the achievement. The maximum and the minimum of the achievements were determined as a range of the achievement. If the achievements were increasing or decreasing, the latest value was used as the representative of the achievement.

Improvement as well as its range were computed by the difference of the achievement and the baseline.

If the value of the improvement and/or the range showed the value below zero (<0), that quality improvement plan in the facility was considered not achieved improvement nor maintain the improvement.

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<sup>1</sup> Eight quality improvement plans for provincial hospital: (1) outpatient department (OPD), (2) inpatient department (IPD), (3) toilets, (4) care for post-partum hemorrhage (PPH) (EmOC), (5) care for eclampsia (EmOC), (6) intrapartum care, (7) postpartum care and (8) hospital quality management (HQM).

<sup>2</sup> Five quality improvement plans for district (community) hospital: (1) reception of outpatient department (OPD reception), (2) toilets, (3) intrapartum care, (4) postpartum care and (5) hospital quality management (HQM).

**Proportion of improvement:**

Proportion of improvement was computed by the number of the improved quality improvement plan of all target health facilities (numerator) divided by the total number of quality improvement plans in all target facilities (denominator). Denominator for four provincial hospitals was 32 that included eight hospital quality criteria multiplied four provincial hospitals (8 x 4). Denominator of the proportion of improvement for the 11 district (community) hospitals was 55 that included five hospital quality criteria multiplied 11 district (community) hospitals (5 x 11).

## Results

### A. Achievement of Hospital Quality Criteria for Provincial Hospitals

#### 1. Hospital Quality Management (HQM)

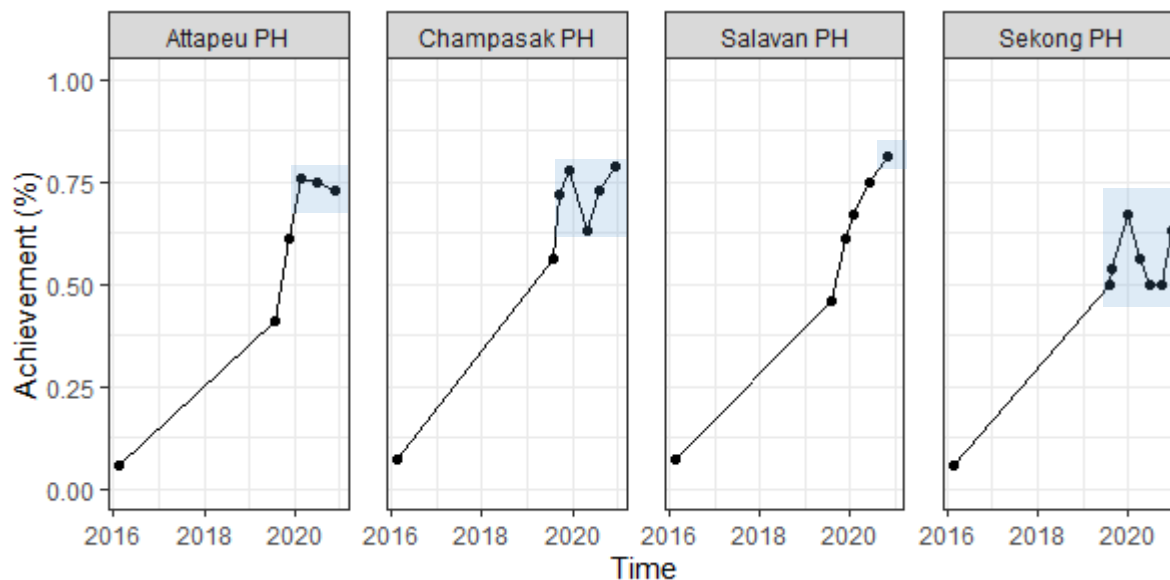


Figure 1. Timeseries behavior of achievement of HQM in four provincial hospitals.

Table 1. Achievement and improvement of HQM in four provincial hospitals.

PH	Baseline	Achievement	Improvement
	% (n=54)	% (n=52) [Min to Max]	% [Min to Max]
Attapeu PH	5.6%	75.0% [73.1-75.9]	69.4% [67.5-70.3]
Champasak PH	7.4%	73.1% [63.5-78.8]	65.7% [56.1-71.4]
Salavan PH	7.4%	80.8% Increasing	73.4% Increasing
Sekong PH	5.6%	53.7% [50.0-66.7]	48.1% [44.4-61.1]

## 2. Toilets

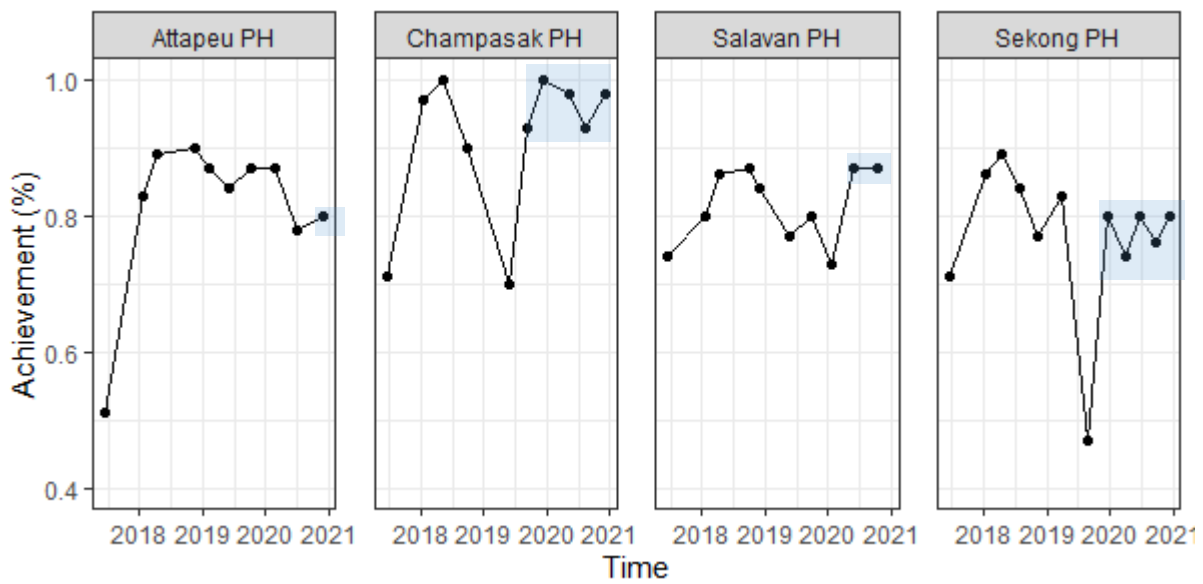


Figure 2. Timeseries behavior of achievement of toilets in four provincial hospitals.

Table 2. Achievement and improvement of toilets in four provincial hospitals.

PH	Baseline	Achievement	Improvement	
	% (n=54)	% (n=54) [Min to Max]	% [Min to Max]	
Attapeu PH	51.4%	80.4%	Decreasing	29.0%
Champasak PH	71.4%	97.8%	[93.3-100]	26.4%
Salavan PH	74.3%	87.0%	[87.0]	12.7%
Sekong PH	71.4%	80.0%	[76.1-80.4]	8.6%

### 3. Outpatient Department (OPD)

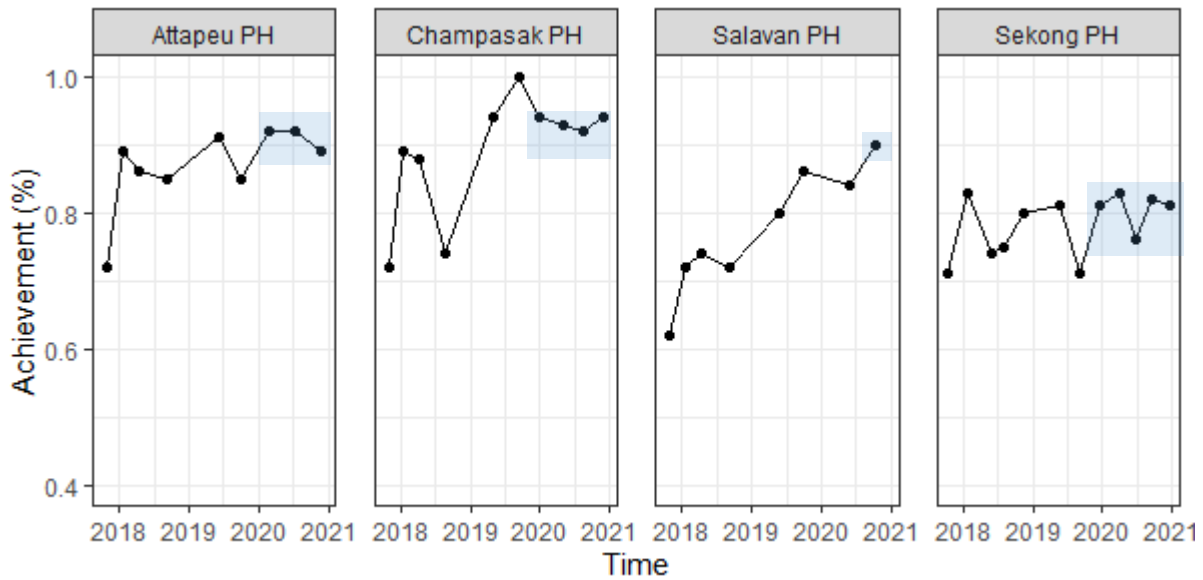


Figure 3. Timeseries behavior of achievement of OPD in four provincial hospitals.

Table 3. Achievement and improvement of OPD in four provincial hospitals.

PH	Baseline	Achievement	Improvement	
	% (n=65)	% (n=83) [Min to Max]	% [Min to Max]	
Attapeu PH	71.5%	91.6% [89.2-92.2]	20.1%	[17.7-20.7]
Champasak PH	72.3%	93.4% [91.6-94.1]	21.1%	[19.3-21.8]
Salavan PH	61.5%	90.4%	28.9%	Increasing
Sekong PH	70.8%	81.4% [75.9-83.1]	10.6%	[5.1-12.3]

#### 4. Inpatient Department (IPD)

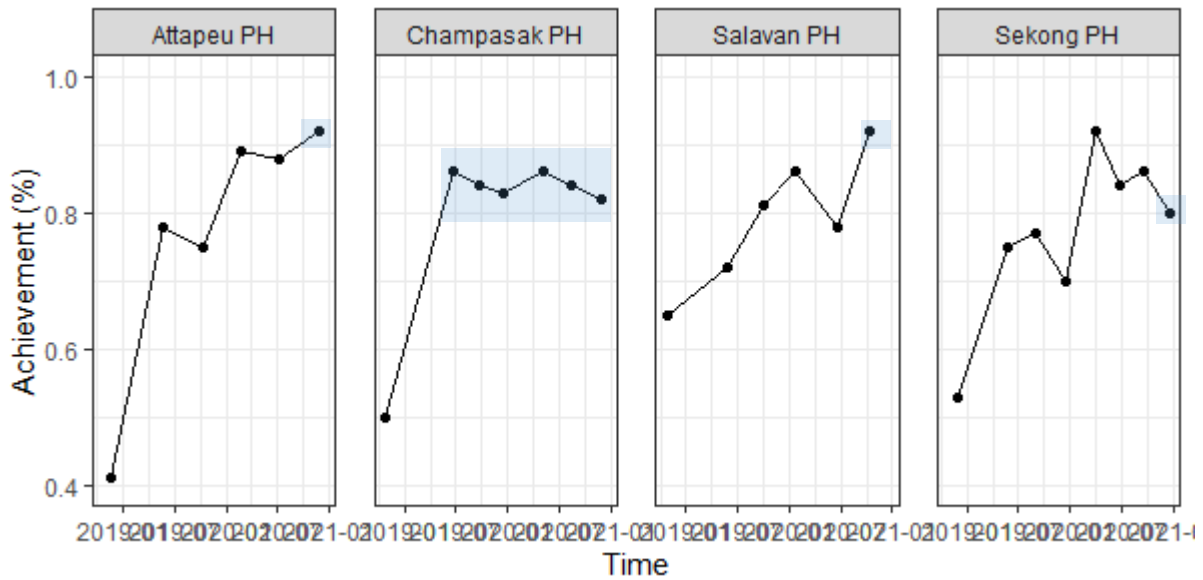


Figure 4. Timeseries behavior of achievement of IPD in four provincial hospitals.

Table 4. Achievement and improvement of IPD in four provincial hospitals.

PH	Baseline	Achievement	Improvement	
	% (n=64)	% (n=49) [Min to Max]	% [Min to Max]	
Attapeu PH	40.9%	91.8%	Increasing	50.9% Increasing
Champasak PH	50.0%	84.1%	[81.6-85.9]	34.1% [31.6-35.9]
Salavan PH	65.2%	91.8%	Increasing	26.6% Increasing
Sekong PH	53.0%	79.6%	Increasing	26.6% Increasing

## 5. Care for Postpartum Hemorrhage (PPH) (EmOC)

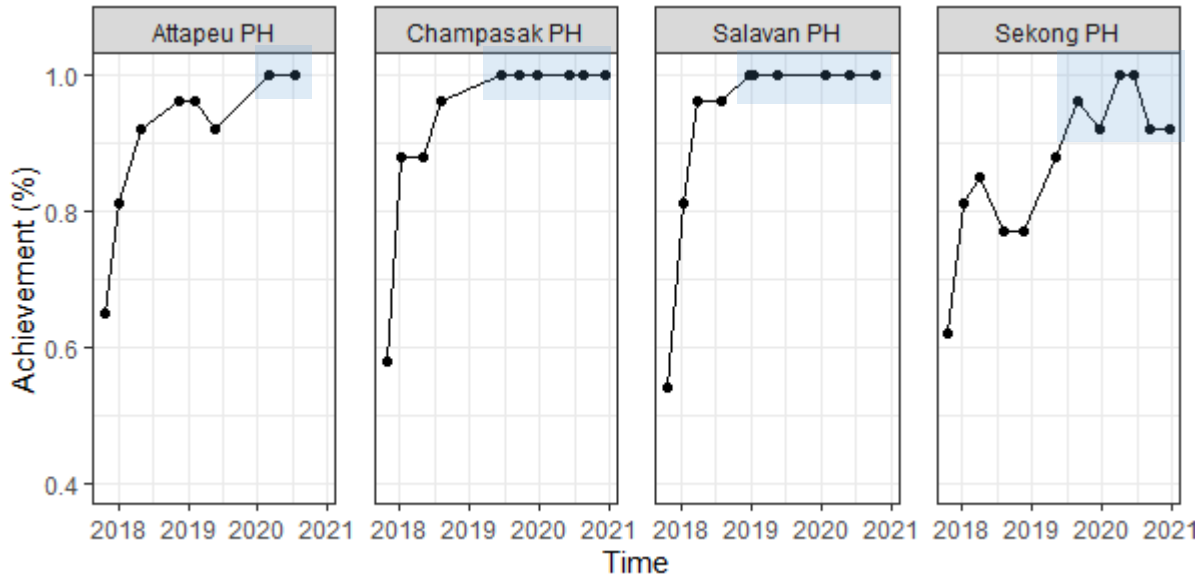


Figure 5. Timeseries behavior of achievement of PPH in four provincial hospitals.

Table 5. Achievement and improvement of PPH in four provincial hospitals.

PH	Baseline	Achievement		Improvement	
	% (n=35)	% (n=46) [Min to Max]		% [Min to Max]	
Attapeu PH	65.4%	100%	[100]	34.6%	[34.6]
Champasak PH	57.7%	100%	[100]	42.3%	[42.3]
Salavan PH	53.8%	100%	[100]	46.2%	[46.2]
Sekong PH	61.5%	93.8%	[91.7-100]	32.3%	[30.2-38.5]

## 6. Care for Eclampsia (EmOC)

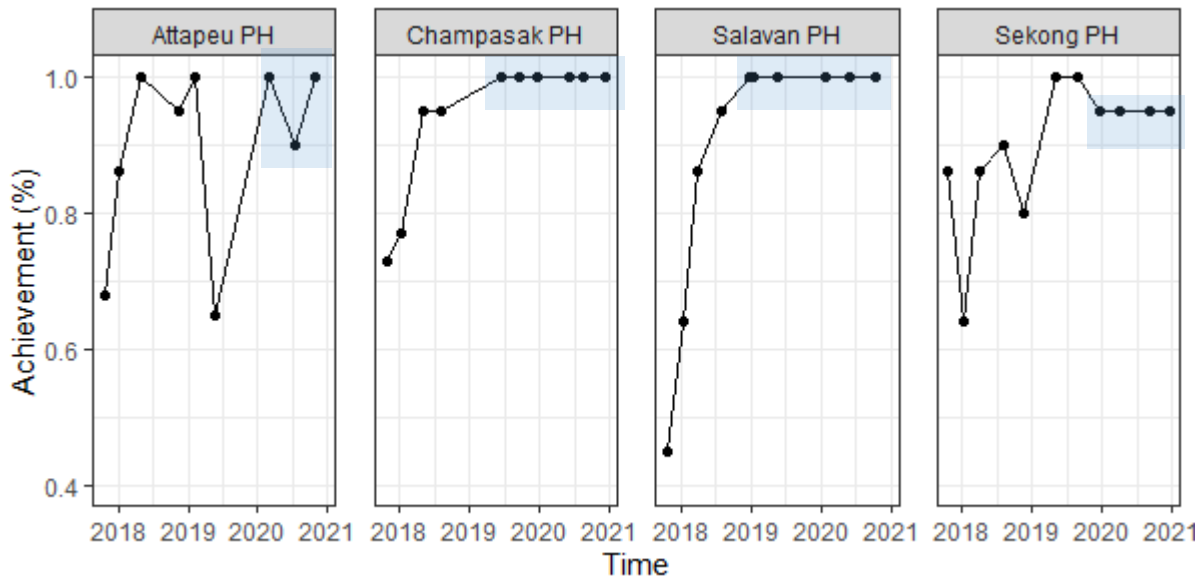


Figure 6. Timeseries behavior of achievement of eclampsia in four provincial hospitals.

Table 6. Achievement and improvement of eclampsia in four provincial hospitals.

PH	Baseline	Achievement	Improvement
	% (n=22)	% (n=20) [Min to Max]	% [Min to Max]
Attapeu PH	68.2%	100% [90.0-100]	31.8% [21.8-31.8]
Champasak PH	72.7%	100% [100]	26.3% [26.3]
Salavan PH	45.5%	100% [100]	54.5% [54,5]
Sekong PH	86.3%	95.0% [90.0-95.0]	8.7% [3.7-8.7]



## 7. Intrapartum Care (Normal Delivery)

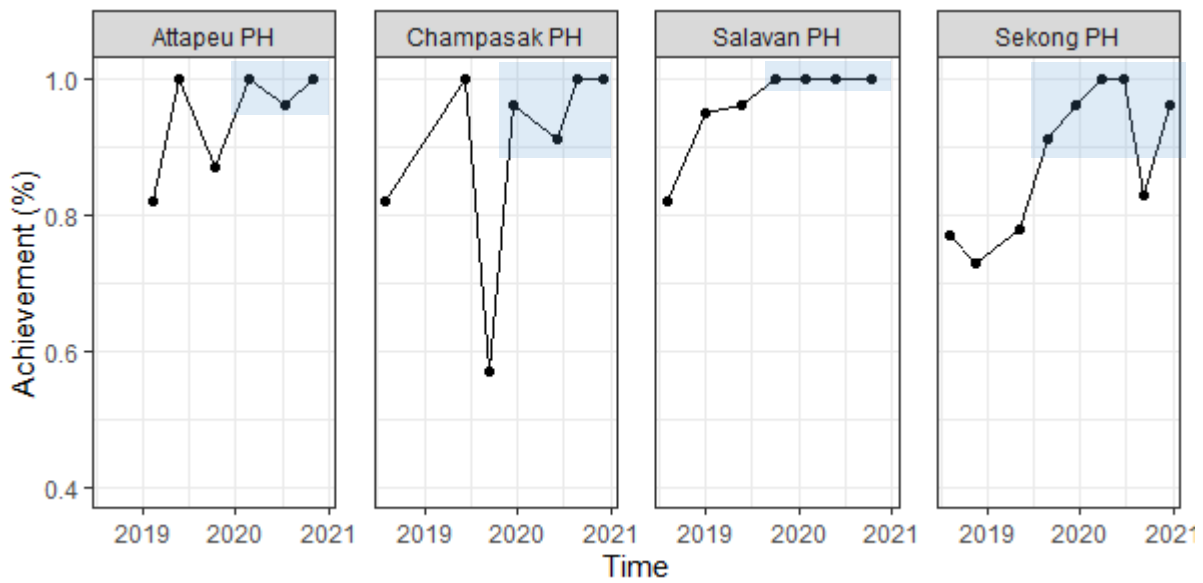


Figure 7. Timeseries behavior of achievement of intrapartum care in four provincial hospitals.

Table 7. Achievement and improvement of intrapartum care in four provincial hospitals.

PH	Baseline	Achievement	Improvement	
	% (n=22)	% (n=23) [Min to Max]	% [Min to Max]	
Attapeu PH	81.8%	100% [95.7-100]	18.2%	[13.9-18.2]
Champasak PH	81.8%	97.9% [91.3-100]	16.1%	[9.5-18.2]
Salavan PH	81.8%	100% [100]	18.2%	[18.2]
Sekong PH	77.3%	95.7% [82.6-100]	18.4%	[5.3-22.7]

## 8. Postpartum Care (Normal Delivery)

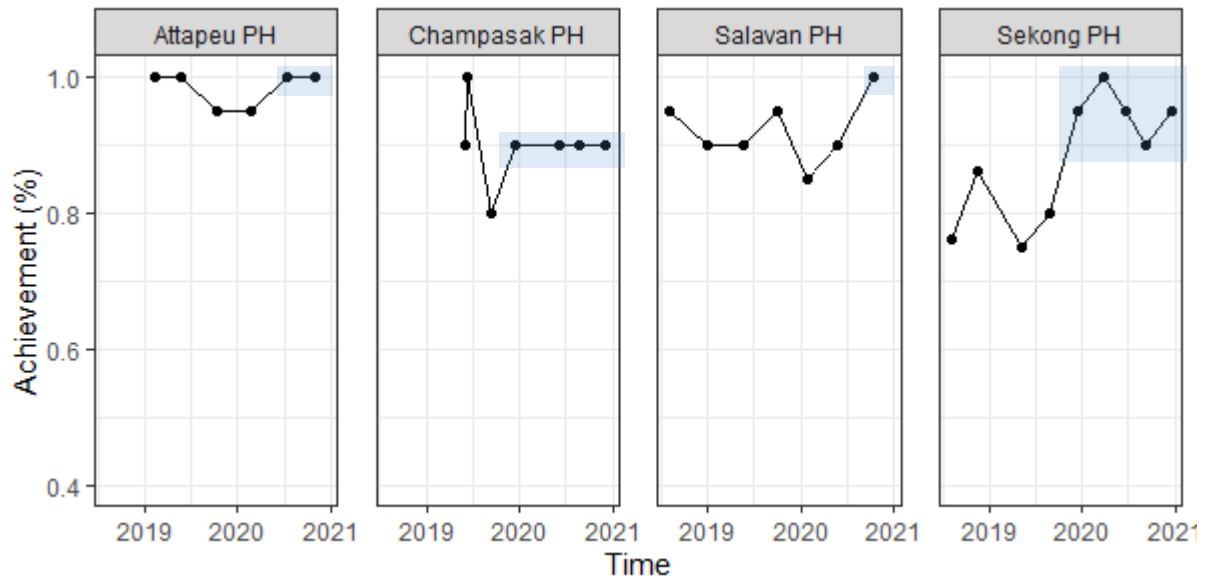


Figure 8. Timeseries behavior of achievement of postpartum care in four provincial hospitals.

Table 8. Achievement and improvement of postpartum care in four provincial hospitals.

PH	Baseline	Achievement	Improvement	
	% (n=21)	% (n=20) [Min to Max]	% [Min to Max]	
Attapeu PH	100%	100% [100]	0%	[0]
Champasak PH	90.5%	90.2% [90.0-90.5]	-0.3%	[-0.3-0]
Salavan PH	95.2%	100% Increasing	4.8%	Increasing
Sekong PH	76.2%	95.2% [90.5-100]	19.0%	[14.3-23.8]

## B. Achievement of Hospital Quality Criteria for District Hospitals

### 1. Toilet

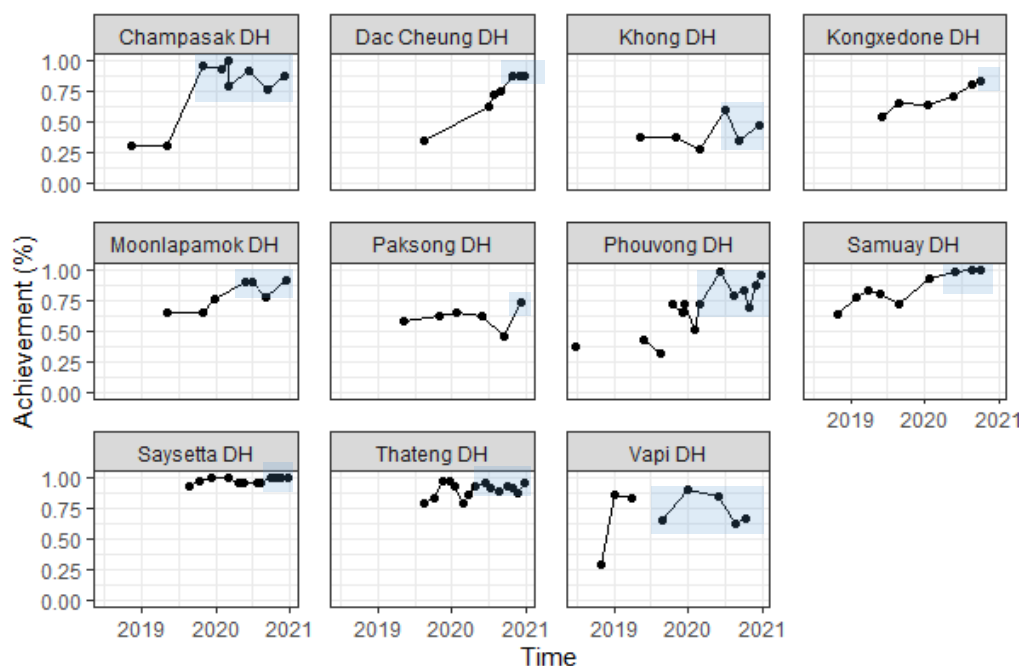


Figure 9. Timeseries behavior of achievement of toilets in the 11 target district hospitals.

Table 9. Achievement and improvement of toilets in the 11 target district hospitals.

DH	Baseline	Achievement		Improvement	
	% (n=21)	% (n=20)	[Min to Max]	%	[Min to Max]
Champasak	31.0%	83.4%	[77.1 - 91.7]	52.4%	[46.1-60.7]
Dac Cheung	34.5%	87.5%	[87.5]	53.0%	[53.0]
Khong	37.9%	48.3%	[35.4-60.4]	10.4%	[-2.5-22.5]
Kongxedone	54.8%	83.3%	Increasing	28.5%	Increasing
Moonlapamok	71.4%	89.7%	[77.1-91.7]	18.3%	[5.7-20.3]
Paksong	58.6%	72.9%	Increasing	14.3%	Increasing
Phouvong	37.1%	83.3%	[68.8-97.9]	46.2%	[31.7-60.8]
Samuay	63.3%	99.0%	[93.1-100]	35.7%	[29.8-36.7]
Saysetta	93.1%	100%	[100]	6.9%	[6.9]
Thateng	79.3%	91.7%	[87.5-95.8]	12.4%	[97.5-95.8]
Vapi	30.0%	83.3%	[62.5-86.7]	53.3%	[32.5-56.7]

## 2. Reception of Outpatient Department (OPD)

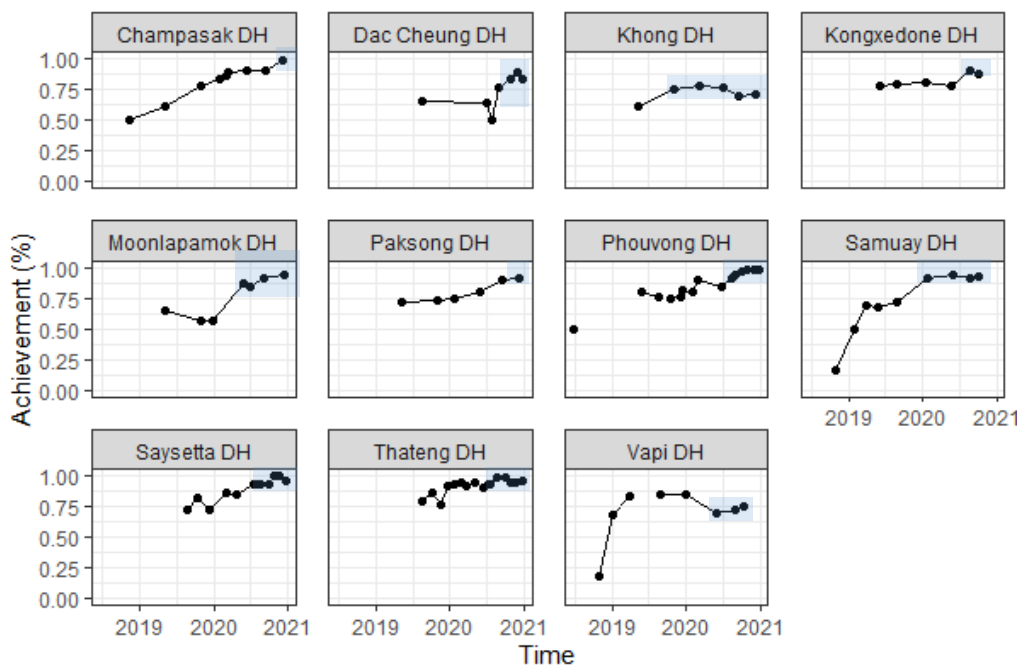


Figure 10. Timeseries behavior of achievement of OPD reception in the 11 target district hospitals.

Table 10. Achievement and improvement of OPD reception in the 11 target district hospitals.

DH	Baseline	Achievement	Improvement		
	% (n=59)	% (n=55) [Min to Max]	% [Min to Max]		
Champasak	50.8%	98.2%	Increasing	47.4%	Increasing
Dac Cheung	66.1%	83.6%	[76.4-89.1]	17.5%	[10.3-23.0]
Khong	61.0%	74.6%	[69.1-78.0]	13.6%	[8.1-17.0]
Kongxedone	78.0%	89.1%	[87.3-90.9]	11.1%	[9.3-12.9]
Moonlapamok	64.4%	88.7%	[84.7-94.5]	24.3%	[20.3 -30.1]
Paksong	71.2%	90.9%	Increasing	19.7%	Increasing
Phouvong	49.2%	98.2%	[94.5-98.2]	49.0%	[45.3-49.0]
Samuay	16.9%	92.1%	[90.9-94.5]	75.2%	[74.0-77.6]
Saysetta	72.9%	93.2%	[92.7-100]	20.3%	[19.8-27.1]
Thateng	79.7%	94.5%	[90.9-98.2]	14.8%	[11.2-18.5]
Vapi	18.6%	72.7%	[69.1-74.5]	54.1%	[50.5-55.9]

### 3. Intrapartum Care (Normal Delivery)

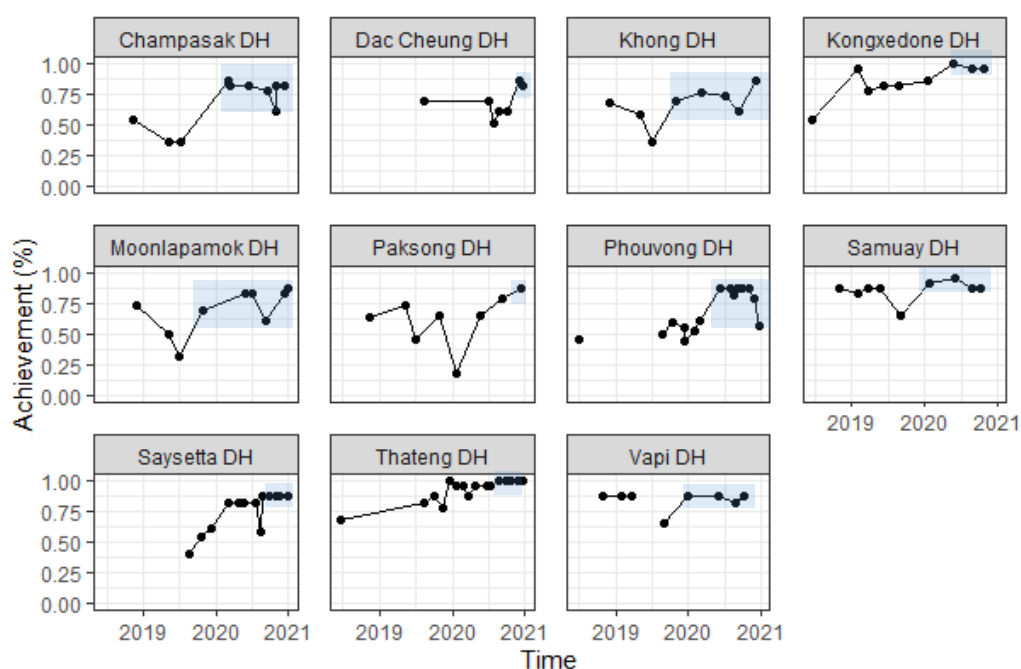


Figure 11. Timeseries behavior of achievement of intrapartum care in the 11 target district hospitals.

Table 11. Achievement and improvement of intrapartum care in the 11 target district hospitals.

DH	Baseline	Achievement	Improvement	
	% (n=59)	% (n=55) [Min to Max]	% [Min to Max]	
Champasak	54.5%	82.6% [78.3-87.0]	28.1%	[23.8-32.5]
Dac Cheung	69.6%	84.8% [82.6-87.0]	15.2%	[13.0-17.4]
Khong	68.2%	73.9% [60.9-86.4]	5.7%	[-7.3-18.2]
Kongxedone	54.5%	95.7% [95.7-100]	41.2%	[41.2-45.5]
Moonlapamok	72.7%	82.6% [60.9-87.0]	9.9%	[-11.8 -14.3]
Paksong	63.6%	87.0% Increasing	23.4%	Increasing
Phouvong	45.5%	87.0% [56.6-87.0]	41.5%	[11.1-41.5]
Samuay	87.0%	89.2% [87.0-95.7]	2.2%	[0-8.7]
Saysetta	40.9%	87.0% [87.0]	46.1%	[46.1]
Thateng	68.2%	95.7% [95.7]	27.5%	[27.5]
Vapi	87.0%	87.0% [82.6-87.0]	0%	[-4.4-0]

#### 4. Postpartum Care (Normal Delivery)

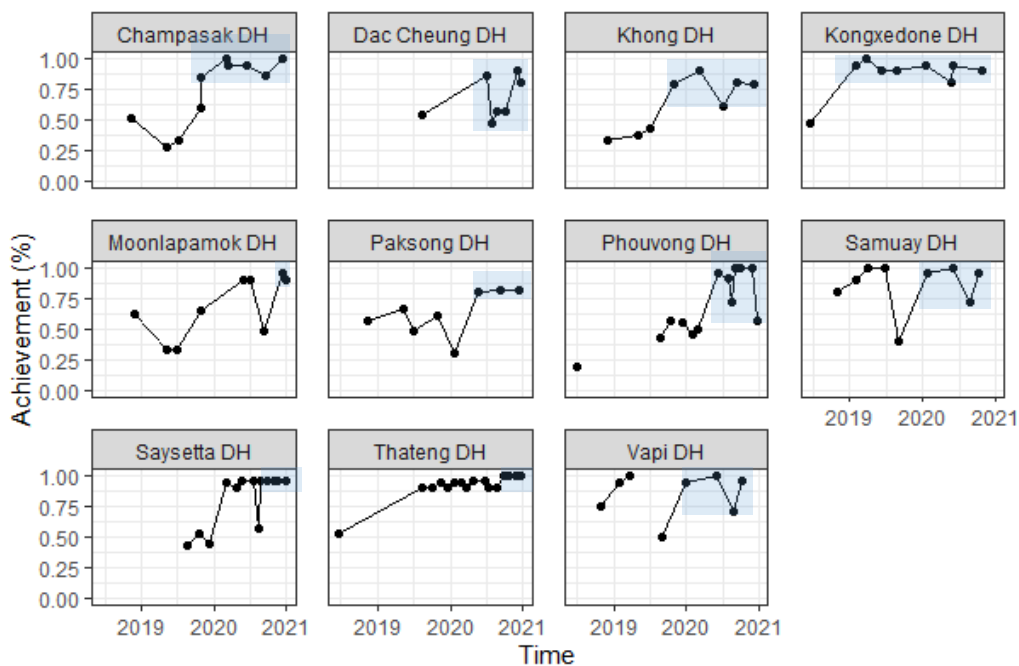


Figure 12. Timeseries behavior of achievement of postpartum care in the 11 target district hospitals.

Table 12. Achievement and improvement of postpartum care in the 11 target district hospitals.

DH	Baseline	Achievement	Improvement	
	% (n=21)	% (n=20) [Min to Max]	% [Min to Max]	
Champasak	52.4%	95.2% [85.7-100]	42.8%	[33.3-47.6]
Dac Cheung	55.0%	69.1% [47.6-90.5]	4.1%	[-7.4-35.5]
Khong	33.3%	80.0% [61.9-90.5]	46.7%	[28.6-57.2]
Kongxedone	47.6%	92.5% [81.0-100]	44.9%	[33.4-52.4]
Moonlapamok	61.9%	90.0% [90.0-95.2]	28.1%	[28.1 -33.3]
Paksong	57.1%	81.0% [80.0-81.0]	23.9%	[22.9-23.9]
Phouvong	19.0%	95.2% [57.1-100]	76.2%	[38.1-81.0]
Samuay	80.0%	95.1% [71.4-100]	15.1%	[-8.6-20.0]
Saysetta	42.9%	95.2% [57.1-95.2]	52.3%	[14.2-52.3]
Thateng	52.4%	100% [100]	47.6%	[47.6]
Vapi	75.0%	95.1% [71.4-100]	20.1%	[-3.6-25.0]

## 5. Hospital Quality Management (HQM)

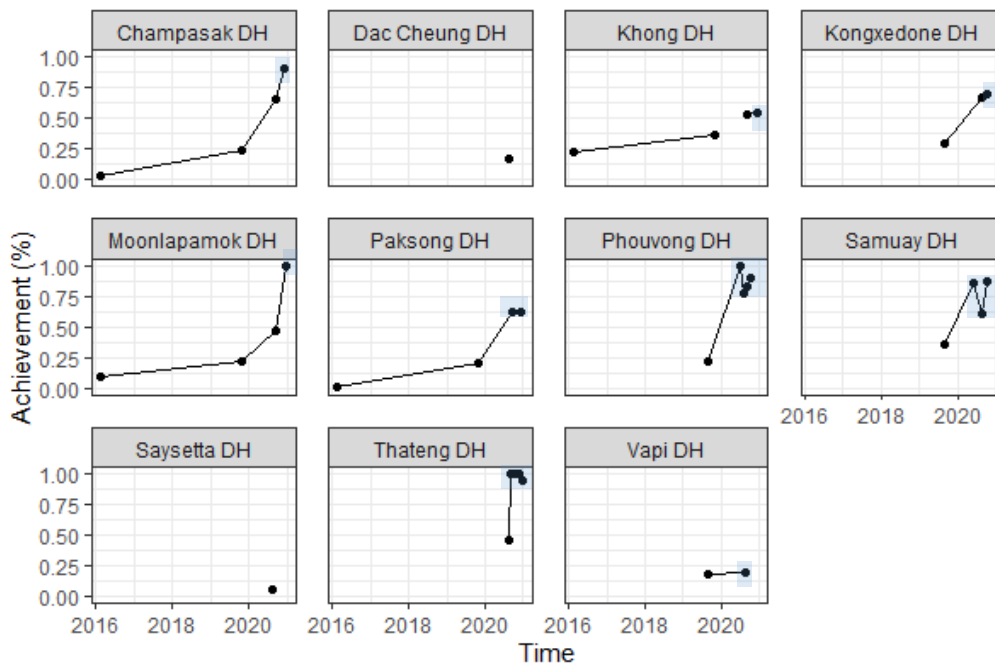


Figure 13. Timeseries behavior of achievement of HQM in the 11 target district hospitals.

Table 13. Achievement and improvement of HQM in the 11 target district hospitals.

DH	Baseline	Achievement		Improvement	
	% (n=54)	% (n=40) [Min to Max]		% [Min to Max]	
Chamapasak	3.7%	90.0%	Increasing	86.3%	Increasing
Dac Cheung	16.7%	NA	NA	NA	NA
Khong	22.2%	55.0%	Increasing	32.8%	Increasing
Kongxedone	29.6%	70.0%	Increasing	40.4%	Increasing
Moonlapamok	9.3%	100%	Increasing	90.7%	Increasing
Paksong	1.9%	62.5%	[62.5]	60.6%	[60.6]
Phouvong	22.2%	86.3%	[77.5-100]	64.1%	[55.3-77.8]
Samuay	35.2%	85.0%	[60.0-87.5]	49.8%	[24.8-52.3]
Saysetta	5.6%	NA	NA	NA	NA
Thateng	46.3%	100%	[95.0-100]	53.7%	[48.7-53.7]
Vapi	18.5%	20.0%	[20.0]	1.5%	[1.5]

### C. Achievement of Patient Satisfaction and Experience in four Provincial Hospitals

OPD

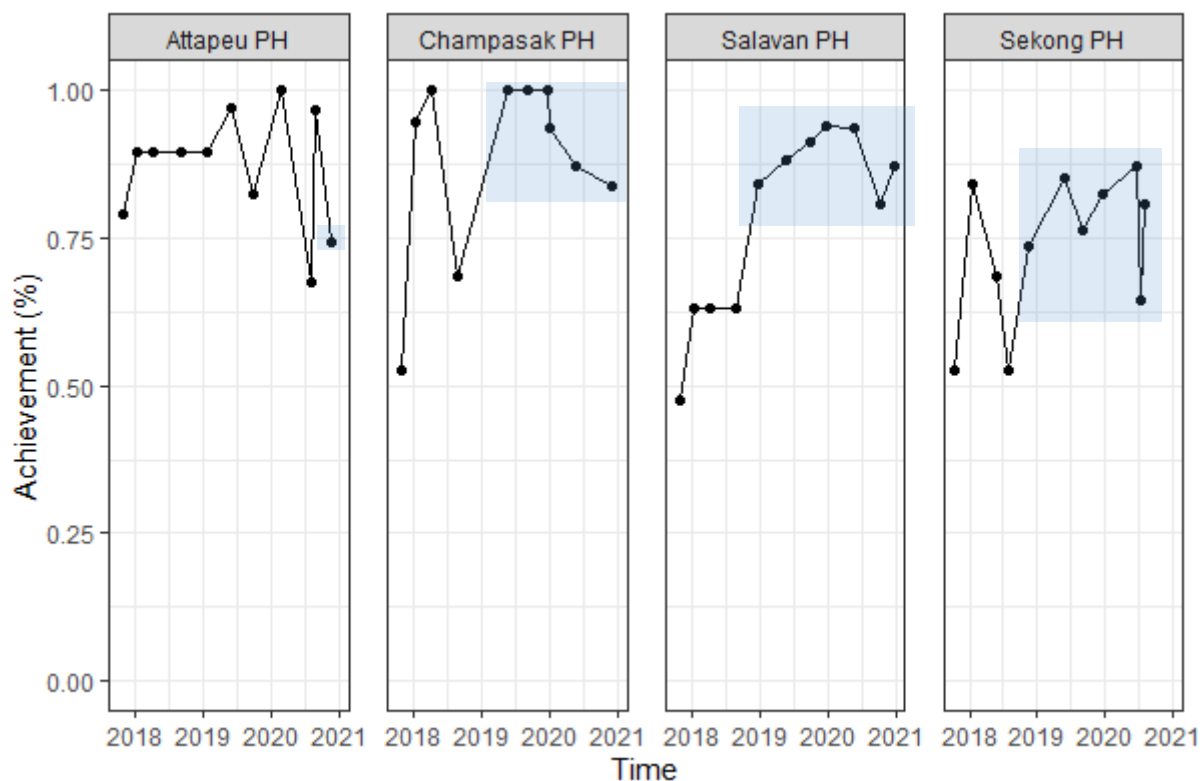


Figure 14. Timeseries behavior of achievement of Patient Satisfaction and Experience in OPD in four provincial hospitals.

Table 14. Achievement and improvement of Patient Satisfaction and Experience in OPD in four provincial hospitals.

PH	Baseline % (n=19)	Achievement % (n=31) [Min to Max]	Improvement % [Min to Max]
Attapeu PH	78.9%	74.2%	Decreasing -4.7%
Champasak PH	52.6%	96.8%	[83.9-100] 44.2%
Salavan PH	47.4%	88.2%	[80.6-94.1] 40.8%
Sekong PH	52.6%	81.5%	[64.5-85.3] 28.9%



IPD

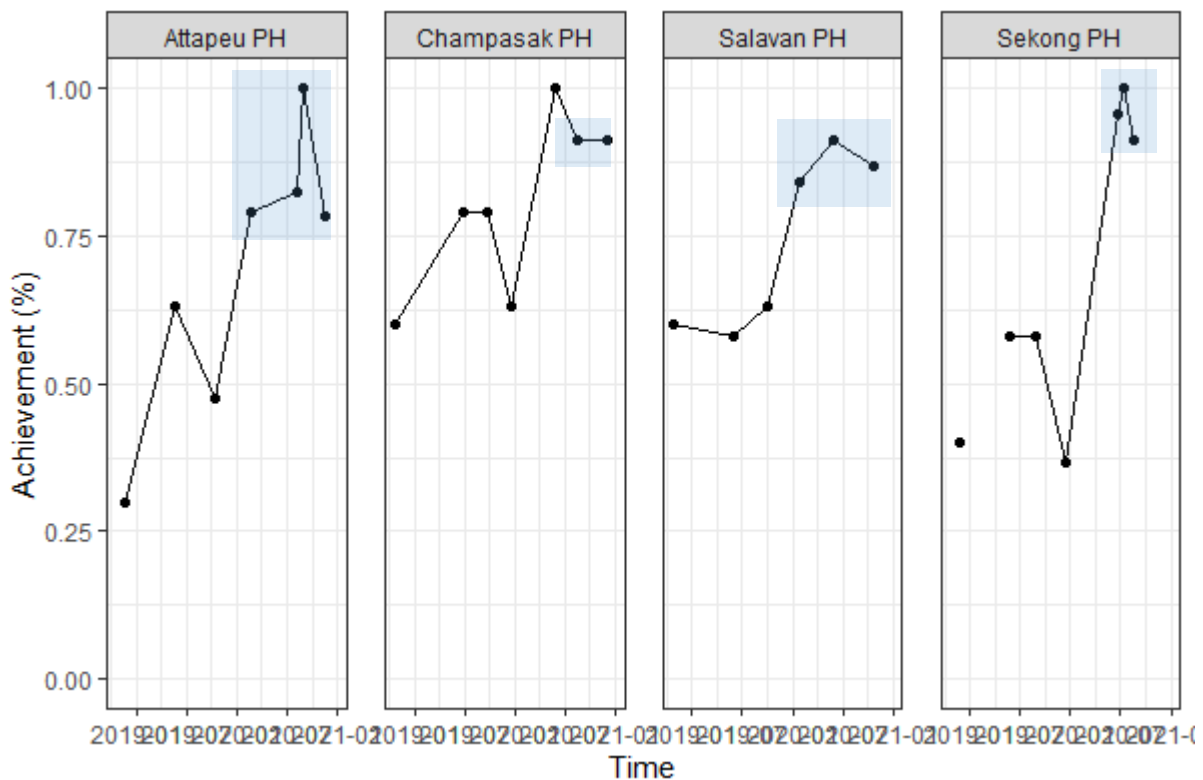


Figure 15. Timeseries behavior of achievement of Patient Satisfaction and Experience in IPD in four provincial hospitals.

Table 15. Achievement and improvement of Patient Satisfaction and Experience in IPD in four provincial hospitals.

PH	Baseline	Achievement	Improvement
	% (n=20)	% (n=23) [Min to Max]	% [Min to Max]
Attapeu PH	30.0%	80.8% [78.3-82.6]	50.8% [48.3-52.6]
Champasak PH	60.0%	91.3% [91.3]	31.3% [31.3]
Salavan PH	60.0%	87.0% [84.2-91.3]	27.0% [24.2-31.3]
Sekong PH	40.0%	95.7% [91.3-100]	55.7% [41.3-60.0]

## 2. List of CQI

### Champasak Provincial Hospital

- (1) Risk Prediction Training (KYT) were implemented in six departments (internal medicine I, internal medicine II, tuberculosis, special II, infectious disease and surgery). 17 departments filled in KYT worksheets (by JOCV).
- (2) 5S (Sort, Set, Shine, Standardize and Sustain) was implemented in 11 departments (Internal medicine III, Pediatrics, NICU, Special II, infectious disease, Surgery, OBGY, ER, Human resource, ENT and eye) (by JOCV)
- (3) How to avoid recapping of syringe needle (by JOCV)
- (4) Environment for Kangaroo Mother Care (KMC)
- (5) Improvement of completeness of records on Partograph
- (6) Preparation for the integration of quality improvement, infection and prevention control and patient safety (5S-KYT)
- (7) Maternal services in Champasak Provincial Hospital after COVID-19 (by Champasak Provincial Health Department)
- (8) Improvement of roles of nursing committee in hospital quality management

### Salavan Provincial Hospital

- (1) Infection and Prevention Control (IPC)
- (2) Improvement of the survey sheet and analysis for Patient Satisfaction
- (3) Preparation for implementation of Risk Prediction Training (KYT)
- (4) Preparation for standardization of how to treat syringe needle
- (5) Introduction of Kangaroo Mother Care (KMC)
- (6) Improvement of the leadership of quality improvement committee
- (7) Reactivation of 5S (Sort, Set, Shine, Standardize and Sustain)
- (8) Further collaboration of nursing committee and quality improvement committee
- (9) Improvement of Kangaroo Mother Care (KMC)
- (10) Improvement of roles of nursing committee in hospital quality management

### Sekong Provincial Hospital

- (1) Update of the rule of personnel evaluation
- (2) Improvement of organizational structure and TOR of cleaners
- (3) Improvement of records on health handbook
- (4) Preparation for standardization of patient instruction for the procedures of consultation in OPD
- (5) Establishment of OPD for prenatal checkup of high-risk pregnant women
- (6) Improvement of care after delivery
- (7) Introducing the trial of labour after cesarean

(8) Improvement of roles of nursing committee in hospital quality management

#### Attapeu Provincial Hospital

- (1) Improvement of cleanliness of the hospital
- (2) Trial of weekly meeting in each unit
- (3) Improvement of records on health handbook for the OPD patient
- (4) Improvement of neonatal resuscitation
- (5) Improvement of Early Essential Newborn Care (EENC)
- (6) Improvement of services on neonatal resuscitation
- (7) Improvement of roles of nursing committee in hospital quality management

### 3. List of proposal opportunities

#### **2017 (1 time)**

- The 12<sup>th</sup> National Research Forum (four topics of quality improvement in the QHC Project)

#### **2018 (8 times)**

- The First Lao Forum on Improving Quality of Health Care Services was held by Department of Healthcare & Rehabilitation, Ministry of Health on 13-15 February 2018 at Thalath, Vientiane Province.
- The 12<sup>th</sup> National Research Forum in August 2018 (five topics of quality improvement in the QHC Project)
- Experiences of the QHC project were shared in (1) Informal Development Partners Meeting in June, July, August and September, 2018, (2) The meeting of World Bank mission with JICA Laos office, (3) First Meeting of National Network on Securing systems for Quality and Safety in Lao PDR on 23-24 August 2018 held by DHR, WHO WPRO and WHO Laos.

#### **2019 (4 times)**

- The Second Lao Forum on Improving Quality of Health Care Services was held by Department of Healthcare & Rehabilitation, Ministry of Health on 13-15 February 2019 at Luangprabang Province.
- The 13<sup>th</sup> National Research Forum (five topics of quality improvement in the QHC Project)
- Experiences of the QHC project were shared in (1) Informal Development Partners Meeting in March 2019 and (2) WHO in December 2019.

#### **2020 (3 times)**

- The Third Lao Forum on Improving Quality of Health Care Services was held by Department of Healthcare & Rehabilitation, Ministry of Health on 11-13 February 2020 at Champasak Province.
- Proposal meeting on the QHC Model to the board of directors of Department of Healthcare and Rehabilitation on 23 July 2020 at Department of Healthcare and Rehabilitation, the Ministry of Health, Lao PDR
- Experiences of the QHC project were shared in Informal Development Partners Meeting in October 2020
- Department of Healthcare and Rehabilitation explained the QHC Model to the minister of health

#### **2021 (1 time)**

- The Fourth Lao Forum on Improving Quality of Health Care Services was held by Department of Healthcare & Rehabilitation, Ministry of Health on 18-20 January 2022 at Vientiane Capital.

## Latest Quality Improvement Plan (Hospital Quality Criteria) and Survey Sheets for Provincial Hospital

- (1) Toilets
- (2) Outpatient Department (OPD)
- (3) Inpatient Department (IPD)
- (4) Care for Postpartum Hemorrhage (PPH) (EmOC)
- (5) Care for Eclampsia (PPH) (EmOC)
- (6) Intrapartum Care (Normal Delivery)
- (7) Postpartum Care (Normal Delivery)
- (8) Hospital Quality Management (HQM)

# Hospital Quality Criteria for Toilet

## Provincial Hospital version

Grade

Name of hospital:

Date:

Name of evaluator:

Name of unit:

Grade 1	Target : To keep clean in the toilets		Result
	1	There is a rug at the entrance of Toilet	
	2	The floor is not dirty	
	3	There is no spider net on the wall	
	4	The ceiling does not leak, no spider net, not dirty	
	5	Urine bowl clean, no yellowing, no obstruction	
	6	Instruction of how to use toilet	
	7	Toilet has no crack, no bad smell, no obstruction, no visible fael rest	
	8	There are sufficient quantity of water (in container, water tank with scoop) and no mosquito's worms	
	9	The button for release the water works well and clean	
	10	The waste bin with lid and plastic bag	
	11	There is 24 hours open toilet	
	12	Toilet is cleaned every day with dates, times and signature of cleaners on a cleaning schedule on the wall	
Grade 2	Target : The readiness of toilet's material		Result
	1	There is a good ventilation systems (Ventilator, air ventilation, etc.)	
	2	The ceiling is not broken	
	3	There are basins that can be used, clean and no obstruction	
	4	The basins have soap for hand wash	
	5	The toilet does not have a constant flow of water	
	6	The water tap is in good condition, no leaking water and clean	
	7	Clean water spray lines	
	8	There is functional dirty water drains with covers	
	9	The stool tank does not crack and no bad smell	
	10	The door can close from inside and lock	
11	Enough cleaning material (mob, toilet floor brushes, toilet brushes, cleaning solution for toilet and floor, plunger, disinfectant ---) keeping with cleaners or in the storage		
Grade 3	Target : Comfortable to use		Result
	1	Have toilet symbols/ signs	
	2	Toilet wall is clean, no scratches and no fissure	
	3	No water on floor	
	4	Enough light in the toilet	
	5	There is a clean vase of fresh flowers/plants	
	6	Each toilet has a clean towel or toilet paper	
	7	Toilet floor is without fissures (Tiles, etc.)	
8	The mirror is not broken, not blur and without dirty		
Grade 4	Target : Access to the bathroom more comfortable and user involvement in keeping clean		Result
	1	The sitting style toilet should have water spray in goog condition	
	2	Hospital should have at least 1 toilet per 10 beds in each ward	
	3	Drain pipe (under the sink) is in a good condition, no leaking water, no ooze	
	4	There is a stool tank assessment form	
	5	The toilet wall has a handrail	
	6	Separate toilet for female and male with clear symbols of female and male	
	7	There is a hanger in the toilet	
8	There is specific cleaning staff		
Grade 5	Target : Build the toilet that is easy and comfortable for everyone to use		Result
	1	Structural bathrooms is good solid	
	2	Separate toilets for staff	
	3	Toilet for disable people	
	4	There is a toilet for pregnant women and children	
	5	There is enough toilet paper	
	6	Install the CCTV camera at the front of toilet area	
7	Deodorant (natural and others)		

## **Self-assessment procedure of Outpatient department (OPD) PROVINCIAL HOSPITAL**

**Documents:** Hospital quality criteria of Outpatient department (OPD) that consists of one result sheet (Form A) and six evaluation checklists (Form B, Form C, Form D, Form E, Form F and Form G).

### **Procedures:**

1. Conduct the observation by actual visit at the site of the OPD (Form B, Form C).
2. Conduct 10 patient interviews (Form D).
3. Conducts Health Handbook checks for 10 interviewed patients (Form E).
4. Conduct designated document checks (Form F).
5. Conduct two staff interviews (Form G).
6. Transfer the assessment result onto a result sheet (Form A) (See Note on explanation of reference number in page 2).
7. Fill the summary result on the summary sheet.

### **Explanation and usage of each form:**

#### **1) Observation**

##### **Form B (Observation by Photo),**

##### **Form C (Behavior observation)**

- (1) Visit the actual site of the OPD.
- (2) Determine the current situation of each item (achieved or not-achieved) following the instruction of each item, and take a photo as proof.
- (3) Write down either of “achieved (✓)” or “not-achieved (×)” in each item on Form B and Form C.

#### **2) Patients Interview and Document Check**

##### **Form D (Patient interview)**

- (1) Select 10 patients who received all services the day of the self-assessment.
- (2) Conduct at least 10 patient interviews in total with Form D. If the interview cannot finish in one day, it should be conducted within 2-5 days (e.g. Conduct 2-5 patients per day).
- (3) When 80% (e.g. 8 out of 10) of patients met each item, mark “achieved (✓)” in each corresponding item on Form A.

#### *Instruction for interviewers*

- ① *To avoid straining the patient, the interviewer wears casual wear (no uniform and no name tag).*
- ② *To protect privacy of interviewees, the interview must be conducted with no other patients and no staff around the interviewee.*
- ③ *The interviewer must choose the patient/relatives in good condition (not seriously ill).*
- ④ *The interviewer introduces him/herself to the interviewee.*

- ⑤ *The interviewer explains the purpose of this interview.*
- ⑥ *To encourage honest answers, the interviewer does not fill out the patient's name in the form.*
- ⑦ *The interviewer starts interview after interviewee's agreement.*

### **Form E (Health Handbook)**

- (1) Check Health Handbooks of the interviewed patients with Form E (the total number of Health Handbooks checked should be the same number of the total number of patient interviewed).
- (2) Assess the achievements of each item following instructions written in each form.
- (1) When 80% (e.g. 8 out of 10) of Health Handbooks achieved each item, mark “achieved (√)” in each corresponding item on Form A.

### **3) Other Documents check**

#### **Form F**

- (1) Check the designated documents (Attendance Record, TOR, Education Plan) of the OPD.
- (2) Assess the achievements of each item following instructions written in each form.
- (3) Write down either of “achieved (√)” or “not-achieved (×)” in each item on Form F.

### **4) Staff Interview**

#### **Form G**

- (1) Conduct interviews with at least two staff working in the personnel section and OPD unit.
- (2) Assess the achievements of each item following instructions written in each form.
- (3) When all staff met each item, mark “achieved (√)” in each corresponding item on Form G.

### **5) Compile the results**

#### **Form A (Result sheet)**

Transfer all the results of each item on Form B, Form C, Form D, Form E, Form F and Form G to the result sheet (Form A).

#### **\*Note**

The reference column is used when an evaluator transfers the results on each checklist (Form B, Form C, Form D, Form E, Form F and Form G) to the result sheet (Form A). Reference number (e.g. 2-4) shows each of corresponding items on the result sheet (Form A). For example, 2-4 means that the item is corresponding to the item number 4 in grade 2 on Form A).



Name of hospital:

Date:

Name of evaluator:

Category	No.	Criteria	Assesment	Result	
<b>Grade 1</b>	<b>Entrance of Reception</b>	1-1	There are no obstacles in front of the reception area (motorbikes, car, small shops, etc.).	Observation	
		1-2	Each unit has a desk or a counter for reception.	Observation	
		1-3	Entrance of Reception has a rug or something to clean shoes.	Observation	
	<b>Waiting area</b>	1-4	Reception area has a roof to protect from sun and rain. (PFQ)	Observation	
		1-5	Reception has a specific waiting area for patients.	Observation	
		1-6	Waiting area has a rubbish bin to put general wastes.	Observation	
	<b>Guidance of Service</b>	1-7	Reception has the sign to indicate places for each service (reception, examination room, laboratory, pharmacy, accounting, etc.) .	Observation	
		1-8	Reception shows the written service time.	Observation	
	<b>Queue management</b>	1-9	Reception has a sign (text) for prioritized patients for medical check-up.	Observation	
		1-10	Staff ask patients' symptoms.	Pt. interview	
	<b>Patient services at Reception</b>	1-11	Staff help the patients who need assistance.	Pt. interview	
		1-12	Reception area displays the contact number of administration for receiving complaints from users.	Observation	
		1-13	Staff wear uniform with name card.	Pt. interview	
		1-14	Staff come to work on time before patients come.	Pt. interview	
	<b>Registration at Reception</b>	1-15	Reception area has the necessary materials for registration (books, pens, pencils, stapler).	Observation	
		1-16	Staff register patients.	Observation	
	<b>Health insurance inforamttion</b>	1-17	Type of patient's insurance is written or stamped.	Health HB	
	<b>Guidance</b>	1-18	Patients are instructed to wait for a medical check-up.	Behavior obs	
				Pt. interview	
1-19	Patients are arranged into an examination room according to their queue card.	Behavior obs			
		Pt. interview			

Category		No.	Criteria	Assesment	Result
<b>Grade 1</b>	<b>Examination</b>	1-20	Patient history is taken and written clearly on the health handbook.	Pt. interview	
				Health HB	
		1-21	Patients' vital signs are taken.	Pt. interview	
		1-22	Equipment for physical examination is clean.	Photo	
		1-23	Ordering of examination is written clearly (Echography, X-ray, Laboratory test, ECG, others).	Health HB	
	1-24	There is a patient name or code on a sample clearly.	Photo		
	<b>Diagnosis</b>	1-25	Doctors decide hospitalization or going home.	Behavior obs	
	<b>Treatment</b>	1-26	Health receivers receive right medicine according to the prescription or health handbook.	Behavior obs	
				Health HB	
	<b>Finance</b>	1-27	There is a payment receipt.	Photo	
Pt. Interview					

Name of hospital:

Date:

Name of evaluator:

Category	No.	Criteria	Assesment	Result	
<b>Grade 2</b>	<b>Entrance of Reception</b>	2-1	Reception has a visible sign (large letter etc.).	Observation	
	<b>Waiting area</b>	2-2	Reception area has benches and/or chairs for at least 25 patients. (PFQ)	Observation	
		2-3	Reception area is clean.	Observation	
	Pt. interview				
	<b>Guidance of Service</b>	2-4	Staff explain the procedures of receiving services at the reception.	Pt. interview	
		2-5	Staff show a map of the service site.	Pt. interview	
	<b>Queue management</b>	2-6	Reception area has a sign (visual aid) for prioritized patients for a medical check-up.	Observation	
		2-7	Staff take vital signs of patients and records.	Pt. interview	
	<b>Patient services at Reception</b>	2-8	Reception area has a complaint and idea box (suggestion box).	Observation	
		2-9	Check whether there are local language speakers (ethnic language) among the current hospital staff.	Staff Interview	
		2-10	Check whether there are foreign language speakers among the current hospital-staff.	Staff Interview	
		2-11	Staff provide polite reception service 1 - Health staff start communication when patients arrive at the health facility.	Pt. interview	
	<b>Registration at Reception</b>	2-12	Reception area has a space (table etc.) for registration.	Observation	
	<b>Guidance</b>	2-13	Patients are instructed/guided where to go next.	Behavior obs	
Pt. interview					
	2-14	Queue cards are attached to the health monitoring handbook.	Photo		

Category	No.	Criteria	Assesment	Result	
<b>Grade 2</b>	<b>Examination</b>	2-15	Patient history is taken in private area.	Photo	
			Pt. Interview		
		2-16	Health staff talk with health receivers in good manner (friendly, kindly, and politely).	Behavior obs	
				Pt. interview	
		2-17	Procedure of physical examination is explained to health receivers.	Behavior observation	
				Pt. interview	
		2-18	Result of vital signs are explained to health receivers and written clearly.	Pt. interview	
				Health HB	
	2-19	There is a doctor in the examination room during working time.	Behavior obs		
			Attendance record		
	2-20	Purpose of a laboratory test is explained to health receivers.	Behavior obs		
			Pt. interview		
	2-21	There is a place/person to receive the sample in laboratory.	Photo		
			Pt. interview		
	2-22	Appointment of patients to get the result of laboratory tests is indicated.	Pt. interview		
			Health HB		
	<b>Diagnosis</b>	2-23	Information about the next appointment is written clearly.	Pt. interview	
				Health HB	
		2-24	Diagnosis is explained and written clearly.	Pt. interview	
				Health HB	
<b>Treatment</b>	2-25	Prescription is written in detail and clearly.	Health HB		
	2-26	There is a list of essential drugs in the examination room.	Photo		
	2-27	Information of patients is delivered to related units before sending the patients.	Staff interview		
<b>Finance</b>	2-28	Financial staff explain the expenses clearly.	Behavior obs		
			Pt. interview		

Name of hospital:

Date:

Name of evaluator:

Category	No.	Criteria	Assesment	Result	
<b>Garde 3</b>	<b>Entrance of Reception</b>	3-1	Reception has a place for the information center.	Observation	
	<b>Guidance of Service</b>	3-2	Reception area shows hospital regulations (for staff and patients).	Observation	
	<b>Queue management</b>	3-3	Staff use a microphone and speaker to call patients.	Observation	
	<b>Patient services at Reception</b>	3-4	Reception has a wheelchair service.	Observation	
		3-5	Reception staff know some complaints and ideas from users.	Staff interview	
		3-6	Reception staff know local language speakers (ethnic language) among the current hospital staff.	Staff interview	
		3-7	Reception staff know foreign language speakers among the current hospital staff.	Staff interview	
		3-8	Staff greet health receivers with performing salutation.	Pt. interview	
		3-9	Staff greet health receivers with smiling face.	Pt. interview	
		3-10	Staff say thank you for using the hospital's service.	Pt. interview	
	<b>Registration at Reception</b>	3-11	Staff write registration book legibly. (PFQ)	Check registration book	
	<b>Health insurance inforamttion</b>	3-12	Non-insurance coverages are clearly indicated on the wall.	Photo	
		3-13	Non-insurance coverages are explained to health care receivers.	Pt. interview	
	<b>Guidance</b>	3-14	Triage/patient classification list is clearly indicated on the wall.	Photo	

Category	No.	Criteria	Assesment	Result	
<b>Garde 3</b>	<b>Examination</b>	3-15	Observation, listening, palpating, knuckling are conducted to assess patients' condition, and results are written clearly.	Behavior obs	
			Health HB		
		3-16	There is a name or code on an order form for a sample clearly.	Photo	
		3-17	There is a delivery record or logbook (name, code, and results are written).	Photo	
	3-18	There is a ready-made ordering sheet of laboratory, Echo, X-ray, EGC.	Photo		
	<b>Diagnosis</b>	3-19	The latest national protocols are available in the examination room (national treatment guideline, guidelines from WHO, DTC, MOH, etc).	Photo	
	<b>Treatment</b>	3-20	Medicine is distributed according to the queue at the pharmacy.	Pt. interview	
		3-21	Way of treatment (how to take medicines) is written in the health monitoring handbook.	Health HB	
		3-22	Health staff tell how to take medicine.	Pt. interview	
		3-23	There are materials and media for providing health education.	Photo	
		3-24	Health education about what to do at home is provided and written.	Pt. interview	
				Health HB	
		3-25	There is a hospital health education team.	TOR/ Agreement	

Name of hospital:

Date:

Name of evaluator:

Category	No.	Criteria	Assesment	Result	
<b>Garde 4</b>	<b>Entrance of Reception</b>	4-1	Staff welcome patients 24 hours. (8:00-12:00, 13:30-16:00 at OPD, 12:00-13:30, 16:00 - 8:00 am at ER)	Observation	
	<b>Waiting area</b>	4-2	Waiting area has clean drinking water for patients.	Observation	
		4-3	Waiting area has newspaper, magazine, and etc. (PFQ)	Observation	
	<b>Guidance of Service</b>	4-4	Service process flow of unit is visible (put on the wall etc.).	Observation	
	<b>Patient services at Reception</b>	4-5	Reception area has a clear walkway for a wheelchair and stretcher.	Observation	
		4-6	Reception staff and Quality Improvement Committee summarize complaints and ideas from users.	Staff interview	
		4-7	Staff speak local language (ethnic language).	Staff interview	
		4-8	Health staff always pay attention to provide instructions to patients and relatives when they need support.	Pt. interview	
				Staff interview	
	4-9	Staff apologize to patients for slow service and any inconvenience.	Pt. interview		
	<b>Registration at Reception</b>	4-10	All information (columns) has been filled in the registration book. (PFQ)	Check registration book	
	<b>Guidance</b>	4-11	Patients are triaged/classified according to their condition or disease.	Quize	
<b>Treatment</b>	4-12	There is a weekly or monthly health education	Education plan		

Name of hospital:

Date:

Name of evaluator:

Category	No.	Criteria	Assesment	Result	
<b>Grade 5</b>	<b>Guidance of Service</b>	5-1	Reception has a specific receptionist to welcome patients and visitors.	Observation	
		5-2	Each reception gives advice for services using IT system.	Observation	
	<b>Queue management</b>	5-3	Queue card provided by the machine.	Observation	
		5-4	IT queue machine by using IT system.	Observation	
		5-5	Each unit and Quality Committee know the waiting time of patients at Reception.	Staff interview	
	<b>Patient services at Reception</b>	5-6	Reception staff and Quality Improvement Committee use complaints and ideas from users to identify improvement opportunities.	Staff interview	
		5-7	Staff speak a foreign language (English, French, Vietnamese, etc.)	Staff interview	
	<b>Registration at Reception</b>	5-8	Reception registers by IT system.	Observation	
	<b>Examination</b>	5-9	There are enough specialists for each line.	Staff interview	
	<b>Treatment</b>	5-10	There is an instruction sheet of medicine for patients.	Photo	



**Observation and Observation by Photo**

Category	No.	Criteria	Instruction	Reference	Result
Entrance of reception area	1	There are no obstacles in front of the reception area (motorbikes, car, small shops, etc.).		1-1	
	2	Each unit has a desk or a counter for reception.		1-2	
	3	Entrance of Reception has a rug or something to clean shoes.		1-3	
	4	Reception has a visible sign (large letter etc.).		2-1	
Waiting area	5	Reception area has a roof to protect from sun and rain. (PFQ)		1-4	
	6	Reception has a specific waiting area for patients.		1-5	
	7	Waiting area has a rubbish bin to put general wastes.		1-6	
	8	Reception area has benches and/or chairs for at least 25 patients. (PFQ)		2-2	
	9	Reception area is clean.		2-3	
	10	Waiting area has clean drinking water for patients.		4-2	
	11	Waiting area has newspaper, magazine, and etc. (PFQ)		4-3	
Guidance for Services	12	Reception has the sign to indicate places for each service (reception, examination room, laboratory, pharmacy, accounting, etc.)		1-7	
	13	Reception shows the written service time.		1-8	
	14	Reception area shows hospital regulations (for staff and patients).		3-2	
	15	Service process flow of unit is visible (put on the wall etc.) .		4-4	
	16	Each reception gives advice for services using IT system.		5-2	
Queue Management	17	Reception has a sign (text) for prioritized patients for medical check-up.		1-9	
	18	Reception area has a sign (visual aid) for prioritized patients for medical check-up.		2-6	
	19	Queue card provided by the machine.		5-3	
	20	IT queue machine by using IT system.		5-4	

Category	No.	Criteria	Instruction	Reference	Result
Patient services at Reception	21	Reception area displays contact number of administration for receiving complaints from users.		1-12	
	22	Reception area has complaint and idea box (suggestion box).		2-8	
	23	Reception area has a clear walkway for a wheelchair and stretcher.		4-5	
Registration at reception area	24	Reception area has the necessary materials for registration (books, pens, pencils, stapler).		1-15	
	25	Reception area has a space (table etc.) for registration.		2-12	
	26	Reception registers by IT system.		5-8	
Information of Insurance	27	There is a clear map or poster of list of the non-insurance coverages putting on the wall.		3-12	
Guidance	28	There is a list of triage/patients classification putting on the wall.		3-14	
	29	Queue cards are attached to the health monitoring handbook.		2-14	
Examination	30	Patient history is taken in private area.		2-15	
	31	Equipment for physical examination is clean.		1-22	
	32	There is a ready-made ordering sheet of laboratory, Echo, X-ray, EGC.		3-18	
	33	There is a patient name or code on a sample clearly.	Go to lab room, if it is necessary	1-24	
	34	There is a name or code on an order form for a sample.		3-16	
	35	There is a place/person to receive the sample in Lab.		2-21	
36	There is a delivery record or logbook to confirm all Pt. receives results.	3-17			
Diagnosis	37	The latest national protocols are available in the examination room (national treatment guideline, guidelines from WHO, DTC, MOH, etc).		3-19	
Treatment	38	There is a list of essential drugs in the examination room.		2-26	
	39	There is an instruction sheet of medicine for patients.		5-10	
	40	There are materials and media for providing health education.		3-23	
Payment	41	There is a payment receipt.		1-27	

**Behavior Observation**

Category	No.	Criteria	Instruction	Reference	Result
Entrance of reception area	1	Reception has a place for the information center.		3-1	
Guidance for Services	2	Reception has a specific receptionist to welcome patients and visitors.		5-1	
Queue Management	3	Staff use a microphone and speaker to call patients.		3-3	
Patient services at Reception	4	Reception has a wheelchair service.		3-4	
Registration at reception area	5	Staff register patients.		1-16	
Guidance	6	Responsible staff instruct patients to wait for medical check-up	Observe at least one case	1-18	
	7	Responsible staff arrange the patients into the examination room according to queue card.		1-19	
	8	Responsible staff instruct health receivers where to go next.		2-13	
Examination	9	There is a doctor in the examination room during working time.	Observe at least one case per examination room *80% of cases meet the criterion means pass	2-19	
	10	Health staff talks with health receivers in good manner (friendly, kindly, and politely).		2-16	
	11	Health staff explains the procedure to health receivers before the physical examination.		2-17	
	12	Health staff provides physical examination (observe, listen, palpate, knuckle, etc) to a patient.		3-15	
	13	Health staff explains the purpose of laboratory tests to health receivers.		2-20	
Diagnosis	14	Doctors decide hospitalization or going home.		1-25	
Treatment	15	Health staff check that health receivers receive the right medicine according to the prescription or health handbook instruction to health receivers.	Observe at least one case	1-26	
Payment	16	Financial staff explain the expenses clearly		2-28	

**Patient interview**

Category	No.	Questions	Reference	Yes	No
Entrance of reception area	1	Do you see health staff are on duty any time when you access to the hospital (8:00-12:00, 13:30-16:00 at OPD, 12:00-13:30, 16:00 - 8:00 am at ER)?	4-1		
Waiting area	2	Is the reception area clean?	2-3		
Guidance for Services	3	Did health staff explain the procedures of receiving services at the reception?	2-4		
	4	When you want to go to one service site, did health staff instruct you where it is?	2-5		
Queue Management	5	Did health staff ask about your symptoms?	1-10		
Patient services at Reception	6	Did health staff help you to transport when you needed it?	1-11		
	7	Did health staff wear the uniform and name tag?	1-13		
	8	Did health staff already at reception when you come to the hospital after 8 am?	1-14		
	9	Did health staff start asking when you arrive at the health facility?	2-11		
	10	Did health staff greet you by performing salutation?	3-8		
	11	Did health staff greet you with a smiling face?	3-9		
	12	Did health staff say thank you for using the hospital's service to you?	3-10		
	13	Did health staff always pay attention to you and your relatives when you needed services? (No playing mobile phone and chatting while patients need services.)	4-8		
	14	Did health staff apologize to patients for slow service and any inconvenience?	4-9		
Information of Insurance	15	Did insurance staff instruct you about non-insurance coverages?	3-13		
Guidance	16	Did someone instruct you to wait for a medical check-up?	1-18		
	17	Did health staff guide/instruct into the examination room according to your queue card?	1-19		
	18	Is there clear guidance/instruction where to go next?	2-13		

**Patient interview**

Category	No.	Questions	Reference	Yes	No
Examination	19	Did health staff take your history (present symptoms, past disease history, allergies, etc)?	1-20		
	20	Did health staff take vital signs (weight, temperature, blood pressure, pulse, etc)?	1-21		
			2-7		
	21	Did health staff take your history at a private area (ex. examination room)?	2-15		
	22	Did the staff in examination room talk with you in good manner (friendly, kindly, and politely)?	2-16		
	23	Did health staff explain the procedure to you before the physical examination?	2-17		
	24	Did health staff explain the result of vital signs to you?	2-18		
	25	Did health staff explain the purpose of laboratory test to you?	2-20		
	26	Did you see a place/person to receive the sample in the laboratory room?	2-21		
27	Did health staff make an appointment you to get the result of the laboratory test?	2-22			
Diagnosis	28	Did doctors inform you that you have to come again or not?	2-23		
	29	Did doctors explain clearly on your diagnosis?	2-24		
Treatment	30	Did you receive the medicine at medicine distribution point according to the queue?	3-20		
	31	Did health staff tell how to take medicine?	3-22		
	32	Did health staff provide health education about what to do at home to treat your disease?	3-24		
Payment	33	Did responsible staff explain the expenses clearly?	2-28		
	34	Did you receive a receipt for your payment?	1-27		

**Health Hand Book check**

Category	No.	Criteria	Instruction	Reference	Result
Information of Insurance	1	Type of patient's insurance is written or stamped.		1-17	
Examination	2	Patient history is written clearly.	Check on present symptoms, past disease history, allergies etc.	1-20	
	3	Vital signs are completely written.	Check on weight, tempature, blood pressure, pulse etc	2-18	
	4	Result of physical examination is written on the health handbook.	Check on result of observe, listen, palpate, knuckle	3-15	
	5	Ordering of examination is written (Echography, X-ray, Laboratory test, ECG, others).	Check Order Form, if it is with HB	1-23	
	6	Appointment time to get the result of laboratory tests is written.	Check HB or appointment card, if it is exist	2-22	
Diagnosis	7	Information about next appointment is written.	Even the Pt. doesn't have a next appointment, instruction should be written (ex. if symptoms doesn't get better, come back to OPD etc)	2-23	
	8	Diagnosis is clearly written.		2-24	
Treatment	9	Prescription is written in detail and clearly.	Check prescription, if it is with HB	2-25	
	10	Health receivers receive the right medicine according to the prescription or health handbook.	Evaluator compare medicine and prescription or health handbook	1-26	
	11	Way of treatment is written.		3-21	
	12	Health education about what to do at home is written.		3-24	

**Document check**

Category	No.	Criteria	Type of document	Instruction	Reference	Result
Registration at Reception	1	Staff write registration book legibly.(PFQ)		Check registration book	3-11	
	2	All information (columns) have been filled in the registration book. (PFQ)		Check registration book	4-10	
Examination	3	There is a doctor at the examination room during working time.	Attendance Record	Go to appropriate section and check attendance record for each room during last month	2-19	
Treatment	4	There is a hospital health education team.	TOR/Agreement		3-25	
	5	There is a weekly or monthly health education plan.	Education Plan		4-12	

**Staff interview**

Category	No.	Questions	Yes	No	Instruction	Reference
Queue management	1	Do you know how long does it take the patient to wait for a health check-up? (Called to examination room)			Interview staff in OPD	5-5
Patient services at Reception	2	Do you know there are local language speakers among the current hospital staff? Or do you know who is or where they work?			Interview to personnel section staff	2-9
	3	Do you know there are foreign-language speakers among the current hospital staff? Or do you know who is this?				2-10
	4	Do you know some complaints and ideas from users?			Interview staff in OPD	3-5
	5	Do you know there are local language speakers among the current hospital staff?			Interview staff in OPD	3-6
	6	Do you know who or where or what you should make an inquiry when you need support?			Interview staff in OPD	4-7
	7	Do you know there are foreign-language speakers among the current hospital staff?			Interview staff in OPD	3-7
	8	Do you know who or where or what you should make an inquiry when you need support?			Interview staff in OPD	5-7
	9	Do you always pay attention to patients and their relatives? (no playing mobile phone and chatting while patients need services.)			Interview staff in OPD	4-8
	10	Do OPD and Quality Improvement Committee regularly summarize complaints and ideas from users?			Interview staff in OPD	4-6
	11	Do OPD and Quality Improvement Committee use complaints and ideas from users to improve the service?			Interview staff in OPD	5-6
Examination	12	Do your hospital has enough specialists for each line (4 main sections)?			Ask personnel section	5-9
Treatment	13	Do you inform related units before sending patients from OPD/ER?			Ask OPD or ER section	2-27



Category	No.	Quiz	Right Answer	Answer from staff	Instruction	Reference
Guidance	14	How do you classify this patient described below? 1) Patients with history of high blood pressure.	Orange/s emi- emergen cy (2nd priority)		Ask this question to 2 staff who are responsible for patient classification. Or if the staff doesn't know the name of classification, ask them to make prioritization (interviewer read all descriptions and ask which patient should be first, second and third). If the staff answered all quizzes collect, it is considered as "pass".	4-11
		2) Patients who come to check their wounds after the operation (external medicine, obstetric).	Green/mi ld (3rd priority)			
		3) Patients with cyanosis symptoms in lips and top of fingers and feet.	Red/Eme rgency (1st priority)			

## **Self-assessment procedure of Inpatient department (IPD) PROVINCIAL HOSPITAL**

**Documents:** Hospital quality criteria of Inpatient department (IPD) that consists of one result sheet (Form A) and six evaluation checklists (Form B, Form C, Form D, Form E, Form F and Form G).

**Procedures:**

1. Conduct the observation by actual visit at the site of the IPD (Form B).
2. Conduct two staff demonstration (Form C, Form D) and staff interviews (Form G).
3. Conduct 10 patient interviews (Form E).
4. Conduct five document checks (Form F).
5. Transfer the assessment result onto a result sheet (Form A) (See Note on explanation of reference number in page 2).
6. Fill the summary result on the summary sheet.

**Explanation and usage of each form:**

**1) Observation**

**Form B (Observation)**

- (1) Visit the actual site of the IPD.
- (2) Determine the current situation of each item (achieved or not-achieved) following the instruction of each item, and take a photo as proof.
- (3) Write down either of “achieved (✓)” or “not-achieved (×)” in each item on Form B.

**Form C (Staff demonstration of medicine preparation),**

**Form D (Staff demonstration of taking Vital Signs)**

- (1) Ask at least two staff to demonstrate the service procedures of medicine preparation and taking vital signs.
- (2) Assess the achievements of each item following instructions written in each form.
- (3) When all staff achieved all items, mark “achieved (✓)” in an item on Form C and Form D.

**2) Patients Interview and Document Check**

**Form E (Patient Interview)**

- (1) Select 10 patients who have been already hospitalized at least one day before the day of the self-assessment.
- (2) Conduct at least 10 patient interviews in total with Form E.
- (3) When 80% (e.g. 8 out of 10) of patients met each item, mark “achieved (✓)” in each corresponding item on Form A.

*Instruction for interviewers*

- ① *To avoid straining the patient, the interviewer wears casual wear (no uniform and no name tag).*
- ② *To protect privacy of interviewees, the interview must be conducted with no other patients and no staff around the interviewee.*

- ③ *The interviewer must choose the patient/relatives in good condition (not seriously ill).*
- ④ *The interviewer introduces him/herself to the interviewee.*
- ⑤ *The interviewer explains the purpose of this interview.*
- ⑥ *To encourage honest answers, the interviewer does not fill out the patient's name in the form.*
- ⑦ *The interviewer starts interview after interviewee's agreement.*

### **Form F (Document Check)**

- (1) Prepare at least five medical charts of patients who have been already discharged.
- (2) Assess the achievements of each item following instructions written in each form.
- (3) When 80% (e.g. 4 out of 5) of medical charts achieved each item, mark “achieved (✓)” in each corresponding item on Form F.

### **3) Staff Interview**

#### **Form G**

- (1) Conduct interview with at least two staff working in the designated IPD unit.
- (2) Assess the achievements of each item following instructions written in each form.
- (3) When all staff met each item, mark “achieved (✓)” in each corresponding item on Form G.

### **4) Compile the results**

#### **Form A (Result sheet)**

Transfer all the results of each item on Form B, Form C, Form D, Form E, Form F and Form G to the result sheet (Form A).

#### **\*Note**

The reference column is used when an evaluator transfers the results on each checklist (Form B, Form C, Form D, Form E, Form F and Form G) to the result sheet (Form A). Reference number (e.g. 2-4) shows each of corresponding items on the result sheet (Form A). For example, 2-4 means that the item is corresponding to the item number 4 in grade 2 on Form A).

Name of hospital:

Date:

Name of evaluator:

Category		No.	Quality Requirements	Assesment	Result
<b>Grade 1</b>	Acceptance of patients	1-1	Hospital staff accompanies a patient when she/he admitted to the hospital.	Pt. interview	
		1-2	There is a written SOP to implement for patient acceptance.	Observation	
		1-3	Registration book in IPD is fulfilled.	Observation	
	Instruction how to use a facility	1-4	There is a sign to indicate the direction.	Observation	
		1-5	Staff instruct/guide patients to examination rooms (Echo, ECG, X-ray rooms, etc.).	Pt. interview	
	Assesment	1-6	Doctors writes down the order for the examination in the form completely.	Observation	
		1-7	Doctors writes the diagnosis in the documents.	Document Check	
		1-8	There is a complete result of examination according to the ordering form.	Document Check	
		1-9	Health staff explain the treatment plan to patients.	Pt. interview	
		1-10	Treatment plan is written in the document and signed.	Document Check	
		1-11	Authorizers sign or put a finger print on the consent form to agree on the treatment.	Document Check	
	Treatment	1-12	Nurse prepares medicine to provide to patients each day.	Pt. interview	
		1-13	The result of physical examination and assessment are written into the document.	Document Check	
		1-14	There is a list of cleaners responsible for each zone.	Observation	
	Evaluation	1-15	Vital signs for evaluation is written in the document.	Document Check	
	Discharge	1-16	Summary of discharge is written into the discharge form completely.	Document Check	
	Handover	1-17	There is a checklist for available medicine in a unit.	Observation	
		1-18	There is a checklist for available equipment in a unit.	Observation	
		1-19	Report general situation of 24 hours and handover to the next team.	Document Check	

Name of hospital:

Date:

Name of evaluator:

Category		No.	Quality Requirements	Assesment	Result
<b>Grade 3</b>	Acceptance of patients	3-1	ER/OPD staff and IPD staff check the Patient's document together when the patient is admitted.	Staff interview	
	Assesment	3-2	There is a person to deliver the sample to the laboratory.	Observation	
		3-3	Health staff explain the additional examination to patients.	Pt. interview	
		3-4	Health staff explain the diagnosis to patients.	Pt. interview	
	Treatment	3-5	Health staff explain about medicine to patients.	Pt. interview	
		3-6	There is a standardized protocol for the common disease to follow (DTC or national guideline or RUD).	Observation	
		3-7	Health staff understands safety in the administration of medicine.	Staff interview	
		3-8	There is a written instruction of health education to provide for patients.	Observation	
		3-9	Nurse take vital signs with correct techniques.	Demonstration	
		3-10	Assessment of daily life care is written in the documents.	Document Check	
		3-11	Patient is clean, can eat, and rest during hospital stay.	Pt. interview	
		3-12	The patient room environment is arranged for a comfortable stay. (Temperature, odor, and humidity, etc.).	Pt. interview	
		3-13	There is a clean bed sheet for each patient.	Observation Pt. interview	
	Evaluation	3-14	The result of evaluation is explained to patients.	Pt. interview	
	Payment	3-15	There is an explanation about payment.	Pt. interview	

Name of hospital:

Date:

Name of evaluator:

Category		No.	Quality Requirements	Assesment	Result
<b>Grade 3</b>	Acceptance of patients	3-1	ER/OPD staff and IPD staff check the Patient's document together when the patient is admitted.	Staff interview	
	Assesment	3-2	There is a person to deliver the sample to the laboratory.	Observation	
		3-3	Health staff explain the additional examination to patients.	Pt. interview	
		3-4	Health staff explain the diagnosis to patients.	Pt. interview	
	Treatment	3-5	Health staff explain about medicine to patients.	Pt. interview	
		3-6	There is a standardized protocol for the common disease to follow (DTC or national guideline or RUD).	Observation	
		3-7	Health staff understands safety in the administration of medicine.	Staff interview	
		3-8	There is a written instruction of health education to provide for patients.	Observation	
		3-9	Nurse take vital signs with correct techniques.	Demonstration	
		3-10	Assessment of daily life care is written in the documents.	Document Check	
		3-11	Patient is clean, can eat, and rest during hospital stay.	Pt. interview	
		3-12	The patient room environment is arranged for a comfortable stay. (Temperature, odor, and humidity, etc.).	Pt. interview	
		3-13	There is a clean bed sheet for each patient.	Observation Pt. interview	
	Evaluation	3-14	The result of evaluation is explained to patients.	Pt. interview	
	Payment	3-15	There is an explanation about payment.	Pt. interview	

Name of hospital:

Date:

Name of evaluator:

Category		No.	Quality Requirements	Assesment	Result
<b>Grade4</b>	Assesment	4-1	Delivery record or logbook is sent to the Lab to confirm patients' results and back to the unit is fulfilled.	Observation	
	Treatment	4-2	All medicine is organized in an appropriate place.	Observation	
		4-3	There are a pillow and pillow cover for each patient.	Observation	
				Pt. interview	
		4-4	Each bed has a mosquito net or rooms have window screen.	Observation	
4-5	Each bed has a cupboard for patient use.	Observation			

Name of hospital:

Date:

Name of evaluator:

Category		No.	Quality Requirements	Assesment	Result
<b>Grade 5</b>	Instruction how to use a facility	5-1	The information about hospital services is displayed (Ex: display monitor, information board, poster, hospital map, etc).	Observation	
	Treatment	5-2	There is a clean blanket for each patient.	Observation	
				Pt. interview	
		5-3	There is clothes for patient.	Observation	
				Pt. interview	
		5-4	There is 1 meter between patients' beds.	Observation	
5-5	Each bed has a chair.	Observation			



**Observation and Observation by Photos (IPD)**

Category	No.	Criteria	Instruction	Reference	Result
Acceptance of patients	1	There is a written SOP to implement for patient acceptance.	Take Photo	1-2	
	2	Registration book in IPD is fulfilled.	Take a Photo of the registration book. Check the registration logbook on last month and for 5 pages. *If all information is fulfilled, it is considered as "pass".	1-3	
Instruction on how to use a facility	3	There is a sign to indicate the direction.	Take Photo	1-4	
	4	There is a sign or poster to indicate visiting hours.	Take Photo	2-2	
	5	There is a sign to indicate daily schedule in the unit	Take Photo	2-3	
Treatment	6	All medicine is organized in an appropriate place (light shielding, refreragaor etc).	Take Photo	4-2	
	7	All patients' IV bottles have eticket.	Take Photo without patients' name	2-7	
	8	Doctor writes down the order for the test in the form completely.	Take Photo without patients' name	1-6	
	9	There is a person to deliver the sample to the laboratory.	If evaluateor saw the person who deliver the sample, considered asn"pass". If not, ask staff how the sampple is delivered.	3-2	
	10	Delivery record or logbook is sent to the Lab to confirm patients' results and back to the unit is fulfilled.	Check the record or log book *If all information is completed, it is considered "pass".	4-1	
	11	There is an updated standardized protocol for the common diseases to follow (DTC or national guideline or RUD).	Take Photo with published year	3-6	

**Observation and Observation by Photos (IPD)**

Form B (Observation)

Category	No.	Criteria	Instruction	Reference	Result
Treatment (continued)	12	There is a standardized monitoring procedure/forms for common cases.	Take Photo For example, HQC for normal delivery, CCTVR-BRU for Dengue, monitoring for severe cases etc.	2-13	
	13	There is a written instruction of health education to provide for patients.	Take Photo	3-8	
	14	There is a list of cleaners responsible for each zone.	Take Photo	1-14	
	15	There is a clear instruction on how to keep hygiene around patients' bed.	Take Photo	2-14	
	16	There is a cleaning schedule and record put on the wall.	Take Photo	2-15	
	17	General waste and medical waste are separated correctly.	Take Photo	2-16	
	18	There is a good airflow system.	Take Photo of ventilator, fan, window in patients room etc	2-17	
	19	There is 1 meter between patients' beds.	Take Photo	5-4	
	20	Each bed has a mosquito net or rooms have window screen.	Take Photo	4-4	
	21	Each bed has a cupboard for patient use.	Take Photo	4-5	
	22	Each bed has a chair.	Take Photo	5-5	
	23	There is a clean bed sheet for each patient.	Take Photo	3-13	
	24	There are a pillow and pillow cover for each patient.	Take Photo	4-3	
	25	The information about hospital services is displayed (Ex: display monitor, information board, poster, hospital map, etc).	Take Photo	5-1	
	26	There is a clean blanket for each patient	Take Photo	5-2	
27	There is clothes for patient.	Take Photo	5-3		

**Observation and Observation by Photos (IPD)**

Form B (Observation)

Payment	28	There is a list of health insurance coverage and exceptions.	Take Photo	2-19	
Handover	29	There is a checklist for available medicine in a unit.	Take Photo	1-17	
	30	There is a checklist for available equipment in a unit.	Take Photo	1-18	

**Demonstration for Medicines check (IPD)**

Category	No.	Criteria	Final Result	Instruction	Reference
Assessment	1	Health staff prepare the right medicine for a patient according to the prescription.		Ask 2 nurses for this demonstration. If there is a bag of medicine just received, ask a nurse how they receive (check) and prepare them. If there is no bag of medicine available for evaluation, ask a nurse to explain the process of receiving medicine orally. *If the nurse follows the all steps consideres as "pass".	2-6
	no.	Steps	Result		
	1	Health staff receive a bag of medicine from patients or their relatives or pharmacy.			
	2	Health staff check the medicine comparing with prescription (name of medicine, number of medicine).			
	3	Health staff put patient name or bed number on the bag or each medicine (or put separate boxes).			
	4	Health staff put the prescription to a designated place (such as into a medical chart).			

**Demo-Vital signs check (IPD)**

Category	No.	Criteria	Final Result	Instruction	Reference	
Treatment		Nurse take vital signs with correct techniques.		Ask 2 nurses to perform vital signs measurement. *If the nurses can follow all steps, it is considered as "pass".	3-9	
Treatment (Step)	no.	Steps	Result	Instruction		
	1	<b>Prepare necessary equipment and document.</b>  1) Hemodynamometer 2) Stethoscope 3) Thermometer 4) Dry cotton 5) Alcohol (70%) 6) Watch (phone, timer etc) 7) Pen (red, blue, black) 8) Document 9) Tray (box, cart etc) 10) Trash bin (box, plastic bag, kidney tray)	/	Alternative equipment is acceptable for 6), 9) and 10)		
	2	<b>Wash or sterilize hands of a nurse.</b>		Gloves cannot be used instead of washing hands.		
	3	<b>Greeting and explaining the process to a patient.</b>				
	4	<b>Measurement of body temperature (insert thermometer).</b>  1) Swing down a thermometer till scale indicate 35 °C (if it is a Mercury thermometer) or turn on/reset thermometer (if it is digital).	/			
		2) Clean the thermometer with alcohol cotton.				
		3) Wipe the patient's armpit.			A nurse can ask a patient or relatives to clean it, if his/her armpit is wet.	
		4) Put the thermometer in armpit for 8-10 mins (if it is a Mercury one), or till beeping (if it is a digital one).			While waiting for the result, a nurse moves on next steps.	

Demo-Vital signs check (IPD)

	no.	Steps	Result	Instruction
Treatment (Step)	5	<b>Measurement of pulse.</b>	/	
		Put 2 fingers (index and middle fingers) on the radial artery of patient for 1 minute.		If a nurse only use a pulse oxymeter, ask reasons. If she answers such as the patient is no risk for abnormal pulse or other convincible reasons, it is acceptable. (Only counting number of pulse rate is not the measurement of pulse.)
	6	<b>Measurement of breathing.</b>	/	
		Check on breathing by observing chest movement (or abdominal movement if it is a child) for 1 minute.		
	7	<b>Measurement of blood pressure.</b>	/	
		1) Prepare the patient to the right position (sit down or lie down, straighten an arm).		
		2) Clean the stethoscope with alcohol cotton.		
		3) Wrap the cuff around the upper arm and above 2 cm from the elbow joint and same high as the patient' heart.		
		4) Know the patient's Systolic value *with palpation method, or checking the monitoring chart of the patient, or ask normal range to the patient".		
		5) Put air 20 -30 mmHg more than the Systolic value of the patient.		
6) Release air with a speed of 2 -4 mmHg/rate.				
7) Remove the cuff.				
8	<b>Measurement of body temperature (remove thermometer).</b>	/	Evaluators have to make sure, the temperature was measured for 8 - 10 minutes.	
	Remove the thermometer and clean it.			
Treatment (Step)	9	<b>Put all equipment back to the tray, etc.</b>		
	10	<b>Tell the result to the patient.</b>		
	11	<b>Write the result on the medical chart.</b>		

**Patient interview (IPD)**

Category	No.	Questions	Yes	No	Reference
Acceptance of Patients	1	Did at least one staff in the hospital accompany you from OPD/ER to IPD on the day you were admitted?			1-1
	2	Did IPD staff greet you when you admitted to this unit?			2-1
Instruction how to use a facility	3	Did health staff instruct/guide you to examination rooms (Echo, ECG, X-ray rooms, etc.)?			1-5
Assessment	4	Did health staff explain the additional examination to you?			3-3
	5	Did health staff explain which disease you have?			3-4
	6	Did health staff explain your treatment plan?			1-9
Treatment	6	Did health staff explain the medicine and side effect to you when they use it?			3-5
	8	Did nurse prepare medicine to provide to you each day?			1-12
	9	Did health staff explain to you what to do while hospitalizing and once you go back home?			2-9
	10	Did health staff instruct relatives on how to support the patients' daily life care?			2-12
	11	Did you clean your body (if you are allowed), eat something (if you are allowed), rest well since you were admitted to the hospital?			3-11
	12	Are you comfortable in your room (temperature, odor, humidity)?			3-12
	13	Do you understand how to keep hygiene around patients' bed?			2-14
	14	Do you have clean bed sheet provided by the hospital?			3-13
	15	Do you have a clean blanket provided by the hospital?			5-2
	16	Do you have a pillow and pillow cover provided by the hospital?			4-3
Evaluation	17	Do you have patient clothe provided by the hospital?			5-3
	18	Did health staff explain the result of evaluation? E.g.) Did you know you are recovering or need continuous treatment here or referral?			3-14
Payment	19	Did you receive any explanation about your payment?			3-15

**Document check (IPD)**

Category	No.	Criteria	Instruction	Reference	Result
Assessment	1	Patient history is fulfilled.	Check pages in Observation sheets or 11 Gordon pattern form. *If all information is written, considered as "pass"	2-4	
	2	Doctor write the order into the log book.	Check pages in daily note by <b>Doctors</b>	2-5	
	3	There is a complete result of examination according to ordering form.	Compare with the ordering form and result	1-8	
	4	Doctor writes the diagnosis in the documents.	Check page in Observation sheets	1-7	
	5	Treatment plan is written in the document and signed.	Check pages in daily note by <b>Doctors</b>	1-10	
	6	Authorizers sign or put finger print on the consent form to agree on the treatment	Check consent form	1-11	
Treatment	7	All information about the health education that health staff provided is written.	Check pages in daily note by <b>doctors or nurses</b>	2-8	
	8	Vital signs are written for monitoring according to the protocol.	Check pages of daily monitoring form	2-11	
	9	The result of physical examination and assessment are written into the document.	Check pages in daily note by <b>Doctors</b>	1-13	
	10	Assessment of daily life care is written in the documents.	If 11 Gordon pattern assessment sheet is using, check number 2,3,4,5 and summary section. If not using, check daily note by nurses. If all information is clearly and appropriately written, it is "pass".	3-10	
	11	Nursing plan according to patients' problem is written.	Check pages in daily note by <b>Nurses</b>	2-10	



**Document check (IPD)**

Category	No.	Criteria	Instruction	Reference	Result
Evaluation	12	The clear result of evaluation is written in the documents.	Check pages in daily note by doctors and nurses	2-18	
	13	Vital signs for evaluation is written in the document.	Check the last vital sign in daily monitoring form and discharge day. If there is a result of vital signs on the day of discharge, considered as "pass".	1-15	
Discharge	14	Summary of discharge is written into the discharge form completely.	Check discharge sheet If all sections in discharge form are fulfilled, it is "pass".	1-16	
Handover	15	Report general situation of 24 hours and handover to the next team.	Check handover book	1-19	

**Staff interview (IPD)**

Category	No.	Questions	Yes	No	Instruction	Reference
Acceptance of Patients	1	Did OPD or ER staff check the patient's document together with you when the patient is admitted to your unit?			Ask if she/he has this experience within one week.	3-1
	2	Do you know the time for hand over to the next shift? What time is it?			If she/he can answer the exact time, it is considered as "pass".	2-20
	3	Please tell me about "6R" to check when administering medicine to patients.			Answer is as follows. If the staff answer all, it is considered as "pass". <b>Right Patient,                      Right Medicine,                      Right Dose,                      Right Route,                      Right Timing,                      Right Record</b>	3-7

Evaluation method of HQC for Care of PPH and Severe-preeclampsia/Eclampsia  
 PROVINCIAL HOSPITAL

- The evaluation should be conducted by at least one evaluator (member of quality improvement committee of the hospital) and at least one interviewee (staff of delivery unit).
- Interviewers should be member of Hospital Quality Improvement Committee.

Observation

1. Visit **Pharmacy** and check drugs as below. If you cannot find below drugs in the pharmacy, visit **Emergency Room and/ or delivery unit**. If you cannot find the enough number of drugs like below, the result becomes “No”.

		Pharmacy or ER or Delivery unit	Remarks
Eclampsia1-1	Magnesium sulphate 20A Calcium gulconate 5A	Yes/ No Yes/ No <u>All</u> two drugs are available? YES / NO	
Eclampsia2-1	Niphedipine (Adalat) 10 tablets	Yes/ No	
Eclampsia4-1	Hydralazine 3A	Yes/ No	

2. Visit **Laboratory** and check the availability of below test. If Blood Bank is in the same property with hospital and they provide Cross match test, the result becomes “Yes”.

		Laboratory room	Remarks
PPH1-4	CBC (Complete blood count) Blood typing Clotting test (Ts, Tc)	Yes/ No Yes/ No Yes/ No <u>All</u> three tests are available? YES / NO	
PPH5-2	Cross match	Yes/ No	

3. Visit **delivery unit** and check drugs, equipment and commodities as below. If you cannot find the enough number of drugs, equipment and commodities like below, the result becomes “No”.

		Delivery unit	Remarks
PPH1-1	Oxytocin 4A Misoprostol 4 tablets	Yes / No Yes / No <u>Both</u> two drugs are available? YES / NO	
PPH1-2	The procedure checklist or guideline on how to use Oxytocin and Misoprostol	Yes / No	

PPH1-3	Pulse oximeter 1 Sphygomanometer 1 Oxygen 1 Thermometer 1 18G IV cannulas 2	Yes / No Yes / No Yes / No Yes / No Yes / No <u>All</u> five equipment are available? YES / NO	
PPH2-3	PPH kit box 1	Yes / No	
PPH4-3	Sterile long gloves, one pair	Yes / No	
PPH5-1	Scale or measuring cup to estimate the blood loss amount	Yes / No	
Eclampsia1-2	Procedure checklist or guideline on how to treat preeclampsia/eclampsia	Yes / No	
Eclampsia2-2	Eclampsia kit box 1	Yes / No	
Eclampsia5-1	Electric infusion pump for MgSO4	Yes / No	

### Mini test

Visit **the delivery unit** and Conduct the mini test on 5 medical staffs working in the delivery unit (Doctors, Medical assistants, Midwives and Nurses) using Form1. Correct answers are 1,4,6 and 8 (Insufficient uterine contraction, Coagulopathy, Genital tract trauma and Retained placenta). If 80% of staff (4 staff) can make correct answer, the result becomes “YES”.

	The number of persons who gives a correct answer.	Results	Remarks
PPH2-5	( ) persons	Yes / No More than 4 persons answered correctly? YES / NO	

### Chart review

1. Check one medical record of PPH case that occurred in their hospital (NOT referral case from other facilities) most recently, NOT caesarian section case. If you cannot find below information in a medical record, the result becomes “No” even they say they provided it. If you cannot find any medical record, the result becomes “NA (Not available)”.

		Result of evaluation	Remarks
PPH2-1	The amount of the blood loss of "more than 500ml" or other symptoms indicating anemia were written on a medical record.	Yes / No / NA	
PPH2-2	“The result of checking the placenta” was written on a medical record to identify the cause of PPH.	Yes / No / NA	
PPH2-6	The performance of resuscitation was written on a medical record. (Using 2 IV cannulas with 18G cannula, Rapid infusion of NS/RL and shock position)	Yes / No / NA	
PPH3-1	The performance of the uterine massage and the provided treatment according to the cause of PPH were written on a medical record.	Yes / No / NA	

PPH3-2	Both the diagnosis of PPH and the amount of blood loss were written on a medical record.	Yes / No / NA	
PPH3-3	The cause of PPH was clearly recorded on a medical record such as (1) uterine atony, (2) genital tract trauma, (3) retained placenta and (4) coagulopathy.	Yes / No / NA	
PPH3-4	10 units Oxytocin was given by IM if no infusion line OR Oxytocin infusion was given if an IV infusion line is already in place (oxytocin 20 units in 1 litre at fastest flow possible). If bleeding didn't stop after the Oxytocin administration, "Misoprostol" 800 mcg (4 tab) was given. And the additional treatment was provided based on the cause of PPH accurately.	Yes / No / NA	
PPH3-5	Tranexamic acid 1g (4A: 250mg/A) was given by slow IV over 10 minutes.	Yes / No / NA	
PPH4-1	When Postpartum haemorrhage occurred, the medical staff monitored the patient every 15 minutes for her " heart rate (HR)", "Blood pressure (BP)", and the amount of blood loss until patient's condition became stable.	Yes / No / NA	

2. Check one medical record of Severe pre-eclampsia or Eclampsia case that occurred in their hospital most recently (NOT referral case from other facilities). If you cannot find below information in a medical record, the result becomes “No” even they say they provided it. If you cannot find any medical record, the result becomes “NA (Not available)”.

		Result of evaluation	Remarks
Eclampsia1-3	Severe preeclampsia or Eclampsia was written on a medical record as a diagnosis.	Yes / No / NA	
Eclampsia2-3	CBC (Complete blood count) and urine protein were checked and written on a medical record.	Yes / No / NA	
Eclampsia2-4	If the patient did not deliver yet, fetal status was assessed by CTG (Cardiotocography) or Doppler and it was written on a medical record.  If the patient got severe preeclampsia or eclampsia after child birth, the result will be NA (Not available).	Yes / No / NA	
Eclampsia2-5	“Risk factors of ANC (Antenatal care)” or “No risk” were written on a medical record.  If the patient never got ANC during her pregnancy, the result will be NA (Not available).	Yes / No / NA	
Eclampsia3-1	Loading dose of Magnesium sulphate was administered appropriately: Give 4 g Magnesium sulphate slowly by IV and the maintenance dose of Magnesium sulphate (1 g / hr IV= MgSO <sub>4</sub> (15%) 16 A (160 mL) + Ringer 340 mL (Total 500 mL), then 7 drops/min) was appropriately administered for 24 hours.	Yes / No / NA	
Eclampsia3-2	The sign of Magnesium toxicity (reflex and respiratory rate) was checked.	Yes / No / NA	
Eclampsia3-3	The sign of pulmonary oedema was checked by stethoscope.	Yes / No / NA	
Eclampsia3-4	The content of discharge explanation/ instruction was written on a medical record.	Yes / No / NA	
Eclampsia4-2	The fluid balance (in and out) was checked every one hour.	Yes / No / NA	



Eclampsia4-3	The patient was monitored (1) consciousness, (2) blood pressure and (3) heart rate at least every 15 minutes until the patient condition became stable.	Yes / No / NA	
Eclampsia4-4	Diagnostic criteria were written on a medical record. <b>See the Form 2 that explains diagnostic criteria of severe preeclampsia and eclampsia.</b>	Yes / No / NA	
Eclampsia4-5	The biochemical blood test (SGPT and SGOT) was checked to identify HELLP syndrome.		
Eclampsia5-2	If the patient had hypertension, antihypertensive drugs (Hydralazine or Nifedipine) were used appropriately: Hydralazine 5 mg slow IV OR in case there is no Hydralazine, Nifedipine can be administered 5-10 mg orally. Repeat after 30 min until the blood pressure is getting normal. If the patient did not have hypertension, the result will be NA (Not available).	Yes / No / NA	
Eclampsia5-3	If the patient had hypertension, her blood pressure was controlled under 140/90 mmHg when she discharged from the hospital. If the patient did not have hypertension, the result will be NA (Not available).	Yes / No / NA	

## Interview

Interview at least one medical staff working in the delivery unit as below.

		Result of evaluation	Remarks
PPH1-5	At least one pair of MW (Midwife) and doctor who trained EmOC are assigned to the delivery room for 24 hours a day.	Yes / No	
PPH2-4	The medical staff can repair the genital tract trauma if needed.	Yes / No	
PPH4-2	The medical staff who works in the delivery unit knows how to perform bimanual uterus compression	Yes / No	
PPH4-4	At least one medical staff can perform the manual removal of the placenta.	Yes / No	
PPH4-5	At least one medical staff who got the updated EmOC training are assigned to the delivery room for 24 hours a day.		
PPH5-3	There are at least two bags of blood products in a hospital anytime. If blood products are available in Blood bank which is in the same property with hospital, it will be "YES".	Yes / No	
PPH5-4	At least one OBGYN doctor or surgeon who can perform pregnancy hysterectomy is available in a hospital.	Yes / No	

## Form1 for Quality criteria of PPH

Which is four main Causes of PPH?

Please choose four correct answers.

1. Insufficient uterine contraction
2. Uterine rupture
3. Hypertension
4. Coagulopathy
5. Proteinuria
6. Genital tract trauma
7. Oligohydramnios
8. Retained placenta
9. Pregnancy in diabetic
10. Uterine myoma

## Form2 for Quality criteria of Severe-preeclampsia/ Eclampsia

### « Severe pre-eclampsia »

#### **Presenting Symptom and Other Symptoms and Signs Typically Present:**

- SBP  $\geq$  160 mmHg and/or DBP  $\geq$  110 mmHg after 20 weeks of gestation
- Proteinuria 2+ on dipstick

#### **Symptoms, Signs and Laboratory Findings Sometimes Present:**

- Headache
- Vision changes (e.g. blurred vision)
- Oliguria (passing less than 400 mL urine in 24 hours)
- Upper abdominal pain (epigastric pain or pain in right upper quadrant)
- Difficulty breathing (rales on auscultation of lungs due to fluid in lungs)
- Nausea and vomiting

### « Eclampsia »

#### **Presenting Symptom and Other Symptoms and Signs Typically Present:**

- Convulsions
- SBP  $\geq$  140 mmHg or higher or DBP  $\geq$  90 mmHg after 20 weeks of gestation

#### **Symptoms, Signs and Laboratory Findings Sometimes Present:**

- Coma (unconscious)
- Other symptoms and signs of severe pre-eclampsia

# PPH (postpartum haemorrhage)

## PROVINCIAL HOSPITAL

Name of hospital:

Date:

Grade

Name of evaluator:

Name of interviewee:

	Target: Readiness of drugs, equipments, labo capacity and human resource for the care of PPH	Result
Grade 1	1 Oxytocin four (4) ampules and Misoprostol four (4) tablets are stored in a delivery unit.	
	2 Either of "Procedure checklist" or "guideline" on how to use Oxytocin and Misoprostol is available in a delivery unit.	
	3 Essential equipment ("Pulse Oximeter", "Sphygomanometer", "Oxygen", "Thermometer", "18 gauge IV cannulas") are available in a delivery unit.	
	4 Laboraroty has capacioty of "CBC (Complete Blood Count)", "blood typing" and "clotting test (Ts, Tc)".	
	5 At least one pair of MW (Midwife) and doctor who trained EmOC are assigned to the delivery room for 24 hours a day.	
Grade 2	Target: Capacity of rapid diagnosis and first aid	
	1 The amount of the blood loss of "more than 500ml" was estimated or other symptoms indicating the signs of anemia was observed.	
	2 The medical staff routinely checks the placenta to identify the cuase of PPH.	
	3 "PPH kit box" is available in a delivery room.	
	4 The medical staff can repair the genital tract trauma by suture if needed.	
	5 The medical staff who works in the delivery unit knows four (4) main causes of PPH such as "uterine atony", "genital tract trauma", "retained placenta" and "coagulopathy".	
Grade 3	6 Resuscitation was done appropriately as follows; (1) 2 large-bore IV cannulas were used, (2) the rapid infusion of NS/RL was given and (3) the shock position was used.	
	Target: Capacity of exact diagnosis and care for uterine atony	
	1 The uterine massage was performed and treatment was provided based on the cuase of PPH.	
	2 Both the diagnosis of PPH and the amount of blood loss were written on a medical record.	
	3 The cause of PPH is recorded on a medical record such as (1) uterine atony, (2) genital tract trauma, (3) retained placenta and (4) coagulopathy.	
Grade 4	4 Oxytocin was given appropriately as follows; (1)10 units Oxytocin was given by IM if no infusion line, or (2)Oxytocin infusion was given if an IV infusion line is already in place (oxytocin 20 units in 1 litre at fastest flow possible). If bleeding didn't stop after the Oxytocin administration, "Misoprostol" 800 mcg (4 tab) was given. And the additional treatment was provided based on the cause of PPH accurately.	
	5 Tranexamic acid 1g (4A: 250mg/A) was given by slow IV over 10 minutes.	
	Target: Capacity of the care for the cause of PPH besides uterine atony	
	1 When PPH occurred, the medical staff monitored the patient every 15 minutes for her "Heart Rate (HR)", "Blood Pressure (BP) and the ammount of blood loss untill patient's condition became stable.	
	2 The medical staff who works in the delivery unit knows how to perform the bimanual uterus compression.	
Grade 5	3 Sterile long gloves are available when health staff is going to remove the placenta.	
	4 The medical staff can perform the manual removal of the placenta.	
	5 At least one OBGYN doctor or surgeon who can perform pregnancy hysterectomy is available in the hospital.	
Grade 5	Target: Capacity of the blood transfusion and trained staff	
	1 The amount of blood loss was measured precisely by scale or measuring cup.	
	2 Labooratory can perform cross-match test for blood transfusion.	
	3 At least two bags of blood product are stored in a hospital for 24 hours a day.	

✓: YES ×: NO NA: Not available

## Severe preeclampsia/ eclampsia

### PROVINCIAL HOSPITAL

Name of hospital:

Date:

Grade

Name of evaluator:

Name of interviewee:

	Target:	Result
Grade 1	1 At least twenty (20) Magnesium sulphate and five (5) Calcium gluconate are available in a pharmacy, delivery room or ER.	
	2 "Procedure checklist" or "guideline" on how to treat preeclampsia / eclampsia are available in the delivery room.	
	3 "Severe preeclampsia" or "Eclampsia" was written as a diagnosis in the selected medical records.	
Grade 2	Target:	
	1 At least ten (10) "Nifedipine( Adalat)" are available in a pharmacy, delivery room or ER.	
	2 Eclampsia kit box is available in the delivery unit.	
	3 "CBC (Complete Blood Count)" and "urine protein" were written on a medical record.	
	4 For the patient who did not deliver yet, assessment of fetal status by doppler or CTG were written on a medical record.	
5 "Risk factors of ANC (Antenatal care)" or "No Risk" were written on the selected medical records.		
Grade 3	Target:	
	1 Loading dose of Magnesium sulphate was administered appropriately (4 g Magnesium sulphate slowly by IV) and the maintenance dose of Magnesium sulphate( 1g / hr IV= MgSO4 (15%) 16A (160mL) + Ringer 340mL (Total 500mL), then 7 drops/min) was appropriately administered for 24 hours.	
	2 Sign of Magnesium toxicity (Reflex, Respiratory Rate) was checked.	
	3 Sign of pulmonary oedema was checked by stethoscope.	
4 The contents of discharge explanation/ instruction to a patient and their family on how to treat patient herself was written on the medical record before discharge.		
Grade 4	Target:	
	1 At least three (3) "Hydralazine ampoule" is available in pharmacy.	
	2 The fluid balance was checked and recorded on a medical record every one hour.	
	3 The patient was monitored (1) consciousness, (2) blood pressure and (3) heart rate at least every 15 minutes until the patient condition became stable.	
	4 The diagnosis of Severe-preeclampsia or Eclampsia is coherent with the vital sign and other findings.	
5 The biochemical blood test (Liver function) was checked to identify HELLP syndrome.		
Grade 5	Target:	
	1 Hospital has the electric infusion pump for MgSO4.	
	2 If the patient had hypertension, antihypertensive drugs (Hydralazine or Nifedipine) were used appropriately such as (1) Hydralazine 5 mg slow IV OR, (2) in case there is no Hydralazine, Nifedipine can be administered 5-10mg orally. Repeat after 30 min until the blood pressure became normal.	
3 If the patient had hypertension, her blood pressure was controlled under 140/90mmHg when she discharged from the hospital.		

✓: YES ×: NO NA: Not available

Evaluation method of HQC for normal delivery  
(Intrapartum care and Delivery/Postpartum care)  
PROVINCIAL HOSPITAL and DISTRICT HOSPITAL

- The evaluation should be conducted by at least one evaluator (member of quality improvement committee of the hospital) and at least one interviewee (staff of delivery unit).
- Interviewers should be member of Hospital Quality Improvement Committee.

### 1. Observation

Visit **delivery unit** and check drugs, equipment and commodities as below. If you cannot find the enough number of drugs, equipment and commodities like below, the result becomes “No”.

		Delivery room	Remarks
PPC1-1	Oxytocin×6A Misoprostol×10tablets R/L or NSS 1000ml×total 4bags Newborn mask and bag×1 Oxygen×1 Oxygen tube×1 Nasal aspirator×1	Yes/ No Yes/ No Yes/ No Yes/ No Yes/ No Yes/ No Yes/ No <u>All</u> Seven drugs and commodities are available? YES / NO	
PPC4-1	• The floor of delivery room is clean? (no blood) • There are separated dust bins for infectious and non-infectious waste ? • There is sharp bin?	Yes/ No Yes/ No Yes/ No <u>All</u> three answers are “YES”? YES / NO	
PPC5-6	Infant warmer×1 Suction tube×1	Yes/ No Yes/ No <u>All</u> two answers are “YES”? YES / NO	

### 2. Chart review

Visit **the delivery unit** and check 5 cases of medical record for normal delivery cases using “Form 1 Chart review”. If more than 4 cases of 5 is “YES”, it means that you achieve the criteria.

### 3. Patient interview

Visit **the delivery unit** and interview 5 patients after delivery using “Form 2 Patient experience after normal delivery”. If more than 4 cases of 5 is “YES”, it means that you achieve the criteria.

## Form 1 Chart review for normal delivery

	Case 1	Case 2	Case 3	Case 4	Case 5
1. The case is normal delivery.					
2. This case is no complication.					
3. The case is that the patient has discharged already after childbirth.					

Yes: ✓ No:✗ Don't know: NA

Intrapartum care (IPC)		Case 1	Case 2	Case 3	Case 4	Case 5	Result
IPC1-1	"The admission vital sign; Blood Pressure, Pulse Rate, Body temperature" were written on a medical record.						
IPC1-3	"Fundal height, Abdominal circumference, Fetal heart rate" were written on a medical record as admission information.						
IPC1-4	The reason of admission (e.g. labour pain, rupture of membrane etc) was written on a medical record.						
IPC1-5	CBC (complete blood count) result was found in a medical record.						
IPC2-2	"ANC information; ANC visit, How many? Where? Tetanus vaccination, high risk or low risk" were written on a medical record.						
IPC2-3	"Previous delivery, complications of pregnancy, allergy for medicines" were written on a medical record as an admission information.						
IPC2-4	"The baby position was written on a medical record as an admission information.						
IPC2-5	Partograph was used for this case.						
IPC3-2	"Bishop score and rupture of membrane or not when the patient admitted" were written on a medical record.						
IPC3-3	"The patient status during labour progress (e.g. normal progress, inadequate uterus contraction etc) based on partograph" was written on a medical record.						
IPC3-5	"Fetal heart rate, uterine contraction and pulse of mother" were written on Partograph every 30 minutes.						
IPC4-2	"The basis of gestational age by ultrasound or LMP" was written on a medical record.						
IPC4-3	"The result of Ultrasound examination" was found in a medical record or MCH hand book.						



IPC5-1	“The result or use of CTG” was written on a medical record.						
IPC5-2	“Printed CTG” was found in a medical record.						
IPC5-3	“The assessment of the result of CTG (e.g. fetal well-being ect)” was written on a medical record.						
IPC5-4	“The result of HIV test” was written on a medical record or MCH hand book.						

Delivery and postpartum care (PPC)		Case1	Case2	Case3	Case4	Case5	Result
PPC1-3	“The time and amount of oxytocin injection after childbirth” were recorded.						
PPC2-1	“Delivery information; there is genital tract trauma or not, placenta assessment, Apgar score” were written on a medical record.						
PPC2-3	“The medication of HepB and Vit K to the newborn baby” were written on a medical record.						
PPC2-4	“The final diagnosis (e.g. normal vaginal delivery)” was clearly written on a medical record.						
PPC3-1	“The exact amount of bleeding during delivery” was written on a medical record.						
PPC3-2	“The information of the newborn baby; skin color, urination and sucking” were written on a medical record.						
PPC3-4	“The information of discharge examination; vital signs, uterus contraction, vaginal examination” were written on a medical record.						
PPC5-2	We can see on a medical record that “the patient stays in a hospital more than 24 hours after delivery”.						
PPC5-3	“Monitoring result after delivery (vital signs and uterus contraction)” were written on a medical record every 15 minutes until 2 hours after delivery						

## Form 2 Patient experience after normal delivery

	Case 1	Case 2	Case 3	Case 4	Case 5
1. No uniform and No name tag on an interviewer					
2. No other patients and no staff around interviewee					
3. The interviewee is in good condition					
4. More than 2 hours has passed after the interviewee gave birth					
5. The interviewer explains the purpose of this interview					
6. The interviewee agrees to take the interview					

Yes: ✓ No:✗ Don't know: NA

		Case1	Case2	Case3	Case4	Case5	Result
IPC1-2	Did the medical staff check MCH handbook when you admitted?						
IPC2-1	Did the reception staff greet and introduce themselves to you when you admitted?						
IPC2-6	Can you or your family easily find medical staff in the delivery unit for consultation?						
IPC3-1	Did the reception staff help you to go to the delivery room when you needed because of the labor pain?						
IPC3-4	Could you choose your body position during labor period?						
IPC4-1	Did the medical staff clearly explain to you what to do next after reception such as labour progress and how to monitor labour progress?						
PPC1-2	Did you perform Skin to skin contact immediately after child birth?						
PPC2-2	Did the medical staff help you to move your bed after delivery?						
PPC3-3	Did the medical staff record the delivery information on MCH handbook? Date/time of birth, sex, body weight and height						
PPC3-5	Did you make an appointment of PNC with date and time?						
PPC4-2	Did you start breast feeding within one hour after delivery?						
PPC4-3	Did the medical staff provide enough health education to you (Food, Yu-phai, sanitation, danger signs, breastfeeding, family planning, vaccination for newborn)?						
PPC5-1	Did you perform Skin to skin more than 90 minutes?						
PPC5-4	Did you get a clean bed and bed sheets after delivery?						
PPC5-5	Did you get brochures for the health education after delivery?						

## Hospital quality criteria for intrapartum care (IPC)

### PROVINCIAL HOSPITAL and DISTRICT HOSPITAL

Name of hospital:

Date:

Grade

Name of evaluator:

Name of interviewee:

	Target: Basic assessment of the patient admission	Result
Grade 1	1 The medical staff checks the vital sign when the patient admit; Blood Pressure, Pulse Rate, Body temperature.	
	2 The medical staff checks the MCH handbook when the patient admit.	
	3 The medical staff examine following when the patient admit; Fundal height, Abdominal circumference, Fetal heart rate.	
	4 The reason of admission (e.g. labour pain, rupture of membrane etc) is written on a medical record.	
	5 CBC (complete blood count) is performed for all cases.	
	Target: Identification of the high risk pregnancy with respectful care	
Grade 2	1 The reception staff greets and introduces themselves to the patient.	
	2 ANC information was checked; ANC visit, How many? Where? Tetanus vaccination, high risk or low risk?	
	3 The medical staff gets the enough patient information when the patient admit; previous delivery, complications of pregnancy, allergy for medicines	
	4 The medical staff checks the baby position and the number of baby when the patient admit.	
	5 The medical staff uses partograph for all normal delivery cases excluding caesarean section and breech delivery.	
	6 Patient and family can easily find medical staff in delivery unit for consultation.	
	Target: Good monitoring during labour progress	
Grade 3	1 The reception staff helps the patient to go to delivery room if patient has strong pain.	
	2 The medical staff performs vaginal examination and checks Bishop score and rupture of membrane or not when the patient admitted.	
	3 The medical staff assesses the patient status during labour progress based on partograph.	
	4 Patient can choose her body position during labour period.	
	5 The medical staff monitors and records on partograph appropriately after starting to use partograph; every 30minutes, Fetal heart rate, uterine contraction, pulse	
	Target: Ultrasound examination	
Grade 4	1 The medical staff clearly explains to the patient what to do next after reception such as the labour progress and how to monitor the labour progress.	
	2 The basis of gestational age is clear by Ultrasound or Last Menstrual Period (LMP).	
	3 Ultrasound examination is performed for all patients during ANC or after admission.	
	Target: CTG and HIV screening	
Grade 5	1 The medical staff monitors the fetus by Cardiotocography (CTG).	
	2 The medical staff uses CTG and print out the result for all cases.	
	3 The medical staff assesses the result of CTG.	
	4 HIV test is conducted for all patients during ANC or after admission.	

✓ : YES × : NO NA:Not available

## Hospital quality criteria for care of delivery and postpartum care (PPC)

### PROVINCIAL HOSPITAL AND DISTRICT HOSPITAL

Name of hospital:

Date:

Grade

Name of evaluator:

Name of interviewee:

	Target:	Result
Grade 1	1 Delivery room has essential drugs and equipments: Oxytocin 6A, Misoprostol 10 tablets, R/L or NSS 1000mL 4bags, Newborn mask and bag, oxygen, oxygen tube, nasal aspirator.	
	2 Skin to Skin contact was performed immediately after child birth.	
	3 The medical staff records the time and amount of oxytocin injection (10 IU, intramuscular) after childbirth.	
Grade 2	Target:	
	1 The medical record has enough information: there is genital tract trauma or not, placenta assessment, Apgar score.	
	2 The medical staff helps the patient to move their bed after delivery.	
	3 The medical staff provides HepB and Vit K to the newborn baby.	
Grade 3	4 The final diagnosis is clearly written down on a medical record.	
	Target:	
	1 The medical staff assesses the exact amount of bleeding during delivery.	
	2 The medical staff monitors the newborn baby appropriately: skin color, urination and sucking.	
	3 The medical staff records the delivery information on MCH handbook; date and time of birth, sex, body weight and height.	
Grade 4	4 The medical staff records patient condition before discharge on medical record such as vital sign, uterine contraction, vaginal check.	
	5 The medical staff makes an appointment of PNC visit for the patient with the exact date and time.	
	Target:	
Grade 4	1 The delivery room is clean enough; no blood on the floor, there are separated dust bins for infectious and non-infectious waste and sharp bin.	
	2 Patient starts breast feeding within one hour from the delivery.	
	3 The medical staff provides enough health education to the patient: Food, Yu-phai, sanitation, danger signs, breastfeeding, family planning, vaccination for newborn.	
Grade 5	Target:	
	1 The mother and newborn performs Skin to skin for 90 minutes.	
	2 The patient stays in a hospital at least 24 hours after delivery.	
	3 The medical staff monitors the mother appropriately after delivery: check vital signs and uterus contraction every 15minutes until 2 hours after delivery.	
	4 There are clean beds and bed sheets for the patient.	
	5 There are brochures for the health education to the patient.	
6 The delivery room has at least one infant warmer and suction tube.		

✓ : YES × : NO NA:Not available

# Hospital Quality Criteria for Quality Improvement Committee

# 1

## Provincial Hospital

Name of hospital:

Date:

Name of evaluator:

Name of interviewee:

	Target:	Evaluation method	Result
Grade 1	1	Quality Improvement Committee was assigned by Terms of Reference (TOR).	Check the document of Terms of Reference (TOR).
	2	Quality Improvement Committee collected results of self-assessment from the target units.	Check the last result of self-assessment.
	3	Quality Improvement Committee meeting was held at least once in the last three months.	Check the minutes of meeting or notification letter of meeting.
Grade 2	Target:		
	1	The updated Terms of reference (TOR) of Quality Improvement Committee was disseminated to quality improvement committee members.	Visit the Quality Improvement Committee unit and see the updated Terms of reference (TOR).
	2	The hospital assigned Secretariat of Quality Improvement Committee by the official document.	Check the assignment letter of the secretariat.
	3	Quality Improvement committee had a list of Quality Improvement Activities that target units were conducting.	Check the list of action plans in the summary sheet of self-assessment.
Grade 3	Target:		
	1	Quality Improvement Committee documented progress of Quality Improvement Activities in the hospital in the last three months.	Check the progress report of Quality Improvement Activities in each unit.
	2	Quality Improvement Committee visited each unit for supportive supervision in the last three months.	Select two units and interview the head of these two units.
Grade 4	Target:		
	1	More than 80% of Quality Improvement Committee members attended the Quality Improvement Committee meeting in the last three months.	Check the registration sheet of the meeting.
Grade 5	Target:		
	1	Quality Improvement Committee stored standard operating procedures (SOPs) and checklists used in each ward/unit.	Check SOPs and checklists.

✓: YES x: NO NA: Not available

# Quality Improvement Plan

# 2

## Provincial Hospital

Name of hospital:

Date:

Name of evaluator:

Name of interviewee:

	Target:	Evaluation method	Result
Grade 1	1 The hospital selected the target health care services to be improved in this year.	Check a list of target health care services (eg. criteria, indicator).	
	2 The hospital selected the priority target wards/units to implement the routines of quality improvement of health care services (eg. QHC model).	Check the dissemination plan or a list of target wards/units.	
	3 Hospital Quality Improvement Committee had the latest quality criteria and assessment checklists.	Check the document at Hospital Quality Improvement Committee.	
Grade 2	Target:		
	1 Hospital Quality Improvement Committee held the annual meeting for quality improvement plan (update of quality criteria and assessment checklists) at least once a year.	Check the minutes of meeting.	
Grade 3	Target:		
	1 The hospital selected the target wards/units for extension of the routines of quality improvement of health care services (eg. QHC model).	Check the new dissemination plan or a list of target wards/units.	
Grade 4	Target:		
	1 The hospital received an external evaluations (eg. Dok Champa accreditation, Cross visit from other province etc) at least once a year.	Interview the quality improvement committee members.	
Grade 5	Target:		
	1 The hospital developed their own quality criteria.	Check the document of the hospital quality criteria.	

✓: YES x: NO NA:Not available

## Self-assessment

# 3 (1)

### Provincial Hospital

Name of hospital:

Date:

Name of evaluator:

Name of interviewee:

	Target:	Evaluation method	Result
Grade 1	1	The hospital conducted self-assessments at least once in the last three months using the selected hospital quality criteria.	Check the summary of the assessment result.
	2	Assessors were assigned by Terms of Reference (TOR).	Check the document of Terms of Reference (TOR).
	3	The wards/units selected the priority topics of quality improvement after the last self-assessment.	Check the minutes of meeting or the summary sheet of self-assessment.
Grade 2	Target:		
	1	Preparatory meeting for self-assessment was held in the last quarter.	Check the date of the minutes of meeting.
	2	Hospital Quality Improvement Committee reported the results of the last self-assessment in the last three months to Quality Improvement Committee in Provincial Health Department.	Check the copy of the report submitted to the provincial health department.
Grade 3	3	Quality Improvement Committee held a meeting to discuss the result of self-assessment and the priority topics of quality improvement in the last three months.	Check the date and contents of the minutes of meeting.
	Target:		
	1	Hospital Quality Improvement Committee developed the standard operating procedure (SOP) of self-assessment.	Check the standard operating procedure (SOP).
Grade 4	Target:		
	1	The hospital selected the priority topics of quality improvement for the whole hospital after self-assessment in the last three months.	Check the list of the priority topics of quality improvement.
	2	The hospital conducted case review for severe or difficult cases in the last three months.	Interview the staff of the medical administration unit.
	3	The hospital assigned committee members who are responsible for incidents or errors in the hospital.	Check the assignment letter.
Grade 5	4	Incident/error cases were reported using the standardized form.	Check the incident/error report.
	Target:		
	1	The hospital conducted the patient satisfaction survey at least once a year.	Check the summary of the result.
	2	The hospital discussed on risk predictions and how to prevent the recurrence of incidents or errors at least once a year.	Interview the quality improvement committee members.

✓: YES x: NO NA: Not available

## Quality Improvement Activities

# 3 (2), (3)

### Provincial Hospital

Name of hospital:

Date:

Name of evaluator:

Name of interviewee:

	Target:	Evaluation method	Result
Grade 1	1	Target units conducted Quality Improvement Activities in the last three months.	Interview the head of target units.
	2	Target units that have already conducted Quality Improvement Activities in the last quarter, selected the services or daily work to develop standard operating procedure (SOP).	Interview the head of target units about theme of SOP.
Grade 2	Target:		
	1	For the current priority topics of Quality Improvement, the hospital assigned teams.	Check the name of team members inside the action plan.
	2	Quality Improvement Committee monitored the progress of the current Quality Improvement Activities to give advice and support in the last three months.	Check date and contents of the document (monitoring form, report or minutes of meeting).
Grade 3	Target:		
	1	Target units has at least one standard operating procedure (SOP).	Visit target units and check the standard operating procedure (SOP) put on the wall.
Grade 4	Target:		
	1	The progress of Quality Improvement Activities in each unit were reported to the Quality Improvement Committee in the last three months.	Check the report.
	2	The hospital developed standard operating procedure (SOP) of how to conduct the Continuous Quality Improvement activities.	Check the standard operating procedure (SOP).
Grade 5	Target:		
	1	The latest assessment result was same (sustained) or improved from the last result.	Check the result of self-assessment in the last two times.

✓: YES × :NO NA:Not available



## Staff Development

# 3 (4)

### Provincial Hospital

Name of hospital:

Date:

Name of evaluator:

Name of interviewee:

Grade	Target:	Evaluation method	Result
Grade 1	Target:		
	1 The hospital has an annual plan and schedule of training of hospital quality management and patient safety in the hospital.	Check the annual training plan.	
Grade 2	Target:		
	1 Assessors in the hospital received a training on how to conduct self-assessment from quality committee members.	Interview assessors of the self-assessment.	
Grade 3	Target:		
	1 The hospital conducted trainings to improve the skill of the medical staff at least three (3) times a year.	Check the training report.	
	2 Trainees gave suggestions of quality improvement after any trainings in the last three months.	Interview the quality improvement committee members.	
Grade 4	Target:		
	1 The hospital conducted trainings of the hospital quality management at least two (2) times in the last one (1) year.	Check the training report.	
Grade 5	Target:		
	1 The staff attended overseas training or the study tour of hospital quality management and patient safety in the last one (1) year.	Interview the quality improvement committee members.	
	2 The hospital prepared budget for at least one staff to be a specialist (obstetricians, pediatricians, physicians and surgeons) in the last two years.	Check the assignment letter.	

✓: YES ×: NO NA: Not available

## Sharing Opportunities

3 (5)

### Provincial Hospital

Name of hospital:

Date:

Name of evaluator:

Name of interviewee:

Grade	Target:	Evaluation method	Result
Grade 1	Target:		
	1 Good practices in target units were shared in the Quality Improvement Committee meeting in the last six months.	Interview Quality Improvement Committee members.	
Grade 2	Target:		
	1 The hospital has a plan and schedule of a meeting to share a practical experience of Quality Improvement Activities inside the hospital in this year.	Check the activity plan.	
Grade 3	Target:		
	1 The hospital submitted at least one abstract to a forum related with quality of health care services and patient safety in the last one year.	Check the abstract on the proceeding book.	
Grade 4	Target:		
	1 The hospital organized the meeting for exchanging knowledge and sharing the good practical experiences among units twice a year.	Check the minutes of meeting.	
	2 The hospital organized the meeting on sharing practical experiences of quality improvement among Provincial Health Department and district hospitals in the last one year.	Check the minutes of meeting.	
Grade 5	Target:		
	1 The hospital dispatched staff to join overseas meeting or forum to share the practical experiences of the hospital quality management in the last one year.	Interview Quality Improvement Committee members.	
	2 The hospital organized a sharing opportunity of good practices with hospitals in another provinces in the last 6 months.	Interview Quality Improvement Committee members.	

✓: YES \* :NO NA:Not available

## Latest Quality Improvement Plan (Hospital Quality Criteria) and Survey Sheets for District Hospital

- (1) Toilets
- (2) Reception Outpatient Department (OPD)
- (3) Intrapartum Care (Normal Delivery)
- (4) Postpartum Care (Normal Delivery)
- (5) Hospital Quality Management (HQM)



**Hospital Quality Criteria for Toilet**  
**District Hospital version**

Name of hospital:

Date:

Name of evaluator:

Name of unit:

	Target : To keep clean in the toilets	Result
Grade 1	1 There is a rug at the entrance of Toilet	
	2 The floor is not dirty	
	3 There is no spider net on the wall	
	4 The ceiling does not leak, no spider net, not dirty	
	5 Urine bowl clean, no yellowing, no obstruction	
	6 Instruction of how to use toilet	
	7 Toilet has no crack, no bad smell, no obstruction, no visible fael rest	
	8 There are sufficient quantity of water (in container, water tank with scoop) and no mosquito's worms	
	9 The button for release the water works well and clean	
	10 The waste bin with lid and plastic bag	
	11 There is 24 hours open toilet	
	12 Toilets are clean without visible faecal rest	
	13 Without flies or bad smell	
	14 Deodorant (natural and others)	
	15 Toilet is cleaned every day with dates, times and signature of cleaners on a cleaning schedule on the wall	
Grade 2	Target : The readiness of toilet's material	
	1 There is a good ventilation systems (Ventilator, air ventilation, etc.)	
	2 The ceiling is not broken	
	3 There are basins that can be used, clean and no obstruction	
	4 The basins has soap for wash hand	
	5 The toilet does not have a constant flow of water	
	6 The water tap is in good condition, no leaking water and clean	
	7 Clean water spray lines	
	8 There is functional dirty water drains with covers	
	9 The stool tank does not crack and no bad smell	
	10 The door can close from inside and lock	
11 Enough cleaning material (mob, toilet floor brushes, toilet brushes, cleaning solution for toilet and floor, plunger, disinfectant --) keeping with cleaners or in the storage		
Grade 3	Target : Comfortable to use	
	1 Have toilet symbols/ signs	
	2 Toilet wall is clean, no scratches	
	3 No water on floor	
	4 Enough light in the toilet	
	5 There is a clean vase of fresh flowers/plants	
	6 Each toilet has a clean towel or toilet paper	
	7 Toilet floor is without fissures (Tiles, etc.)	
	8 The mirror is not broken, not blur and without dirty	
9 There is the hanger in the toilet		
Grade 4	Target : Access to the bathroom more comfortable and user involvement in keeping clean	
	1 The sitting style toilet should have water spray	
	2 District Hospital should have at least 1 toilet per 10 beds in each ward	
	3 Water spray in good condition	
	4 Drain pipe (under the sink) is in a good condition, no leaking water, no ooze	
	5 There is a stool tank assessment form	
	6 The toilet wall has a handrail	
	7 Separate toilet for female and male with clear symbols of female and male	
8 There is specific cleaning staff		
Grade 5	Target : Build the toilet that is easy and comfortable for everyone to use	
	1 Structural bathrooms is good solid	
	2 Separate toilets for staff	
	3 Toilet for disable people	
	4 There is a toilet for pregnant women and children	
5 There is enough toilet paper		



## **Self-assessment procedure of Outpatient department (OPD) reception COMUNITY HOSPITAL**

**Documents:** Hospital quality criteria of OPD reception that consists of one result sheet (Form A) and two evaluation checklists (Form B, Form C). Form B is used for patient interviews and Form C is used for staff interviews. At first, Form A is used as checklist for check items for observation. Then when the results of Form B and Form C were transferred to Form A, Form A is used as a result sheet that shows all the results of assessment of OPD.

### **Procedures:**

1. Conduct the observation by actual visit at the site of the OPD (Check items for observation on Form A).
2. Conduct at least five patient interviews (Form B).
3. Conduct three staff interviews (Form C).
4. Transfer the assessment results of Form B and Form C onto a result sheet (Form A).
5. Fill the summary result on the summary sheet.

### **Explanation and usage of each form:**

#### **1) Observation**

##### **Form A (Check items for Observation)**

- (1) Visit the actual site of the OPD.
- (2) Determine the current situation of each item (achieved or not-achieved) for the observation items of Grade 1 to 5.
- (3) Write down either of “achieved (✓)” or “not-achieved (×)” in each item on Form A.

#### **2) Patients Interview and Document Check**

##### **Form B (Patient interview)**

- (1) Select at least five patients who received all services the day of the self-assessment.
- (2) Conduct at least five patient interviews in total with Form B.
- (3) When 80% (e.g. 4 out of 5) of patients met each item, mark “achieved (✓)” in each corresponding item on Form A.

##### *Instruction for interviewers*

- ① *To avoid straining the patient, the interviewer wears casual wear (no uniform and no name tag).*
- ② *To protect privacy of interviewees, the interview must be conducted with no other patients and no staff around the interviewee.*
- ③ *The interviewer must choose the patient/relatives in good condition (not seriously ill).*
- ④ *The interviewer introduces him/herself to the interviewee.*
- ⑤ *The interviewer explains the purpose of this interview.*

- ⑥ *To encourage honest answers, the interviewer does not fill out the patient's name in the form.*
- ⑦ *The interviewer starts interview after interviewee's agreement.*

**Form B (Health Handbook)**

- (1) Check Health Handbooks of the interviewed patients with Form B (the total number of Health Handbooks checked should be the same number of the total number of patients interviewed).
- (2) Assess the achievements of each item following instruction.
- (3) When 80% (e.g. 4 out of 5) of Health Handbooks achieved each item, mark “achieved (✓)” in each corresponding item on Form A.

**3) Staff Interview**

**Form C (Staff Interview)**

- (1) Conduct interviews with at least three staff working in OPD unit.
- (2) Assess the achievements of each item following instructions written in each form.
- (3) When 2 of 3 staff or all staff achieved each item, mark “achieved (✓)” in each corresponding item on Form A.

**4) Compile the results**

**Form A (Result sheet)**

In addition to the result of check items for observation on Form A, transfer all the results of check items on Form B and Form C to Form A (please see reference on Form B and Form C to know each of corresponding check items). Then Form A is used as the result sheet (Form A) that shows all the results of assessment of OPD reception.

**\*Note**

The reference column of each checklist (Form B and Form C) means each item number on the result sheet (Form A). The left side shows the grade and the right side shows the item number (e.g. 2-1 means that the question is about item number 1 in grade 2).



# Hospital Quality Criteria for OPD reception District Hospital version

Form A (Result Sheet)

Name of hospital:

Date:

Name of evaluator:

Quality Characteristics		No.	Quality Requirements	Assesment	Result
Entrance of Reception		1-1	There is no obstacles in front of reception area (motor bikes, car, small shops etc.)	Observation	
		1-2	OPD has a desk or a counter for reception	Observation	
Waiting area		1-3	Reception has specific waiting area for patients	Observation	
		1-4	Reception area has a roof to protect from sun and rain	Observation	
		1-5	Waiting area has rubbish bin with cover to put general wastes	Observation	
Guidance of OPD Services		1-6	OPD has the sign to indicate places for each OPD services (reception, examination room, laboratory, pharmacy, accounting etc.)	Observation	
		1-7	Reception of OPD shows the service time	Observation	
Queue Management		1-8	Reception of OPD has a sign (text) for prioritized patients for medical check up	Observation	
		1-9	Staff ask patients' health problem	Patient Experience	
Patient services at Reception of OPD	Transportation of patient	1-10	Staff help the patients who need assistance	Patient Experience	
	Health education				
	Feedback from users (patients, etc.)	1-11	Reception of OPD displays contact number of administration for receiving complaints from users	Observation	
	Multi-linguistic communication				
	Attitude of health provider		1-12	Staff wear uniform with name card	Patient Experience
		1-13	Staff come to work on time. (Staff start to provide service from 8 am)	Document check	
Registration at OPD		1-14	Reception of OPD has necessary materials for registration (books, pens, pencils, stapler)	Observation	
		1-15	Staff register patients	Observation	

√: YES, x:NO,

# Hospital Quality Criteria for OPD reception District Hospital version

Form A (Result Sheet)

Name of hospital:

Date:

Name of evaluator:

Quality Characteristics		No.	Quality Requirements	Assesment	Result
Entrance of Reception		2-1	Reception has visible sign (large letter etc.)	Observation	
		2-2	Entrance of OPD Reception has a rug or something to clean shoes	Observation	
Waiting area		2-3	Reception of OPD has benches or Balcony in corridorand/or chairs for at least 10 patients (DH)	Observation	
		2-4	Reception area is clean	Observation and Patient Experience	
Guidance of OPD Services		2-5	Staff explain procedures of receiving services in OPD	Patient Experience	
		2-6	Staff instruct service site to patient	Patient Experience	
Queue Management		2-7	Health staff classify and identify prioritized patients	Patient Experience	
		2-8	Reception of OPD has a sign (visual aid) for prioritized patients for medical check up	Observation	
		2-9	Staff provide a queue card for patients to wait for check up	Patient Experience	
		2-10	Staff take vital signs of patients	Check HB	
Patient services at Reception of OPD	Transportation of patient				
	Feedback from users (patients, etc.)	2-11	Reception of OPD has complaint and idea box (suggestion box)	Observation	
	Attitude of health provider	2-12	Staff start communication when patients arrive at the health facility	Patient Experience	
Registration at OPD		2-13	Reception of OPD has a space (table etc.) for registraton	Observation	

√: YES, x:NO,

# Hospital Quality Criteria for OPD reception

## District Hospital version

Form A (Result Sheet)

Name of hospital:

Date:

Name of evaluator:

Quality Characteristics		No.	Quality Requirements	Assesment	Result	
Entrance of Reception		3-1	There are flowers in front of reception area.	Observation		
Waiting area						
Guidance of OPD Services		3-2	Reception of OPD shows hospital regulations.	Observation		
Queue Management		3-3	Staff call each patient according to queue card number.	Observation		
		3-4	Reception of OPD gives instruction to patients to follow the queue.	Observation		
Grade 3 Patient services at Reception of OPD	Transportation of patient	3-5	Reception of OPD has a wheelchair service.	Observation		
	Health education	3-6	Provide health education (instruction) and explain the result of test each time.	Document check (logbook or HB)		
	Feedback from users (patients, etc.)	3-7	OPD knows some complaints and ideas from users.	Staff Interview		
	Multi-linguistic communication	3-8	Staff in OPD knows local language speakers (ethnic language in each area) among the current hospital staff.	Staff Interview		
		3-9	Staff in OPD knows foreign language speakers among the current hospital staff	Staff Interview		
	Attitude of health provider	3-10	Greet to health receivers by performing salutation.	Patient Experience		
		3-11	Greet to health receivers with smiling face.	Patient Experience		
		3-12	Say thank you for using the hospital's service.	Patient Experience		
	Registration at OPD		3-13	Staff write registration book legibly. (PFQ)	Observation	

√: YES, x:NO,

**Hospital Quality Criteria for OPD reception**  
**District Hospital version**

Form A (Result Sheet)

Name of hospital:

Date:

Name of evaluator:

Quality Characteristics (services)		No.	Quality Requirements	Assesment	Result	
Grade 4	Entrance of Reception	4-1	There is staff to welcome OPD patients during working hours (8:00-16:00 at OPD, 16:00-8:00 am at ER).	Patient Experience		
	Waiting area					
	Guidance of OPD Services	4-2	Service process flow of OPD is visible (put on the wall etc.)	Observation		
	Queue Management					
	Patient services at Reception of OPD	Transportation of patient	4-3	Reception of OPD has clear walkway for a wheelchair and stretcher.	Observation	
		Health education				
		Feedback from users (patients, etc)	4-4	OPD and Quality Committee summarize complaints and ideas from users once a month.	Document check (minutes of discussion)	
		Multi-linguistic communication	4-5	Staff does not play mobile phone during working time.	Patient Experience/ Staff Interview	
		Attitude of health provider	4-6	Staff apologize to patients for slow service and any inconvenience	Patient Experience	
	Registration at OPD	4-7	All information (columns) have been filled in registration book (PFQ)	Observation		

√: YES, x: NO,

# Hospital Quality Criteria for OPD reception District Hospital version

Form A (Result Sheet)

Name of hospital:

Date:

Name of evaluator:

Quality Characteristics		No.	Quality Requirements	Assesment	Result	
Grade 5	Entrance of Reception					
	Waiting area	5-1	Waiting area has clean drinking water for patients	Observation		
		5-2	Waiting area has newspaper, magazine, and etc. (PFQ)	Observation		
		5-3	OPD and Quality Committee know waiting time of patients Reception	Staff Interview		
	Guidance of OPD Services		5-4	Reception of OPD has specific receptionist to welcome patients and visitors	Observation	
	Queue Management		5-5	Staff use micro-phone and speaker to call patients	Observation	
	Patient services at Reception of OPD	Transportation of patient				
		Health education				
		Feedback from users (patients, etc.)	5-6	OPD and Quality Committee uses complaints and ideas from users to identify improvement opportunities	Staff Interview	
		Multi-linguistic communication	5-7	Staff speak foreign language (English, French, Vietnamese, etc.)	Staff interview	
Attitude of health provider						
Registration at OPD						

√: YES, x:NO,



# FormB: Patient Experience

Form B (Pt experience)

## Interview

1. No uniform and No name tag on an interviewer	
2. No other patients and No staff around interviewee	
3. The interviewee is in good condition (not seriously ill)	
4. The interviewee received the service of examination/test	
5. The interviewee has a designated queue card, if necessary	
6. The interviewer introduce him/herself to interviewee	
7. The interviewer explain the purpose of this interview	
8. No patients' name on the form	
9. The interviewee agrees to take the interview	

No.

**Date:**      **Time:**      **Name of Interviewer:**

No	Qusstions	Refere nce	Result	Remark s
1	Did health staff at reception ask your health problem?	1-9		
2	Did health staff help you to transport when you needed?	1-10		
3	Did health staff wear uniform and name tag?	1-12		
4	Was the health staff already at reception when you come to the hospital after 8 am?	1-13		
5	Is Reception area clean?	2-4		
6	Did health staff explain procedures of receiving services at reception?	2-5		
7	Did health staff instruct you the service site?	2-6		
8	Did health staff provide a queue card for you to wait for check up?	2-9		
9	Did health staff inform you the result of examination?	2-11		
10	Did health staff start asking when you arrive at the health facility?	2-12		
11	Did health staff greet you by performing salutation ?	3-10		
12	Did health staff greet to health receivers with smiling face?	3-11		
13	Did health staff say thank you for using the hospital's service to you?	3-12		
14	Do you see health staffs are on duty any time when you access to the hospital(8:00-16:00 at OPD, 16:00-8:00am at ER)?	4-1		
15	Did health staffs always pay attention to you and your relatives when you needed services? (No playing mobile phone and chatting while patients need services.)	4-5		
16	Did health staffs apologize to patients for slow service and any inconvenience ?	4-6		

√: YES, x : NO, Dk :Do not know, NA: No answer

**Document check**

Form B (Pt experience)

After the interview, please check this two information in the patient's health handbook.

No.	Criteria	Instruction	Reference	Result
1	Staff take vital signs of patients.		2-10	
2	Provide health education (instruction) and explain the result of test each time.	Health HB or logbook	3-6	

√: YES, x : NO,



## Form C: Staff interview of OPD

Form C (Staff interview)

No.	Qusstions	Instruction	Reference	Result
1	Did you classify patients for prioritization?	Interview to OPD staff	2-7	
2	Do you know there are local language speakers among the current hospital staff? Or do you know who or where or what you should make an inquiry when you need support?		3-8	
3	Do you know there are foreign language speakers among the current hospital staff? Or do you know who ?		3-9	
4	Do you know some complaints and ideas from users?		3-7	
5	Did you summarize the complaints and ideas from users to be discussed and solved realized problems?		4-4	
6	Do you always pay attention to patients and their relatives? (No playing mobile phone and chatting while patients need services.)		4-5	
7	Do you know how long does patient wait to be call for health check up? (Called to examination room)		5-3	
8	Do OPD and Quality Committee uses complaints and ideas from users to improve the service?		5-6	
9	Do you know there are foreign language speakers among the current hospital staff? Or do you know who or where or what you should make an inquiry when you need support?		5-7	

### Document check

When doing the assessment, please check these two items.

No.	Criteria	Instruction	Reference	Result
1	Staff come to work on time. (Staff start to provide service from 8 am)	Check on duty registration book	1-13	
2	OPD and Quality Committee summarize complaints and ideas from users once a month.	Check the minutes of meeting	4-4	

√: YES, x : NO,



Evaluation method of HQC for normal delivery  
(Intrapartum care and Delivery/Postpartum care)  
PROVINCIAL HOSPITAL and DISTRICT HOSPITAL

- The evaluation should be conducted by at least one evaluator (member of quality improvement committee of the hospital) and at least one interviewee (staff of delivery unit).
- Interviewers should be member of Hospital Quality Improvement Committee.

**1. Observation**

Visit **delivery unit** and check drugs, equipment and commodities as below. If you cannot find the enough number of drugs, equipment and commodities like below, the result becomes “No”.

		Delivery room	Remarks
PPC1-1	Oxytocin × 6A Misoprostol × 10tablets R/L or NSS 1000ml × total 4bags Newborn mask and bag × 1 Oxygen × 1 Oxygen tube × 1 Nasal aspirator × 1	Yes/ No Yes/ No Yes/ No Yes/ No Yes/ No Yes/ No Yes/ No <u>All</u> Seven drugs and commodities are available? YES / NO	
PPC4-1	• The floor of delivery room is clean? (no blood) • There are separated dust bins for infectious and non-infectious waste ? • There is sharp bin?	Yes/ No Yes/ No Yes/ No <u>All</u> three answers are “YES”? YES / NO	
PPC5-6	Infant warmer × 1 Suction tube × 1	Yes/ No Yes/ No <u>All</u> two answers are “YES”? YES / NO	

## **2. Chart review**

Visit **the delivery unit** and check 5 cases of medical record for normal delivery cases using “Form 1 Chart review”. If more than 4 cases of 5 is “YES”, it means that you achieve the criteria.

## **3. Patient interview**

Visit **the delivery unit** and interview 5 patients after delivery using “Form 2 Patient experience after normal delivery”. If more than 4 cases of 5 is “YES”, it means that you achieve the criteria.

## Form 1 Chart review for normal delivery

	Case 1	Case 2	Case 3	Case 4	Case 5
1. The case is normal delivery.					
2. This case is no complication.					
3. The case is that the patient has discharged already after childbirth.					

Yes: ✓ No:✗ Don't know: NA

Intrapartum care (IPC)		Case 1	Case 2	Case 3	Case 4	Case 5	Result
IPC1-1	"The admission vital sign; Blood Pressure, Pulse Rate, Body temperature" were written on a medical record.						
IPC1-3	"Fundal height, Abdominal circumference, Fetal heart rate" were written on a medical record as admission information.						
IPC1-4	The reason of admission (e.g. labour pain, rupture of membrane etc) was written on a medical record.						
IPC1-5	CBC (complete blood count) result was found in a medical record.						
IPC2-2	"ANC information; ANC visit, How many? Where? Tetanus vaccination, high risk or low risk" were written on a medical record.						
IPC2-3	"Previous delivery, complications of pregnancy, allergy for medicines" were written on a medical record as an admission information.						
IPC2-4	"The baby position was written on a medical record as an admission information.						
IPC2-5	Partograph was used for this case.						
IPC3-2	"Bishop score and rupture of membrane or not when the patient admitted" were written on a medical record.						

IPC3-3	“The patient status during labour progress (e.g. normal progress, inadequate uterus contraction etc) based on partograph” was written on a medical record.						
IPC3-5	“Fetal heart rate, uterine contraction and pulse of mother” were written on Partograph every 30 minutes.						
IPC4-2	“The basis of gestational age by ultrasound or LMP” was written on a medical record.						
IPC4-3	“The result of Ultrasound examination” was found in a medical record or MCH hand book.						
IPC5-1	“The result or use of CTG” was written on a medical record.						
IPC5-2	“Printed CTG” was found in a medical record.						
IPC5-3	“The assessment of the result of CTG (e.g. fetal well-being ect)” was written on a medical record.						
IPC5-4	“The result of HIV test” was written on a medical record or MCH hand book.						

Delivery and postpartum care (PPC)		Case1	Case2	Case3	Case4	Case5	Result
PPC1-3	“The time and amount of oxytocin injection after childbirth” were recorded.						
PPC2-1	“Delivery information; there is genital tract trauma or not, placenta assessment, Apgar score” were written on a medical record.						
PPC2-3	“The medication of HepB and Vit K to the newborn baby” were written on a medical record.						
PPC2-4	“The final diagnosis (e.g. normal vaginal delivery)” was clearly written on a medical record.						
PPC3-1	“The exact amount of bleeding during delivery” was written on a medical record.						
PPC3-2	“The information of the newborn baby; skin color, urination and sucking” were written on a medical record.						

PPC3-4	“The information of discharge examination; vital signs, uterus contraction, vaginal examination” were written on a medical record.						
PPC5-2	We can see on a medical record that “the patient stays in a hospital more than 24 hours after delivery”.						
PPC5-3	“Monitoring result after delivery (vital signs and uterus contraction)” were written on a medical record every 15 minutes until 2 hours after delivery						

## Form 2 Patient experience after normal delivery

	Case 1	Case 2	Case 3	Case 4	Case 5
1. No uniform and No name tag on an interviewer					
2. No other patients and no staff around interviewee					
3. The interviewee is in good condition					
4. More than 2 hours has passed after the interviewee gave birth					
5. The interviewer explains the purpose of this interview					
6. The interviewee agrees to take the interview					

Yes: ✓ No:✗ Don't know: NA

		Case1	Case2	Case3	Case4	Case5	Result
IPC1-2	Did the medical staff check MCH handbook when you admitted?						
IPC2-1	Did the reception staff greet and introduce themselves to you when you admitted?						
IPC2-6	Can you or your family easily find medical staff in the delivery unit for consultation?						
IPC3-1	Did the reception staff help you to go to the delivery room when you needed because of the labor pain?						
IPC3-4	Could you choose your body position during labor period?						
IPC4-1	Did the medical staff clearly explain to you what to do next after reception such as labour progress and how to monitor labour progress?						
PPC1-2	Did you perform Skin to skin contact immediately after child birth?						
PPC2-2	Did the medical staff help you to move your bed after delivery?						
PPC3-3	Did the medical staff record the delivery information on MCH handbook? Date/time of birth, sex, body weight and height						
PPC3-5	Did you make an appointment of PNC with date and time?						



PPC4-2	Did you start breast feeding within one hour after delivery?						
PPC4-3	Did the medical staff provide enough health education to you (Food, Yu-phai, sanitation, danger signs, breastfeeding, family planning, vaccination for newborn)?						
PPC5-1	Did you perform Skin to skin more than 90 minutes?						
PPC5-4	Did you get a clean bed and bed sheets after delivery?						
PPC5-5	Did you get brochures for the health education after delivery?						



# Hospital quality criteria for intrapartum care (IPC)

## PROVINCIAL HOSPITAL and DISTRICT HOSPITAL

Name of hospital:

Date:

Grade

Name of evaluator:

Name of interviewee:

	Target: Basic assessment of the patient admission	Result
Grade 1	1 The medical staff checks the vital sign when the patient admit; Blood Pressure, Pulse Rate, Body temperature.	
	2 The medical staff checks the MCH handbook when the patient admit.	
	3 The medical staff examine following when the patient admit; Fundal height, Abdominal circumference, Fetal heart rate.	
	4 The reason of admission (e.g. labour pain, rupture of membrane etc) is written on a medical record.	
	5 CBC (complete blood count) is performed for all cases.	
	Target: Identification of the high risk pregnancy with respectful care	
Grade 2	1 The reception staff greets and introduces themselves to the patient.	
	2 ANC information was checked; ANC visit, How many? Where? Tetanus vaccination, high risk or low risk?	
	3 The medical staff gets the enough patient information when the patient admit; previous delivery, complications of pregnancy, allergy for medicines	
	4 The medical staff checks the baby position and the number of baby when the patient admit.	
	5 The medical staff uses partograph for all normal delivery cases excluding caesarean section and breech delivery.	
	6 Patient and family can easily find medical staff in delivery unit for consultation.	
	Target: Good monitoring during labour progress	
Grade 3	1 The reception staff helps the patient to go to delivery room if patient has strong pain.	
	2 The medical staff performs vaginal examination and checks Bishop score and rupture of membrane or not when the patient admitted.	
	3 The medical staff assesses the patient status during labour progress based on partograph.	
	4 Patient can choose her body position during labour period.	
	5 The medical staff monitors and records on partograph appropriately after starting to use partograph; every 30minutes, Fetal heart rate, uterine contraction, pulse	
	Target: Ultrasound examination	
Grade 4	1 The medical staff clearly explains to the patient what to do next after reception such as the labour progress and how to monitor the labour progress.	
	2 The basis of gestational age is clear by Ultrasound or Last Menstrual Period (LMP).	
	3 Ultrasound examination is performed for all patients during ANC or after admission.	
	Target: CTG and HIV screening	
Grade 5	1 The medical staff monitors the fetus by Cardiotocography (CTG).	
	2 The medical staff uses CTG and print out the result for all cases.	
	3 The medical staff assesses the result of CTG.	
	4 HIV test is conducted for all patients during ANC or after admission.	

✓: YES x: NO NA: Not available

## Hospital quality criteria for care of delivery and postpartum care (PPC)

### PROVINCIAL HOSPITAL AND DISTRICT HOSPITAL

Name of hospital:

Date:

Grade

Name of evaluator:

Name of interviewee:

Target:		Result
Grade 1	1	Delivery room has essential drugs and equipments: Oxytocin 6A, Misoprostol 10 tablets, R/L or NSS 1000mL 4bags, Newborn mask and bag, oxygen, oxygen tube, nasal aspirator.
	2	Skin to Skin contact was performed immediately after child birth.
	3	The medical staff records the time and amount of oxytocin injection (10 IU, intramuscular) after childbirth.
Target:		
Grade 2	1	The medical record has enough information: there is genital tract trauma or not, placenta assessment, Apgar score.
	2	The medical staff helps the patient to move their bed after delivery.
	3	The medical staff provides HepB and Vit K to the newborn baby.
	4	The final diagnosis is clearly written down on a medical record.
Target:		
Grade 3	1	The medical staff assesses the exact amount of bleeding during delivery.
	2	The medical staff monitors the newborn baby appropriately: skin color, urination and sucking.
	3	The medical staff records the delivery information on MCH handbook; date and time of birth, sex, body weight and height.
	4	The medical staff records patient condition before discharge on medical record such as vital sign, uterine contraction, vaginal check.
	5	The medical staff makes an appointment of PNC visit for the patient with the exact date and time.
Target:		
Grade 4	1	The delivery room is clean enough; no blood on the floor, there are separated dust bins for infectious and non-infectious waste and sharp bin.
	2	Patient starts breast feeding within one hour from the delivery.
	3	The medical staff provides enough health education to the patient: Food, Yu-phai, sanitation, danger signs, breastfeeding, family planning, vaccination for newborn.
Target:		
Grade 5	1	The mother and newborn performs Skin to skin for 90 minutes.
	2	The patient stays in a hospital at least 24 hours after delivery.
	3	The medical staff monitors the mother appropriately after delivery: check vital signs and uterus contraction every 15minutes until 2 hours after delivery.
	4	There are clean beds and bed sheets for the patient.
	5	There are brochures for the health education to the patient.
	6	The delivery room has at least one infant warmer and suction tube.

✓: YES x: NO NA:Not available

# Hospital Quality Criteria for Quality Improvement Committee

1

## DISTRICT HOSPITAL

Name of hospital:

Date:

Name of evaluator:

Name of interviewee:

	Target:	Evaluation method	Result
Grade 1	1	Quality Improvement Committee was assigned by Terms of Reference (TOR).	Check the document of Terms of Reference (TOR).
	2	Quality Improvement Committee collected results of self-assessment from the target units.	Check the last result of self-assessment.
	3	Hospital Quality Improvement Committee meeting was held at least once in the last three months.	Check the minutes of meeting or notification letter of meeting.
Grade 2	Target:		
	1	The updated Terms of Reference (TOR) of Quality Improvement Committee was put on a wall.	Visit the Quality Improvement Committee unit and see the updated Terms of Reference (TOR).
	2	The hospital assigned Secretariat of Quality Improvement Committee by the official document.	Check the assignment letter of the secretariat.
	3	Quality Improvement Committee had a list of Quality Improvement Activities that target units were conducting.	Check the list of action plans in the summary sheet of self-assessment.
	4	Quality Improvement Committee meeting was held every month in the last three months.	Check the minutes of meeting of the last three months.
Grade 3	Target:		
	1	Quality Improvement Committee documented progress of Quality Improvement Activities in the hospital in the last three months.	Check the progress report of Quality Improvement Activities in each unit.
	2	Quality Improvement Committee visited each unit for supportive supervision in the last three months.	Check the monitoring logbook.
Grade 4	Target:		
	1	More than 80% of the Quality Improvement Committee members attended each of Quality Improvement Committee meetings in the last three month.	Check the registration sheet of the meeting.
Grade 5	Target:		
	1	Quality Improvement Committee stored standard operating procedures (SOPs) and checklists used in each unit.	Check SOPs and checklists.

√: YES x : NO NA:Not available

# Quality Improvement Plan

2

## DISTRICT HOSPITAL

Name of hospital:

Date:

Name of evaluator:

Name of interviewee:

	Target:	Evaluation method	Result
Grade 1	1	The hospital selected the target health care services to be improved in this year.	Check a list of target health care services (eg. Criteria, indicator).
	2	The hospital selected the priority target wards/units to implement the routines of quality improvement of health care services (eg. QHC model).	Check the dissemination plan or a list of target wards/units.
	3	Quality Improvement Committee had the latest quality criteria and assessment checklists.	Check the document at Quality Improvement Committee.
Grade 2	Target:		
	1	Hospital Quality Improvement Committee held an annual meeting for quality improvement plan (update of quality criteria and assessment checklist) at least once a year.	Check the minutes of the meeting.
Grade 3	Target:		
	1	The hospital selected the target wards/units for extension of the routines of quality improvement of health care services (eg. QHC model).	Check the new dissemination plan or a list of target wards/units.
Grade 4	Target:		
	1	The hospital received an external evaluations (eg. evaluation by provincial health department, Dok Champa accreditation, Cross visit from other districts etc) at least once a year.	Interview the Quality Improvement Committee members.
Grade 5	Target:		
	1	The hospital developed their own quality criteria.	Check the document of the hospital quality criteria.

✓: YES x: NO NA:Not available

**Self-assessment**

**3 (1)**

**DISTRICT HOSPITAL**

**Name of hospital:**

**Date:**

**Name of evaluator:**

**Name of interviewee:**

	Target:	Evaluation method	Result
Grade 1	1	The hospital conducted self-assessments at least once in the last three months using the selected hospital quality criteria.	Check the summary of the assessment result.
	2	Assessors were assigned by Terms of Reference (TOR).	Check the documents of Terms of Reference (TOR).
	3	The wards/units selected the priority topics of quality improvement after the last self-assessment.	Check the minutes of meeting or the summary sheet of self-assessment.
Grade 2	1	Preparatory meeting for self-assessment was held in the last quarter.	Check the date of the minutes of meeting.
	2	Hospital Quality Improvement Committee reported the results of the last self-assessment in the last three months to Quality Improvement Committee in Provincial Health Department.	Check the copy of the report submitted to the provincial health department.
	3	Quality Improvement Committee held a meeting to discuss the result of self-assessment and the priority topics of quality improvement in the last three months.	Check the minutes of meeting.
Grade 3	1	Hospital Quality Improvement Committee developed the standard operating procedure (SOP) of self-assessment.	Check the standard operating procedure (SOP).
	2	The hospital compiled the result of patient-comment box monthly to identify topics of quality improvement.	Check the summary report of the patient-comment box.
Grade 4	1	The hospital selected the priority topics of quality improvement for the whole hospital after self-assessment in the last three months.	Check the list of the priority topics of quality improvement.
	2	The hospital conducted case review for severe or difficult cases in the last three months.	Interview the staff of the medical administration unit.
	3	The hospital assigned a committee member who are responsible for incidents or errors in the hospital.	Check the assignment letter.
	4	Incident/error cases were reported using the standardized form.	Check the reporting form of Incident/error.
Grade 5	1	The hospital conducted the patient satisfaction survey at least once a year.	Check the summary of the result.
	2	The hospital discussed on the risk prediction and how to prevent the recurrence of incidents or errors at least once a year.	Interview the Quality Improvement Committee members.

✓: YES x:NO NA:Not available

## Quality Improvement Activities

# 3 (2), (3)

### DISTRICT HOSPITAL

Name of hospital:

Date:

Name of evaluator:

Name of interviewee:

	Target:	Evaluation method	Result
Grade 1	1	Target units conducted Quality Improvement Activities in the last three months.	Interview the head of target units.
	2	Target units that have already conducted Quality Improvement Activities in the last quarter, selected the services or daily work to develop standard operating procedure (SOP).	Interview the head of target units about theme of SOP.
Grade 2	Target:		
	1	For the current priority topics of Quality Improvement, the hospital assigned teams.	Interview the head of target units.
Grade 3	2	Quality Improvement Committee monitored progress of the current Quality Improvement Activities to give advice and support in the last three months.	Check date and contents of the document (monitoring form, report or minutes of meeting)
	Target:		
Grade 4	1	Target units has at least one standard operating procedure (SOP).	Visit target units and check the standard operating procedure (SOP) put on the wall.
	Target:		
Grade 5	1	The progress of Quality Improvement Activities in each unit were reported to the Quality Improvement Committee in the last three months.	Check the report.
	2	The hospital developed standard operating procedure (SOP) of how to conduct the Continuous Quality Improvement activities.	Check the standard operating procedure (SOP).
Grade 5	Target:		
	1	The latest assessment result was same (sustained) or improved from the last result.	Check the result of self-assessment in the last two times.

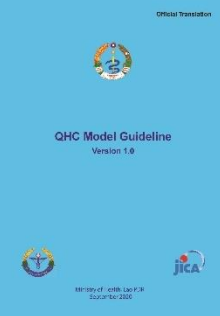
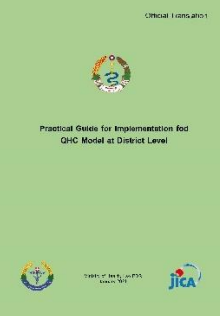
√: YES x : NO NA:Not available

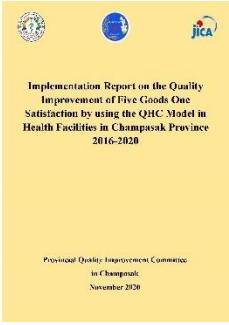

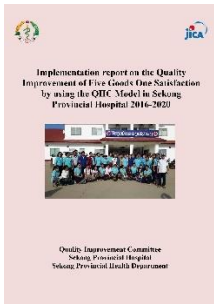
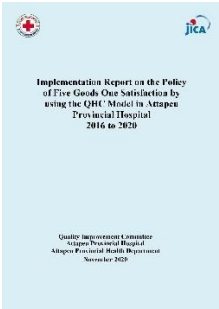


## Annex 3: Products

No.	Image	Bibliography	Summary of content
<b>A. Guideline</b>			
1.		MOH Lao PDR. <i>The QHC Model guideline</i> . MOH Lao PDR, Vientiane Capital; December 2020.	Lao practice of Hospital Quality Management is described as the QHC Model.
2.		MOH Lao PDR. <i>The practical guide for implementation of the QHC Model to district level</i> . MOH Lao PDR, Vientiane Capital; December 2020.	Methods of implementation of the QHC Model into District level is described based on the experience of provincial health departments and provincial hospitals in four southern provinces.
<b>B. Case Report</b>			
3.		Provincial Quality Improvement Committee in Champasak. <i>Implementation Report on the Quality Improvement of Five Goods One Satisfaction by using the QHC Model in Health Facilities in Champasak Province 2016-2020</i> . Champasak Provincial Health Department, Champasak; 2020.	Experience of implementation of the QHC Model in Champasak Provincial Hospital is described.
4.		Quality Improvement Committee of Salavan Provincial Hospital and Salavan Provincial Health Department. <i>Implementation Report on the Policy of Five Goods One Satisfaction by using the QHC Model in Salavan Province 2016-2020</i> . Salavan Provincial Health Department, Salavan; 2020.	Experience of implementation of the QHC Model in Salavan Provincial Hospital is described.

5.		<p>Quality Improvement Committee of Sekong Provincial Hospital and Sekong Provincial Health Department. <i>Implementation report on the Quality Improvement of Five Goods One Satisfaction by using the QHC Model in Sekong Provincial Hospital 2016-2020.</i> Sekong Provincial Health Department, Sekong; 2020.</p>	<p>Experience of implementation of the QHC Model in Sekong Provincial Hospital is described.</p>
6.		<p>Quality Improvement Committee of Attapeu Provincial Hospital and Attapeu Provincial Health Department. <i>Implementation Report on the Policy of Five Goods One Satisfaction by using the QHC Model in Attapeu Provincial Hospital 2016 to 2020.</i> Attapeu Provincial Health Department, Attapeu; 2020.</p>	<p>Experience of implementation of the QHC Model in Attapeu Provincial Hospital is described.</p>

No.	Image	Bibliography	Summary of content
<b>C. Official Translation of Guideline</b>			
7.		<p>MOH Lao PDR. <i>Official Translation of The QHC Model guideline.</i> MOH Lao PDR, Vientiane Capital; March 2021.</p>	<p>Lao practice of Hospital Quality Management (QHC Model) is described in English.</p>
8.		<p>MOH Lao PDR. <i>Official translation of the practical guide for implementation of the QHC Model to district level.</i> MOH Lao PDR, Vientiane Capital; December 2020.</p>	<p>Methods of implementation of the QHC Model into District level is described in English based on the experience of provincial health departments and provincial hospitals in four southern provinces.</p>

D. Official Translation of Case Report			
9.		<p>Provincial Quality Improvement Committee in Champasak. <i>Implementation Report on the Quality Improvement of Five Goods One Satisfaction by using the QHC Model in Health Facilities in Champasak Province 2016-2020.</i> Champasak Provincial Health Department, Champasak; 2020.</p>	<p>Experience of implementation of the QHC Model in Champasak Provincial Hospital is described.</p>
10.		<p>Quality Improvement Committee of Salavan Provincial Hospital and Salavan Provincial Health Department. <i>Implementation Report on the Policy of Five Goods One Satisfaction by using the QHC Model in Salavan Province 2016-2020.</i> Salavan Provincial Health Department, Salavan; 2020.</p>	<p>Experience of implementation of the QHC Model in Salavan Provincial Hospital is described.</p>
11.		<p>Quality Improvement Committee of Sekong Provincial Hospital and Sekong Provincial Health Department. <i>Implementation report on the Quality Improvement of Five Goods One Satisfaction by using the QHC Model in Sekong Provincial Hospital 2016-2020.</i> Sekong Provincial Health Department, Sekong; 2020.</p>	<p>Experience of implementation of the QHC Model in Sekong Provincial Hospital is described.</p>
12.		<p>Quality Improvement Committee of Attapeu Provincial Hospital and Attapeu Provincial Health Department. <i>Implementation Report on the Policy of Five Goods One Satisfaction by using the QHC Model in Attapeu Provincial Hospital 2016 to 2020.</i> Attapeu Provincial Health Department, Attapeu; 2020.</p>	<p>Experience of implementation of the QHC Model in Attapeu Provincial Hospital is described.</p>

E. Hospital Quality Criteria (HQC)

1. Common Hospital Quality Criteria for Provincial Hospital

- (1) Outpatient Department
- (2) Inpatient Department
- (3) Toilet
- (4) Care for Postpartum Hemorrhage (PPH)
- (5) Care for Eclampsia
- (6) Intrapartum Care
- (7) Postpartum Care
- (8) Hospital Quality Management (QHC model)

Hospital's own Hospital Quality Criteria

- (1) Dental Care
- (2) Neonatal Resuscitation
- (3) Kangaroo Mother Care (KMC)

2. Common Hospital Quality Criteria for District Hospital

- (1) Reception of Outpatient Department
- (2) Toilet
- (3) Intrapartum Care
- (4) Postpartum Care
- (5) Hospital Quality Management (QHC model)

F. Standards (75)

1. TOR (20)

Name of TOR		CPS	SLV	SKG	ATP
(1)	Hospital Quality Improvement Committee in Provincial Hospital	1	1	1	1
(2)	Role and responsibilities of sanitary team	0	0	1	0
(3)	Role of Nursing Committee in Hospital Quality Management	1	1	1	1
(4)	Hospital Quality Improvement Committee in District Hospital	4	3	2	2

2. SOPs (26)

Name of SOPs		CPS	SLV	SKN	ATP
(1)	Use of plastic bag for measurement of blood-loss amount in Normal delivery	1	1	1	1
(2)	Referral of obstetric emergency cases from District Hospitals to Provincial Hospital	0	1	1	0
(3)	Assisting services for Normal delivery	1	1	1	1
(4)	Skin to skin contact for caesarean section cases	1	0	0	0
(5)	Health educations after childbirth	0	0	1	0
(6)	Hospitalization Procedures	1	1	1	1
(7)	Audit of Medical Record	0	0	1	0
(8)	Safe surgery	0	0	1	0
(9)	Blood sample collection	0	0	1	0
(10)	COVID-19 management	1	1	1	1
(11)	Risk Prediction Training (KYT)	1	0	0	0
(12)	SOP of Patient Experience and Satisfaction Survey	0	1	0	0
(13)	Hand wash	0	0	0	1

### 3. Process Map

- (1) Normal Delivery
- (2) Emergency Obstetrics Care (EmOC)
- (3) Outpatient Department
- (4) Inpatient Department

### 4. Checklist and To Do list (14)

Name of Checklists		CPS	SLV	SKN	ATP
(1)	Patient examination for the Normal delivery cases when patients admit the hospital	1	1	1	1
(2)	Fetal monitoring using Cardiotocography (CTG)	1	1	1	1
(3)	Ambulance services	0	0	1	0
(4)	To do list of doctors in OPD	1	0	0	0
(5)	Cleanliness assessment sheet in each unit	0	0	1	0
(6)	Good diagnosis and good treatment indicators for doctors	0	0	1	0
(7)	Good diagnosis and good treatment indicators for laboratory doctors	0	0	1	0
(8)	Self-assessment form for Degree 349	0	0	1	0

### 5. Standards (narrow meaning) and rule (9)

Name of Standards		CPS	SLV	SKG	ATP
(1)	Patients Priority in OPD	1	1	1	1
(2)	List of patients who can access to the service in ER & out of working hour	0	0	1	0
(3)	List of symptoms that ER nurses have to inform doctors immediately	0	0	1	0
(4)	Patient classification criteria between OPD and ER (Triage system)	0	1	1	0
(5)	Family's visit to patients	0	0	0	1

## 6. Guideline (2)

Name of Guideline		CPS	SLV	SKG	ATP
(1)	Infection Prevention and Control	0	1	0	0
(2)	Guideline for cleaning work	0	0	1	0

## G. Format



- (1) Format of Medical Record
- (2) Format of Presentation of Quality Improvement Activity
- (3) Summary Sheet: Prioritization of Topics of Quality Improvement and person in charge of the quality improvement project

## H. Training module

- (1) CTG Practice Manual
- (2) Ultrasound training module

## I. Showcase of Quality Improvement Activities in Lao PDR

### 1. Book

No.	Image	Bibliography	Summary of content
<b>J. Guideline</b>			
1.		Ministry of Health Lao PDR (March 2021). <i>“Post-proceedings of the fourth Lao forum on improving quality of health care services”</i> (available in Lao language). Vientiane, Lao PDR: Ministry of Health Lao PDR.	20 topics of quality improvement activities in health facilities and health departments in Laos are described as show cases of Laos.
2.		Ministry of Health Lao PDR (July 2020). <i>“Post-proceedings of the third Lao forum on improving quality of health care services”</i> (available in Lao language). Vientiane, Lao PDR: Ministry of Health Lao PDR.	22 topics of quality improvement activities in health facilities and health departments in Laos are described as show cases of Laos.

3.		<p>Ministry of Health Lao PDR (June 2019). “<i>Post-proceedings of the second Lao forum on improving quality of health care services</i>” (available in Lao language). Vientiane, Lao PDR: Ministry of Health Lao PDR.</p>	<p>18 topics of quality improvement activities in health facilities and health departments in Laos are described as show cases of Laos.</p>
4.		<p>Ministry of Health Lao PDR (August 2018). “<i>Post-proceedings of the first Lao forum on improving quality of health care services</i>” (available in Lao language). Vientiane, Lao PDR: Ministry of Health Lao PDR.</p>	<p>16 topics of quality improvement activities in health facilities and health departments in Laos are described as show cases of Laos.</p>
5.		<p>Ministry of Health Lao PDR (August 2018). “<i>Post-proceedings of the first Lao forum on improving quality of health care services</i>”. Vientiane, Lao PDR: Ministry of Health Lao PDR.</p>	<p>English translation of 16 topics of quality improvement activities in health facilities and health departments in Laos are described as show cases of Laos.</p>

## 2. Showcases in Publication

- (1) Bounnack, S. (2019). Quality of Health Care (QHC) Model to improve quality of health care services. *Abstract Book of 13<sup>th</sup> National Health Research Forum*, Page 20-21.
- (2) Nalongsack, S., Jimbo, S., Sipaseuth, P., Banchongphanit, V. and Sysoulard, K. (2019). A Comparison of Management of Quality Improvement Activities in Outpatient Department and Obstetrics/Gynecology Department in Champasak Provincial Hospital. *Abstract Book of 13<sup>th</sup> National Health Research Forum*, Page 33.
- (3) Lattana, S., Phomkaenthao, N., Khounmala, P., Duanghorm, S., Khoummavong, V., Phanthalai, V., Douangphachan, S., Xaingavong, N. and Thounsavath, S. (2019). Criteria for Hospital Quality Management in Four Southern Provincial Hospitals (Champasak, Salavan, Sekong and Attapeu) in Lao PDR. *Abstract Book of 13<sup>th</sup> National Health Research Forum*, Page 34.
- (4) Thounsavath, S., Phomkaenthao, N., Khounmala, P., Duanghorm, S., Khoummavong, V., Xaingavong, N. and Lattana, S. (2019). National Sharing Opportunity for Practical Experiences of Hospital Quality Management: Experiences of Lao Forum on Improving Quality of Health Care Services. *Abstract Book of 13<sup>th</sup> National Health Research Forum*, Page 35.



- (5) Xaingavong, N., Phomkaenthao, N., Khounmala, P., Duanghorm, S., Khoummavong, V., and Lattana, S. and Thounsavath, S. (2019). Potential Improvement of Lao Quality of Health Care: Findings from Regular Quality Self-Assessment of Hospital Quality Criteria in Four Southern Provinces (Champasak, Salavan, Sekong and Attapeu) in Lao PDR. *Abstract Book of 13<sup>th</sup>National Health Research Forum*, Page 36.
- (6) Murai, S. (April 2019). “Seeking for sustainable quality of health care in Lao PDR” (available in Japanese). *Medical Safety Report*, 25/26, Page 39-41.
- (7) Shinsuke Murai, Ningnong Xaingavong, Aki Hashizume, Satoko Jimbo, Goro Nishimoto and Somchanh Thounsavath. How to encourage hospitals’ initiative for quality improvement activity?: A case of introduction of hospital quality criteria and self-evaluation in JICA project for improving quality of health care (QHC) in Lao PDR. *Journal of International Health* (2019), Vol.34, No.3, Page 128-129.
- (8) Aki Hashizume, Anousone Sisoulath and Shinsuke Murai. Introduction of hospital quality criteria for encouragement of quality improvement activities for health care services: A case from nursing committee in four southern provincial hospitals in Lao PDR. *Journal of International Health* (2019), Vol.34, No.3, Page 129.
- (9) Murai, S. (April 2018). “Efforts of improving quality of health care from Southern provinces in Lao PDR” (available in Japanese). *Medical Safety Report*, 13, 25-27.
- (10) Thounsavath S, Phomkaenthao N, Khounmala P. Duanghorm S, Khoummavong V, Xaingavong N and Murai S. Quality of Health Care (QHC) Model as a Cycle of Activating and Sustaining Continuous Quality Improvement (CQI/KAIZEN) in Four Southern Provinces (Champasak, Salavan, Sekong and Attapeu) in Lao PDR. In *Abstract Book of 12<sup>th</sup> National Health Research Forum* (2018) Page 96.
- (11) Xaingavong N, Phomkaenthao N, Khounmala P. Duanghorm S, Khoummavong V, Thounsavath S and Murai S. Sustainability is a challenge to achieve Lao Quality of Healthcare: Findings from Routine Quality Self-Assessment of Hospital Quality Criteria in four Southern Provinces (Champasak, Salavan, Sekong and Attapeu) in Lao PDR. In *Abstract Book of 12<sup>th</sup> National Health Research Forum* (2018) Page 97.
- (12) Hansackda V, Sihalad D, Hashizume A, Marcesi R, Thepvongsa P and Murai S. A Study on Patient Journey Time and Patient Perception at Sekong Provincial Hospital in Sekong Province. In *Abstract Book of 12<sup>th</sup> National Health Research Forum* (2018) Page 99.
- (13) Nalongsack S, Jimbo S, Sipaseuth P, Khamsoubina D, Duangthongkham P, Sysoulard K and Murai S. The blood loss assessment using the plastic bag for the vaginal delivery at Champasak Provincial Hospital. In *Abstract Book of 12<sup>th</sup> National Health Research Forum* (2018) Page 80.
- (14) Soyvienvong L, Jimbo S, Keovanpheng N, Phengsavanh A and Murai S. Evaluation of the effectiveness of Intrapartum care and Emergency obstetric care training in Lao PDR. In *Abstract Book of 12<sup>th</sup> National Health Research Forum* (2018) Page 82.
- (15) Norlaseng K, Jimbo S, Vorlalath S, Khounmala P, Sysoulard K and Murai S. Health Facility

- Survey conducted by Officers of Provincial Health Department in Four Southern Provinces (Champasak, Salavan, Sekong and Attapue) in Lao PDR. In Abstract Book of 11<sup>th</sup> National Health Research Forum (2017) Page 54.
- (16) Thounsavath S, Tobita S, Phaitanavanh B, Xaiyasin K, Sihalath D, Phomkaenthao N, Shimizu T, Savatdy M and Murai S. Patients' needs on Maternal and Child Health Care Services at Four Southern Provincial Hospitals (Champasak, Salavan, Sekong and Attapue) in Lao PDR. In Abstract Book of 11<sup>th</sup> National Health Research Forum (2017) Page 55.
- (17) Saysombuh B, Jimbo S, Khamsingsavath K, Khoummavong V, Ardvilay D, Ounchit K, Lathsaphon Y and Murai S. Experience of Maternal Death Review in Salvan Province. In Abstract Book of 11<sup>th</sup> National Health Research Forum (2017) Page 90.
- (18) Souvamkham K, Hashizume A, Sisoulath A and Murai S. Service Provider Satisfaction in Antenatal Care Unit and Maternal and Child Health Care Unit of Champasak Provincial Hospital in Lao PDR. In Abstract Book of 11<sup>th</sup> National Health Research Forum (2017) Page 95.

#### K. Baseline Survey

- (1) Ministry of Health Lao PDR (December 2016). *Baseline Survey Report on Management of Health Facilities and Satisfaction*. Vientiane, Lao PDR: Ministry of Health Lao PDR (2017)
- (2) Ministry of Health Lao PDR (December 2016). "*Baseline Survey Report on Management of Health Facilities and Satisfaction*" (available in Lao language). Vientiane, Lao PDR: Ministry of Health Lao PDR (2017).

#### L. Others

- (3) Brochure of the QHC Model (Lao)
- (4) Brochure of the QHC Model (English)
- (5) "Monthly Newsletter of the QHC project since June 2019" (available in Japanese language)

# PDM Version.0

Project Design Matrix (PDM) Version 0

# Project Completion Report Annex4

Date:14 September 2015

Project Title: The Project for Improving Quality of Health Care Services

Project Period: Five (5) years from the date of first arrival of JICA expert(s)

Implementing Agency: the Department of Health Care (DHC), the Cabinet, the Department of Hygiene and Health Promotion (DHHP), the Department of Training and Research (DTR), the Department of Finance (DOF), the Department of Food and Drug (DFD), the Department of Planning and International Cooperation (DPIC), the Department of Personnel (DOP), the University of Health Science (UHS) and the National Health Insurance Bureau (NHIB) of the Ministry of Health (MOH)

Project Site: Vientiane and Southern Four Provinces (Champasak, Salavan, Sekong, and Attapeu), the Lao PDR

## Target Groups

Direct Beneficiaries: the MOH and Provincial Health Offices, Provincial Hospitals, District Health Offices, Distrect Hospitals and Health Centers in the Southern Four (4) Provinces

Indirect Beneficiaries: Community residents in the target four (4) provinces.

Narrative Summary	Objectively Verifiable Indicators (OVIs)	Means of Verification	Important Assumptions	Achievement	Remarks
<b>Overall Goal</b>					
Quality services are provided by health facilities in the Lao PDR.	<p>1 The implementation model for quality health services, which was developed by the Project, is introduced into all provinces in the Lao PDR by the year of 2025.</p> <p>2 <i>(The Project shall determine indicator(s) that can measure the improvement of health service quality quantitatively on the basis of the results of the baseline survey within one (1) year after the commencement of the Project.)</i> <i>(EXAMPLE) Over &lt;target value&gt; % of health facilities in the whole nation is accredited by the national system (i.e. Dok Champa) by the year of 2025.</i></p>	<p>(1) (Policy) documents that prove the application of the model in all provinces</p> <p>(1) <i>The means of verifications are supposed to be specified in accordance with the OVI determined by the Project.</i></p>			
<b>Project Purpose</b>					
Starting with improvement of maternal, newborn and child health (MNCH) as an entry point, quality health services are provided at provincial and district hospitals and health centers in the four (4) southern provinces.	<p>1 In the targeted four (4) provinces, the rate of neonatal death within a 24-hour period after birth at health facilities reduced by &lt;target value (%)&gt; in the final year of the Project in comparison with those at the time of the baseline survey. <i>Notes: The Project shall determine the target value on the basis of the baseline survey after the commencement of the Project.</i></p> <p>2 The implementation model for the improvement of health services is endorsed by the MOH by the end of the project period.</p> <p>3 <i>(The Project shall measure the achievement level of the Project Purpose by conducting a patient satisfaction survey of the health service quality in conformity to the international standards. The Project shall determine the target value within one (1) year after the commencement of the Project)</i></p>	<p>(1) Project reports (2) Endline Survey Report (3) A MOH document that prove the endorsement of the model</p>	<p>(1) The Lao side properly allocates necessary budget and distribute personnel for maintaining and enhancing benefits derived from the Project.</p> <p>(2) Policies and implementation system of MNCH and human resource development don't change significantly.</p>		

Outputs					
<p>1 <b>The quality of medical services for mothers, newborns and children is improved from the technical aspect in each province</b></p>	<p>1-1 All cases of perinatal care were performed in conformity to the standardized clinical case management procedures (clinical paths, care bundle, etc.) for a &lt;value&gt;-months period before the time of the endline survey. <i>Notes: The Project shall determine the investigation period on the basis of the baseline survey after the commencement of the Project.</i></p> <p>1-2 Immediate Oxytocin administrations for the prevention of post-partum hemorrhage for all deliveries were performed at health facilities in the targeted four (4) provinces within a &lt;value&gt; months period before the time of the endline survey. <i>Notes: The Project shall determine the investigation period on the basis of the baseline survey after the commencement of the Project.</i></p> <p>1-3 More than 75% of planned technical supportive supervision activities were performed for one (1)-year period in the 4<sup>th</sup> year of the Project.</p> <p>1-4 <i>(The Project shall determine at least one (1) OVI to evaluate the performance of CPD on the basis of the baseline survey within one year after the commencement of the Project.)</i></p>	<p>(1) Project reports (2) Endline Survey Report</p>	<p>(1) Trained counterparts do not leave their position so as to affect the outputs of the Project.  (2) The Lao side properly allocates necessary budget and distribute personnel for the project activities</p>		
<p>2 <b>The management and supervisory systems are strengthened for the improvement of quality of health services provided at health facilities in each province.</b></p>	<p>2-1 The Job Descriptions for health service providers were determined by the 2nd year of the Project.</p> <p>2-2 Quality monitoring activities at each health facility were conducted at all provincial and district hospitals and at more than 75% of health centers in the targeted 4 provinces at least one (1) time within a &lt;value&gt;-months period before the time of the endline survey. <i>Notes: The Project shall determine the investigation period on the basis of the baseline survey after the commencement of the Project.</i></p> <p>2-3 <i>(The Project shall determine at least one (1) OVI regarding the certification mechanism of hospital functions on the basis of the baseline survey conducted under the Activity 1-2 within one year after the commencement of the Project.)</i></p>	<p>(1) Project reports (2) Endline Survey Report</p>			
<p>3 <b>The process of the roll-out of Lao Quality Model for Health Services is promoted.</b></p>	<p>3-1 Recommendations regarding implementation model for quality health services and its roll-out strategy as well as revision and/or newly development of regulations were submitted to the MOH by the end of the project period.</p> <p>3-2 At least one (1) academic paper regarding the implementation model for quality health services, MNCH and/or CPD for health service providers was published in a peer-reviewed international journal by the end of the project period.</p> <p>3-3 At least one (1) seminar and/or conference is held to share the entire achievements of the Project by the end of the project period.</p>	<p>(1) Project reports (2) Endline Survey Report (3) Academic paper(s) published in international journal(s)</p>			

Activities	Inputs		Pre-conditions	
<b>1</b> <b>The quality of medical services for mothers, newborns and children is improved from the technical aspect in each province</b>	<b>The Japanese Side</b>	<b>The Lao Side</b>	None	
1-1 To review existing regulations such as ministerial ordinance, national standards, guidelines, clinical protocols and referral systems, which control health and medical services, as well as manuals and forms assisted by JICA and other partner organizations, and its implementation at the initiative of the DHC (to revise and/or newly develop as needed basis).			1. Dispatch of JICA experts  (1) Long-term experts	1. Allocation of Counterpart Personnel (1) Project Director (2) Project Manager(s) (3) Officers and health personnel in the MOH, Provincial and District Offices, Provincial and District Hospitals and Health Centers engaged in the project activities
1-2 To conduct a baseline survey on the medical services at the initiative of the DHC.			-Chief Advisor -Project Coordinator / Organizational Collaboration -MNCH -Strategic management	
1-3 To develop lists of available services in conformity to the standards of the MOH at each provincial hospital, district hospital and health center.			(2) Short-term experts	2. Facilities, equipment and materials Office spaces in the Champasak Provincial Health Office and the MOH in Vientiane
1-4 To develop and introduce standardized clinical case management procedures (clinical paths, care bundles, etc.) at the initiative of DHC with the support of specialists.			-Human Resource development (CPD) -Hospital Management -Nursing Management -Obstetrician(s) -Pediatrician(s) -Other persons with necessary expertise for the project activities	3. Local Costs A part of operational expenses necessary for implementation of the project activities such as personnel costs of counterparts, activity costs including travel expenses, office equipment and supplies, utility costs such as water and electricity, etc.
1-5 To develop an implementation system for technical supportive supervision (including preparation of operation guides, training for supervisors, etc.) under the guidance of the DHC and the DTR.			2. Training in Japan and/or Third Countries	
1-6 To develop an implementation model for the Continuous Professional Development (CPD) at the initiative of the Four Provinces Joint Meeting under the guidance of the DTR.			3. Provision of equipment Necessary equipment for project activities	
1-7 To support the health facilities in the target 4 provinces to implement nursing service management in line with the Guidelines for the Scope of the Nursing Practice (Practice of nursing process introducing nursing assessment and nursing care plan, and improvement of quality of nursing documentation by introducing nursing records).			4. Operational Costs Necessary costs for the project activities	
1-8 To support provincial hospitals to hold death review meeting and case conferences and activities of the Drug and Therapeutics Committee (DTC).				
<b>2</b> <b>The management and supervisory systems are strengthened for the improvement of quality of health services provided at health facilities in each province.</b>				
2-1 To support the MOH to develop job descriptions for health service providers such as medical doctors, nurses and midwives at each level of health facility (provincial and district hospitals and health centers), on the basis of the results from the Activity 1-1 and the Activity 1-2.				
2-2 To develop standards and forms for the measurement (visualization) of the quality of health services (e.g. development of Standard Operating Procedures (SOPs) and the hospital performance assessment list for external quality monitoring) at the initiative of the DHC.				
2-3 To strengthen the function of Provincial Health Offices-led Quality Inspection Team and District Health Offices for external quality monitoring for health facilities (monitoring and supervision of SOP compliance, etc.).				
2-4 To support health facilities for the establishment and operation of quality management committees at the initiative of Provincial Health Offices (10MR, work environment improvement, improvement of customer services (attitude to work and clients, etc.), drug stock management, management of medical instrument and devices, finance management and operation, etc.).				
2-5 To support provincial and district health offices to develop the Annual Operational plan (AOP) for Health Sector Development Plan to ensure the activities for quality management.				

<b>3</b> <b>The process of the roll-out of Lao Quality Model for Health Services is promoted.</b>					
3-1 To establish a coordinating and decision-making body for the project activities, consisted of the representatives from the targeted 4 provinces (in consideration of utilization of the Four Provinces Joint Meeting).					
3-2 To conduct operations research(es) to evaluate effects of essential interventions at the initiative of the DTR.					
3-3 To report and discuss the progress and achievements of the Project as well as collaborative activities with other partner organizations continuously at the Four Province Joint Meeting, the coordination mechanism at each province, the Health Care TWG and relevant TWGs at central level.					
3-4 To discuss with relevant parties continuously on securing costs for disseminating the implementation Lao Quality Model for Health Services from existing social health protection mechanisms and hospital revenue (based on "the Prime Minister Decree on the Use and Management of Service Charge Incomes at public health facilities" (PM Decree No. 349)).					
3-5 To compile achievements, findings, evidences, etc. into the implementation model for the improvement of quality health services by conducting an endline survey.					
3-6 To provide recommendations for revision and newly development of regulations and application of the roll-out strategy (including the implementation model, costing analysis, plans of dissemination, the certification mechanism of hospital functions, etc.) to expand the model nationwide.					
3-7 To share the achievements, evidences, etc. to the MOH, development partners and other relevant parties at provincial and district levels via seminars, conferences and so on.					

\*: 10 MR: 10 minimum requirements, set at each health facilities, for a steady implementation of health services that have not performed fully under the limited resources available in order to improve health and medical services.

Project Title: The Project for Improving Quality of Health Care Services

Project Period: 2016/02/21 – 2021/02/20

Implementing Agency: the Department of Health Care (DHC), the Cabinet, the Department of Hygiene and Health Promotion (DHHP), the Department of Training and Research (DTR), the Department of Finance (DOF), the Department of Food and Drug (DFD), the Department of Planning and International Cooperation (DPIC), the Department of Personnel (DOP), the University of Health Science (UHS) and the National Health Insurance Bureau (NHIB) of the Ministry of Health (MOH)

Project Site: Vientiane and Southern Four (4) Provinces (Champasak, Salavan, Sekong, and Attapeu), the Lao PDR

Target Groups

Direct Beneficiaries: : the MOH and Provincial Health Offices, Provincial Hospitals, District Health Offices, District Hospitals and Health Centers in the Southern Four (4) Provinces

Indirect Beneficiaries: Community residents in the target four (4) provinces.

Narrative Summary	Objectively Verifiable Indicators (OVIs)	Means of Verification	Important Assumptions	Achievement	Remarks
<p><b>Overall Goal</b></p> <p>Quality services are provided by health facilities in the Lao PDR.</p>	<p>1 The implementation model for the improvement of quality health services, which was developed by the Project, is introduced into all provinces in the Lao PDR by the year of 2025.</p> <p>2 By 2025, the proportions of health facilities accredited by the national system (Dok Champa) are:                      1. 90 % in central hospitals                      2. 70% in provincial hospitals                      3. 50% in district hospitals                      4. 30% in health centers</p>	<p>(1) (Policy) documents that prove the application of the model in all provinces</p> <p>Report on Dok Champa</p>			
<p>Project Purpose</p>					
<p>Starting with improvement of maternal, newborn and child health (MNCH) as an entry point, quality health services are provided at provincial and district hospitals and health centers in the four (4) southern provinces.</p>	<p>1 PH: X1% → Y1%                      DH: X2% → Y2%                      HC: X3% → X3%                      In target four southern provinces, the time of birth and discharge are recorded in every mother and newborn and, by 2020, the rate of mother and newborn staying in health facilities at least 24 hours after birth increases, compared with the time before implementation as follows:                      ※1                      PH: X1% to Y1%                      DH: X2% to Y2%                      HC: X3% to X3%</p> <p>2 In target four southern provinces at the end of the project:                      1. Proportion of basic EmOC facilities (DH Type B) performing signal functions reaches 63%;                      2. Proportion of comprehensive EmOC facilities (PH &amp; DH Type A) performing signal functions reaches 100%.</p> <p>3 The score of Hospital Quality Criteria (5 Goods 1 Satisfaction※2) is increased in 80 % of the health facilities, compared to the time when the Hospital Quality Criteria is introduced, at the end of the project.</p>	<p>Endline survey reports                      Medical records of target health facilities in target four provinces</p> <p>EmOC monitoring report</p> <p>Endline survey reports                      MoH Report on Hospital Quality Criteria</p>	<p>(1)The Lao side properly allocates necessary budget and distribute personnel for maintaining and enhancing benefits derived from the Project.</p> <p>(2)Policies and implementation system of MNCH and human resource development don't change significantly.</p>		

Outputs				
1 The quality of MNCH medical services is improved from the technical aspect in each province.	1-1 All cases of perinatal care are performed in conformity to the standardized procedures checklist in target health facilities in the final year of the project.	Endline survey reports PHO Report on Hospital Quality Criteria	(1) Trained counterparts do not leave their position so as to affect the outputs of the Project.  (2) The Lao side properly allocates necessary budget and distribute personnel for the project activities	
	1-2 Immediate Oxytocin administrations for the prevention of post-partum hemorrhage and the amount and timing are recorded on all sampled patient records in target health facilities in the final year of the project.	Endline survey reports Medical records of target health facilities in target four provinces		
	1-3 Providers' satisfaction on education system is increased compared with Baseline Survey. 1. Education system from supervisors to younger staffs increase from 40% to 80% 2. Get enough training from the facilities to improve skills increase from 30% to 70% 3. Access to guidelines and textbooks in need increase from 50% to 90%	Endline survey reports Satisfaction survey of service provider		
2 The management and supervisory systems are strengthened for the improvement of quality of health services provided at health facilities in each province.	2-1 Hospital Improvement Activities (such as 5S activities) are implemented at target four provincial hospitals by the final year of the Project.	Endline survey reports PHO Report on Hospital Quality Criteria		
	2-2 All four provincial hospitals conduct self-evaluation based on the Hospital Quality Criteria at least once per year.	Endline survey reports Report on Hospital Quality Criteria of target health facilities in target four provinces		
	2-3 All four provincial health offices conduct external-evaluation of health facilities based on the Hospital Quality Criteria at least once per year.	Endline survey reports PHO Report on Hospital Quality Criteria		
	2-4 80% of nurses and midwives in maternity ward (unit) pass the nursing examination in the final year of the Project.	Endline survey reports Records of nursing exam of target PHO and DHO		
	2-5 The indicator on management skills at health centers will be discussed on the next JCC meeting.	Will determined after OVI is determined.		
3 The process of the roll-out of Lao Quality Model for Health Services is promoted.	3-1 By the end of the project, results of project are shared in the forum, seminars, academic conferences and journals inside and outside the country, at least once per year.	Forum reports Academic articles and seminar abstracts Project reports		
	3-2 At least one (1) seminar and/or conference is held to share the entire achievements of the Project by the end of the project period.	Minutes of seminar and meeting		
	3-3 Standardized procedure checklists and standards criteria are introduced in at least one field except for perinatal care in the target provincial hospital in the final year of the project.	Endline survey reports PHO Report on Hospital Quality Criteria		
	3-4 The implementation model for the improvement of health services is endorsed by the MOH by the end of the project period.	MoH decrees on improvement of health service quality		



Activities	Inputs		Pre-conditions	
	The Japanese Side	The Lao Side		
<b>1. The quality of MNCH medical services is improved from the technical aspect in each province.</b>				
1-1 To develop activity plan with reviewing the current activities on quality of healthcare services in the Lao PDR.	1. Dispatch of JICA experts (1) Long-term experts	1. Allocation of Counterpart Personnel (1)Project Director (2)Project Manager(s) (3)Officers and health personnel in the MOH, Provincial and District Offices, Provincial and District Hospitals and Health Centers engaged in the project activities		
1-2 To conduct a baseline survey on the medical services at the initiative of the DHC.	-Chief Advisor -Project Coordinator /Organization coordination -MNCH (Perinatal care) -Nursing -Quality Management	2. Facilities, equipment and materials Office spaces in the Champasak Provincial Health Office and the MOH in Vientiane		
1-3 To develop the lists of available services of perinatal care and update them accordingly.	(2) Short-term experts -MNCH -Hospital Management -Nursing Management -Other persons with necessary expertise for the project activities	3. Local Costs A part of operational expenses necessary for implementation of the project activities such as personnel costs of counterparts, activity costs including travel expenses, office equipment and supplies, utility costs such as water and electricity, etc.		
1-4 To conduct the training of standardized perinatal care (EmOC, EENC, Equipment etc.) at target health facilities.				
1-5 To conduct the training of standardized nursing practice at target health facilities.	2. Training in Japan and/or Third Countries			
1-6 To develop and introduces standardized clinical case management procedures for perinatal care (normal delivery, abnormal delivery, emergency transfer case, newborn care, etc.).	3. Provision of equipment Necessary equipment for project activities			
1-7 To hold MNCH meeting in each province at the initiative of the Provincial Health Office.	4. Operational Costs Necessary costs for the project activities			
1-8 Each provincial hospital and district hospital identify problem list and action plan on the field of perinatal care and shares in the MNCH meeting.				
1-9 To hold the death review meetings and case conferences in the field of perinatal care at the provincial hospitals.				
<b>2. The management and supervisory systems are strengthened for the improvement of quality of health services provided at health facilities in each province.</b>				
2-1 To conduct trainings for trainers (facilitators) of quality management and nursing management.				
2-2 To strengthen capacity of quality management and nursing management in each hospital by conducting improvement activities on hospital quality and nursing service by trainers.				
2-3 To establish Quality Committee with clear job description.				
2-4 To build and operate the Nursing Continuous Professional Development (CPD) system at the hospital.				
2-5 To conduct and manage the nursing practice exam.				
2-6 To standardize hospital services (such as manual, checklist, rules etc.)				
2-7 To develop and operate mechanisms of "Hospital Quality Criteria" in provincial hospitals and district hospitals.				
2-8 To develop and operate the mechanisms of "Hospital Ranking" in provincial hospitals and district hospitals.				

<p><b>3</b></p> <p><b>The process of the roll-out of Lao Quality Model for Health Services is promoted.</b></p> <p>3-1 To establish the organizational structure for coordination and decision making of the project activity and development of the model at the central level and four target provinces.</p> <p>3-2 To hold forums and seminars on quality management and the Four Province Joint Meeting, in order to share and discuss practical experiences in health facilities in Lao PDR.</p> <p>3-3 To analyze and compile the practical experiences at health facilities to be able to introduce those experiences to other health facilities.</p> <p>3-4 To discuss the implementation methods to expand to the fields other than maternity ward (unit) at target provincial hospitals, then implement to other field.</p> <p>3-5 Through the discussion with relevant institutions of MoH and Provincial Health Offices to develop plans in order to promote securing budget and human resources for model's continuous implementation.</p> <p>3-6 To develop a dissemination strategy of quality improvement implementation model of healthcare services, based on findings from project activities.</p> <p>3-7 To share project activities in domestic and overseas forums, seminars, academic conferences and international journals and reports.</p>			
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※2 Five Goods, One Satisfaction: The slogan of Dok Champa (hospital accreditation system in Laos) was disseminated to all 17 PHO, PH and central hospitals in October, 2016. "Five Goods One Satisfaction" focuses on "1. Good Reception, 2. Good Cleanliness, 3. Good Comfort, 4. Good Diagnosis, 5. Good Treatment" and as hospital values and One Satisfaction for patient satisfaction.

# PDM Version.2

## Project Design Matrix (PDM)

(Var 2.0)

10/1/18

### Project title: The Project for Improving Quality of Health Care Services

Implementing Agency:

the Department of Health Care and Rehabilitation (DHR), the Cabinet, the Department of Hygiene and Health Promotion (DHHP), the Department of Health Professional Education (DHPE), the Department of Finance (DOF), the Food and Drug Department (FDD), the Department of Planning and Cooperation (DPC), the Department of Personnel (DOP), the University of Health Science (UHS) and the National Health Insurance Bureau (NHIB) of the Ministry of Health (MOH)

Duration: February 2016 – February 2021

Target group:

Direct Beneficiaries : the MOH and Four (4) Provincial Health Offices, Four (4) Provincial Hospitals, Eleven (11) District Health Offices, Eleven (11) District Hospitals and Eight (8) Health Centers in Southern Four (4) Provinces

Project Site:

Vientiane and Southern Four (4) Provinces (Champasak, Salavan, Sekong, and Attapeu), the Lao PDR

Indirect Beneficiaries: Users of hospitals and health centers in the target four (4) provinces

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p><b>Overall Goal</b></p> <p>Quality services are provided by health facilities in the Lao PDR</p>	<ol style="list-style-type: none"> <li>1 The implementation model for the improvement of quality health services, which was developed by the Project, is introduced into all provinces in the Lao PDR by the year of 2025.</li> <li>2 By 2025, the proportions of health facilities accredited by the national hospital accreditation system (Dok Champa etc.) that evaluates quality of health care services are:               <ol style="list-style-type: none"> <li>1. 90 % in central hospitals</li> <li>2. 70% in provincial hospitals</li> <li>3. 50% in district hospitals</li> <li>4. 30% in health centers</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1 (Policy) documents that prove the application of the model in all provinces</li> <li>2 Report on Dok Champa</li> </ol>	
<p><b>Project Purpose</b></p> <p>Starting with improvement of maternal, newborn and child health (MNCH) as an entry point, quality health services are provided at provincial and district hospitals and health centers in the four (4) southern provinces</p>	<ol style="list-style-type: none"> <li>1 4 provincial hospitals and 11 district hospitals improve and maintain the result of evaluation of "Hospital Quality Criteria" by the end of the project.</li> <li>2 4 provincial hospitals improved and maintain the result of patient experience &amp; satisfaction survey by the end of the project.</li> </ol>	<ol style="list-style-type: none"> <li>1 Results of self-evaluation revised by the result of external-evaluation by Provincial Health Office. Results of self-evaluation submitted to Provincial Health Office are collected from Provincial Health Office. Results of external-evaluation by Provincial Health Office are collected from Provincial Health Office.</li> <li>2 Results of patient experience &amp; satisfaction survey are collected from Provincial Health Office.</li> </ol>	<p>(1)The Lao side properly allocates necessary budget and distribute personnel for maintaining and enhancing benefits derived from the Project.</p> <p>(2)Policies and implementation system of MNCH and human resource development don't change significantly.</p>
<p><b>Outputs</b></p> <p>1 Quality Criteria for hospitals and health centers were developed</p> <p>2 Quality evaluation for hospitals is operated</p> <p>3 Continuous Quality Improvement (CQI) activity is conducted by hospitals</p> <p>4 "QHC Model"(*4) is documented</p> <p>5 "QHC Model" is proposed to the Ministry of Health, Lao PDR</p>	<ol style="list-style-type: none"> <li>1-1 Hospital Quality Criteria for provincial hospital is developed (*1)</li> <li>1-2 Survey Sheet for patient experience &amp; satisfaction survey for provincial hospital is developed</li> <li>1-3 Hospital Quality Criteria for district hospital is developed (*2)</li> <li>1-4 Quality Criteria (draft) for health center is developed (*3)</li> <li>2-1 4 provincial hospitals and 11 district hospitals conduct self-evaluation at least 3 times/ year based on "Hospital Quality Criteria" by the end of the project.</li> <li>2-2 4 provincial hospitals and 11 district hospitals receive external-evaluation by Provincial Health Offices at least once/ year based on "Hospital Quality Criteria" by the end of the project.</li> <li>2-3 4 provincial hospitals conduct patient experience &amp; satisfaction survey at least 3 times/ year by the end of the project.</li> <li>3-1 Each provincial hospital tackles on at least 2 priority improvement opportunities found by quality evaluation at the end of the project.</li> <li>3-2 The total number of standardized services (delivered according to SOPs, Checklist, rule, etc.) in 4 provincial hospitals reaches to 5 services by the end of the project.</li> <li>4-1 Case of implementation of "QHC Model" in each of 4 provinces is documented.</li> <li>4-2 The implementation guide of "QHC Model" is documented.</li> <li>5-1 Findings and experiences of "QHC Model" is shared at least twice/year in meetings related with quality of health care in Lao PDR.</li> </ol>	<p>Hospital Quality Criteria and Survey Forms</p> <ol style="list-style-type: none"> <li>2-1 The number of self-evaluation conducted by hospitals is collected by counting the number of the results of self-evaluation submitted to Provincial Health Offices.</li> <li>2-2 The number of external-evaluation conducted by Provincial Health Offices is collected by counting the number of the results of external-evaluation in Provincial Health Offices.</li> <li>2-3 The number of patient experience &amp; satisfaction survey conducted by hospitals is collected by counting the number of the results of patient experience &amp; satisfaction survey submitted to Provincial Health Offices.</li> </ol> <p>Report in progress meeting (monthly, quarterly, annually)          Proceeding of Lao Forum on Quality and Safety in Healthcare          Proceeding of Lao National Research Forum</p> <ol style="list-style-type: none"> <li>4-1 4 case documents of implementation of "QHC Model"</li> <li>4-2 Implementation guide of "QHC Model"</li> </ol> <p>The number of citations on minutes, presentations and speeches in meetings related with quality of health care</p>	<p>(1) Trained counterparts do not leave their position so as to affect the outputs of the Project.</p> <p>(2) The Lao side properly allocates necessary budget and distribute personnel for the project activities</p> <p>(3) No severe disasters struck in the Project sites</p>

Activities	Inputs	Pre-Condition
<p><b>0.1</b> To develop activity plan with reviewing the current activities on quality of healthcare services in the Lao PDR</p> <p><b>0.2</b> To conduct a baseline survey on the medical services at the initiative of the DHR</p>		
<p><b>1.1</b> To specify the target service with Process Map</p> <p><b>1.2</b> To develop HQC and Evaluation Sheet for PHs and DHs</p> <p><b>1.3</b> To develop and implement Evaluation Sheet for Patient Experience and Satisfaction</p> <p><b>1.4</b> To introduce HQC and Evaluation Sheet to PHs and DHs</p> <p><b>1.5</b> To update HQC and Evaluation Sheet for PHs and DHs periodically</p> <p><b>1.6</b> To develop Quality Criteria (draft) and Evaluation Sheet (draft) for HCs</p>	<p><b>Lao side</b></p> <p>1. Counterpart            (1) Project Director            (2) Project Manager            (3) Project Coordinator            (4) Relevant staff from Ministry of Health, Provincial Health Office, District Health Office, Provincial Hospital, District Hospital and Health Center for project activities</p> <p>2. Facility and equipment            Project offices in Champasak Provincial Health Office and Ministry of Health in Vientiane.</p> <p>3. Local cost            Personnel cost for counterparts, Expenses for travel and consumable, Running cost (water, electricity and internet access etc.)</p>	<p><b>Explanatory note</b></p> <p><i>*1: Targets of Hospital Quality Criteria in Provincial Hospital At least Obstetrics Care (Normal Delivery, Emergency Obstetrics Care), Out Patient Department, Inpatient Department, Toilet and Hospital Quality Management. Additional Hospital Quality Criteria will be developed if necessary.</i></p> <p><i>*2: Targets of Hospital Quality Criteria in District Hospital Targets in District Hospital are based on targets in Provincial Hospital. However, Hospital Quality Criteria for District Hospital will be simplified and integrated from those for Provincial Hospital based on characteristics of District Hospital.</i></p>
<p><b>2.1</b> To develop SOPs for self-evaluation of HQC in provincial and district hospitals</p> <p><b>2.2</b> To develop SOPs for external-evaluation of HQC in provincial and district hospitals</p> <p><b>2.3</b> To modify SOPs for updated HQC (by Activity 1.4)</p> <p><b>2.4</b> To develop TOR of people in charge of Hospital Quality Management (e.g. Quality Committee) in provincial and district hospitals, and update the TOR periodically</p>		<p><i>*3: Targets of Quality Criteria in Health Center Targets in Health Center are based on targets in District Hospital. However, Quality Criteria for Health Center will be simplified and integrated from those for District Hospital based on characteristics of Health Center.</i></p>
<p><b>3.1</b> To standardize target services in provincial and district hospitals (by developing SOPs, Checklist, rule etc.)</p> <p><b>3.2</b> To conduct daily management and continuous quality improvement (CQI) activities for improvement opportunities identified by provincial hospitals</p> <p><b>3.3</b> To hold opportunities for learning CQI from others (study tour, cross visit etc.) for provincial and district hospitals</p> <p><b>3.4</b> To conduct technical trainings (*5) in provincial and district hospitals</p> <p><b>3.5</b> To develop modules for technical trainings</p>	<p><b>Laos side</b></p> <p>1. Dispatch of JICA experts            (1) Long-term JICA experts                -Chief Advisor                -Project Coordinator/Organizational Collaboration                -MNCH Expert (Perinatal care)                -Nursing Expert</p> <p>(2) Short-term JICA experts                -Chief Advisor                -Quality Management                -Others who have speciality for project activities</p> <p>2. Training (in Laos, Third countries and Japan)</p> <p>3. Provision of Equipment</p> <p>4. Operational Costs</p> <p>5. Others</p>	<p><i>*4: The QHC Model is a repeated cycle of three steps that activate and sustain Continuous Quality Improvement (CQI) in hospitals in Lao PDR. The QHC Model consists of (1) development and update of hospital quality criteria, (2) regular quality assessment and (3) Continuous Quality Improvement (CQI) with accelerating mechanisms of (i) training to strengthen knowledge and skills of health staff and (ii) opportunities to share practical experiences and learning experiences.</i></p> <p><i>*5: Targets of Technical Training            (1) Hospital Quality Management            (2) EmOC, EENC and Operation of Related Equipment            (3) Nursing            (4) Administration</i></p>
<p><b>4.1</b> To establish writing and editing committee of "QHC Model Guidebook"</p> <p><b>4.2</b> To make writing and editing schedule of "QHC Model Guidebook"</p> <p><b>4.3</b> To write and organize manuscripts of "QHC Model Guidebook"</p> <p><b>4.4</b> To hold writing committee meeting</p> <p><b>4.5</b> To document four provinces' experiences on implementation of "QHC Model"</p> <p><b>4.6</b> To approve a case document of "QHC Model" by each of provinces</p> <p><b>4.7</b> To compile case documents of "QHC Model" in four Southern provinces</p>		<p><b>Abbreviation</b></p> <p>CQI: Continuous Quality Improvement            DHs: District Hospitals            HCs: Health Centers            HQC: Hospital Quality Criteria            MNCH: Maternal and Child Health            PHs: Provincial Hospitals            QHC: Quality of Health Care            SOPs: Standardized Operating Procedures            TOR: Terms of Reference</p>
<p><b>5.1</b> To suggest a "QHC Model" to Ministry of Health</p> <p><b>5.2</b> To hold the seminar of introducing "QHC Model" inviting all provinces in Lao PDR</p> <p><b>5.3</b> To hold Forum in Lao PDR to share practical experience of quality improvement in health facilities</p> <p><b>5.4</b> To advertise, share and study "QHC Model"</p> <p><b>5.5</b> To encourage budgeting for activities and assignment of human resources in order to sustain "QHC Model" in provincial level</p>		

# Correspondence Ver.0 to Ver.1

## Modified Sections and the Reasons to Modify between PDM Version 0 and Version1

Indicators				
	Version 0	Version 1	Modified sections and the reasons to modify between PDM Version0 and Version1	
Overall Goal 2	(The Project shall determine indicator(s) that can measure the improvement of health service quality quantitatively on the basis of the results of the baseline survey within one (1) year after the commencement of the Project.) (EXAMPLE) Over <target value> % of health facilities in the whole nation is accredited by the national system (i.e. Dok Champa) by the year of 2025.	By 2015, the proportions of health facilities accredited by the national system (Dok Champa) are: 1. 90 % in central hospitals 2. 70% in provincial hospitals 3. 50% in district hospitals 4. 30% in health centers		Target goals of Dok Champa are selected here.
Project Purpose 1	In the targeted four (4) provinces, the rate of neonatal death within a 24-hour period after birth at health facilities reduced by <target value (%)> in the final year of the Project in comparison with those at the time of the baseline survey. Notes: The Project shall determine the target value on the basis of the baseline survey after the commencement of the Project.	In target four southern provinces, the time of birth and discharge are recorded in every mother and newborn and, by 2020, the rate of mother and newborn staying in health facilities at least 24 hours after birth increases, compared with the time before implementation as follows; PH: X1% to Y1% DH: X2% to Y2% HC: X3% to Y3%		Target value has not been decided at this point since there are not enough medical records on "the rate of mother and newborns staying in health facilities more than 24 hours after birth." Exact baseline and target value will be decided through activity implementation, after grasping the actual situation on "mother and newborns staying in health facilities more than 24 hours after birth."
Project Purpose 2	The implementation model for the improvement of health services is endorsed by the MOH by the end of the project period.	In target four southern provinces at the end of the project: 1. Proportion of basic EmOC facilities (DH Type B) performing signal functions reaches 63%; 2. Proportion of comprehensive EmOC facilities (PH & DH Type A) performing signal functions reaches 100%		Indicator on pregnant woman (at the time of delivery) was added to reflect peri-natal care activities, in addition to the indicator on neo-natal care (Indicator 1). Target goal of each year is as follows; 1. Basic EmOC facilities (DH Type B) 2017:54%, 2018:57%, 2019:60%, 2020:63% (Current data in 2016: 38.9%) 2. Comprehensive EmOC facilities (PH & DH Type A) 2017:92%, 2018: 94%, 2019:97%,2020:100% (Current Data in 2016: 33.3%)
Project Purpose 3	(The Project shall measure the achievement level of the Project Purpose by conducting a patient satisfaction survey of the health service quality in conformity to the international standards. The Project shall determine the target value within one (1) year after the commencement of the Project)	The score of Hospital Quality Criteria (HQC, 5 Goods 1 Satisfaction) is increased in 80 % of the health facilities compared to the time when the HQC is introduced, at the end of the project.		Hospital Quality Criteria (HQC) is applied as an indicator since HQC comprehensively includes not only patient satisfaction and evaluation by service providers. Target goal of each year is as follows;
Output 1				
Output 1-1	All cases of perinatal care were performed in conformity to the standardized clinical case management procedures (clinical paths, care bundle, etc) for a <value>-months period before the time of the Endline survey. Notes: The Project shall determine the investigation period on the basis of the baseline survey after the commencement of the Project.	All cases of perinatal care are performed in conformity to the standardized procedures checklist in the target health facilities in the final year of the project.		Indicator was modified from "within a <value> months period before the time of the Endline survey" to "in the final year of the project."
Output 1-2	Immediate Oxytocin administrations for the prevention of post-partum hemorrhage for all deliveries were performed at health facilities in the targeted four (4) provinces within a <value> months period before the time of the Endline survey. Notes: The Project shall determine the investigation period on the basis of the baseline survey after the commencement of the Project.	Immediate Oxytocin administrations for the prevention of post-partum hemorrhage and the amount and timing are recorded on all sampled patient records in target health facilities in the final year of the project.		Indicator was modified from "within a <value> months period before the time of the Endline survey" to "in the final year of the project." In addition, oxytocin administrations is conducted almost 100% so that we changed into Indicator that confirms if oxytocin administrators, its amount and timing are recorded.
Output 1-3	More than 75% of planned technical supportive supervision activities were performed for one (1)-year period in the 4th year of the Project.	Providers' satisfaction on education system is increased compared with Baseline Survey. 1. Education system from supervisors to younger staffs Increase from 40% to 80% 2. Get enough training from the facilities to improve skills Increase from 30% to 70% 3. Access to guidelines and textbooks in need Increase from 50% to 90%	Moved from Indicator 1-3 and divided to Indicator 1-3 & 2-4	Improvement of satisfaction toward the education system was set as the indicator to measure the CPD performance. Results of baseline survey on education system were applied to the indicator. 40% of improvement will be the target in each indicators.
Output 1-4	(The Project shall determine at least one (1) OVI to evaluate the performance of CPD on the basis of the baseline survey within one year after the commencement of the Project.)		Moved from Indicator 1-4 to 1-3.	
Output 2				
Output 2-1	The Job Descriptions for health service providers were determined by the 2nd year of the Project.	Hospital Improvement Activities (such as 5S activities) are implemented at target four provincial hospitals by the final year of the Project.	Indicator 2-1 was included to Nursing Activity Separated Indicator 2-2 & 2-3 to Indicator 2-1~2-4.	Indicator was modified to the one that reflects the Quality Improvement Activities such as Hospital KAIZEN activities. (quality internal monitoring is included here)
Output 2-2	Quality monitoring activities at each health facility were conducted at all provincial and district hospitals and at more than 75% of health centers in the target 4 provinces at least one (1) time within a <value>-months period before the time of the Endline survey. Notes: The Project shall determine the investigation period on the basis of the baseline survey after the commencement of the Project.	All four provincial hospitals conduct self-evaluation based on the Hospital Quality Criteria at least once per year.	Indicator 2-2 & 2-3 were separated to Indicator 2-1~2-4. Indicator 1-3 was integrated to Indicator 2-2.	Same as above
Output 2-3	(The Project shall determine at least one (1) OVI regarding the certification mechanism of hospital functions on the basis of the baseline survey conducted under the Activity 1-2 within one year after the commencement of the Project.	All four provincial health offices conduct external-evaluation of health facilities based on the Hospital Quality Criteria at least once per year.	Indicator 2-2 & 2-3 were separated to Indicator 2-1~2-4. Indicator 1-3 was integrated to Indicator 2-2.	Same as above
Output 2-4		80% of nurses and midwives in maternity ward (unit) pass the nursing examination in the final year of the Project.	Divided Indicator 1-4 to Indicator 1-3 & 2-4	Indicator was moved from Output 1 since implementation of CPD is related to management skill and the activity related to nursing skills is under Output 2.
Output 2-5		The indicator on management skills at the health centers will be discussed on the next JCC meeting.	Added a new indicator.	
Output 3				
Output 3-1	Recommendations regarding implementation model for quality health services and its roll-out strategy as well as revision and/or newly development of regulations were submitted to the MOH by the end of the project period.	By the end of the project, results of practical experience in the hospitals are shared in the forum, seminars, academic conferences and journals inside and outside the country, at least once per year.	Moved from Indicator 3-2.	Modification in phrasing
Output 3-2	At least one (1) academic paper regarding the implementation model for quality health services, MNCH and/or CPD for health service providers was published in a peer-reviewed international journal by the end of the project period.	At least one (1) seminar and/or conference is held to share the entire achievements of the Project by the end of the project period.	Moved from Indicator 3-3.	No modification in the description of Objectively Verifiable Indicators (OVIs)
Output 3-3	At least one (1) seminar and/or conference is held to share the entire achievements of the Project by the end of the project period.	Standardized procedure checklists and standards criteria are introduced in at least one field except for perinatal care in the target provincial hospital in the final year of the project.		Modified as "application of standardization to other departments."
Output 3-4		The implementation model for the improvement of health services is endorsed by the MOH by the end of the project period.	Moved from the Indicator of Project Purposes to the Output Indicator.	Implementation model mentioned in this PDM includes the compilation of the standardized procedures developed through project activities.

Activities			
	Version 0	Version 1	Modified sections and the reasons to modify between PDM Version0 and Version1
Output 1			
Activity 1-1	To review existing regulations such as ministerial ordinance, national standards, guidelines, clinical protocols and referral systems, which control health and medical services, as well as manuals and forms assisted by JICA and other partner organizations, and its implementation at the initiative of the DHC (to revise and/or newly develop as needed basis).	To develop activity plan with reviewing the current activities on quality of healthcare services in the Lao PDR	Modification in phrasing
Activity 1-2	To conduct a baseline survey on the medical services at the initiative of the DHC.	To conduct a baseline survey on the medical services at the initiative of the DHC .	Modification in phrasing
Activity 1-3	To develop lists of available services in conformity to the standards of the MOH at each provincial hospital, district hospital and health center.	To develop the lists of available services of perinatal care and update them accordingly.	Moved from Activity 1—3. Lists of available services were focused on perinatal care and added the updated activities.
Activity 1-4	To develop and introduce standardized clinical case management procedures (clinical paths, care bundles, etc.) at the initiative of DHC with the support of specialists.	To conduct the training of standardized perinatal care (EmOC, EENC, Equipment etc.) at target health facilities.	Moved from Activity 1—4 and divided to two activities Standardized clinical case management procedures will be focused to perinatal care.
Activity 1-5	To develop an implementation system for technical supportive supervision (including preparation of operation guides, training for supervisors, etc.) under the guidance of the DHC and the DTR.	To conduct the training of standardized nursing practice at target health facilities.	Moved from Activity 1—6. This Activity is also in Activities of Output 2. Implementation of the training itself on Continuous Professional Development (CPD) is included in this activity and management the structure of CPD itself is moved under Output 2.
Activity 1-6	To develop an implementation model for the Continuous Professional Development (CPD) at the initiative of the Four Provinces Joint Meeting under the guidance of the DTR.	To develop and introduces standardized clinical case management procedure for perinatal care (normal delivery, abnormal delivery, emergency transfer case, newborn care and so on )	Moved from Activity 1—4 and divided to two activities Standardized clinical case management procedures will be focused to perinatal care.
Activity 1-7	To support the health facilities in the target 4 provinces to implement nursing service management in line with the Guidelines for the Scope of the Nursing Practice (Practice of nursing process introducing nursing assessment and nursing care plan, and improvement of quality of nursing documentation by introducing nursing records).	To hold MNCH meeting in each province at the initiative of the Provincial Health Office.	Added a new activity to strengthen the overall activity of perinatal care.
Activity 1-8	To support provincial hospitals to hold death review meeting and case conferences and activities of the Drug and Therapeutics Committee (DTC).	Each provincial hospital and district hospital identify problem list and action plan on the field of perinatal care and shares in the MNCH meeting.	Added a new activity to strengthen the overall activity of perinatal care.
Activity 1-9		To hold the death review meetings and case conferences in the field of perinatal care at the provincial hospitals.	Moved from Activity 1—8. Modified the expression to focus on perinatal care.
Output 2			
Activity 2-1	To support the MOH to develop job descriptions for health service providers such as medical doctors, nurses and midwives at each level of health facility (provincial and district hospitals and health centers), on the basis of the results from the Activity 1-1 and the Activity 1-2.	To conduct trainings for trainers (facilitators) of quality management and nursing management.	Moved from Activity 2-4. Added more concrete description on Activity 2-4.
Activity 2-2	To develop standards and forms for the measurement (visualization) of the quality of health services (e.g. development of Standard Operating Procedures (SOPs) and the hospital performance assessment list for external quality monitoring) at the initiative of the DHC.	To strengthen capacity of quality management and nursing management in each hospital by conducting improvement activities on hospital quality and nursing service by trainers.	Moved from Activity 1-7 & Activity 2-1. The activity moved from Output 1 since nursing management is related to management skills. In addition, more concrete description on nursing management was added.
Activity 2-3	To strengthen the function of Provincial Health Offices-led Quality Inspection Team and District Health Offices for external quality monitoring for health facilities (monitoring and supervision of SOP compliance, etc.).	To establish Quality Committee with clear job description.	Moved from Activity 1-7 & Activity 2-1. Job Description activity (Activity 2-1 in PDM Version ) was included as a part of Quality Committee activity to make clear the responsibilities.
Activity 2-4	To support health facilities for the establishment and operation of quality management committees at the initiative of Provincial Health Offices (10MR*, work environment improvement, improvement of customer services (attitude to work and clients, etc.), drug stock management, management of medical instrument and devices, finance management and operation, etc.).	To build and operate the Nursing Continuous Professional Development (CPD) system at the hospital.	Moved from Activity 1—6. Implementation of the training itself on CPD was moved under Output 2 and management of the structure of CPD itself is moved to this activity.
Activity 2-5	To support provincial and district health offices to develop the Annual Operational plan (AOP) for Health Sector Development Plan to ensure the activities for quality management.	Conduct and manage the nursing practice exam.	Moved from Activity 1—6. Developed the expression on CPD activities on nursing.
Activity 2-6	To support provincial and district health offices to develop the Annual Operational plan (AOP) for Health Sector Development Plan to ensure the activities for quality management.	To standardize hospital services (such as manual, checklist, rules etc.)	Developed from Activity 2.2~2-4. Modified to more concrete expression on quality management activities.
Activity 2-7		To develop and operate mechanisms of "Hospital Quality Criteria" in provincial hospitals and district hospitals.	Developed from Activity 2.2~2-4. Modified to more concrete expression on quality management activities.
Activity 2-8		To develop and operate the mechanisms of "Hospital Ranking" in provincial hospitals and district hospitals	Developed from Activity 2.2~2-4. Modified to more concrete expression on quality management activities.
Output 3			
Activity 3-1	To establish a coordinating and decision-making body for the project activities, consisted of the representatives from the targeted 4 provinces (in consideration of utilization of the Four Provinces Joint Meeting).	To establish the organizational structure for coordination and decision making of the project activity and development of the model at the central level and four target provinces.	Modification in phrasing
Activity 3-2	To conduct operations research(es) to evaluate effects of essential interventions at the initiative of the DTR.	To hold forums and seminars on quality management and the Four Province Joint Meeting, in order to share and discuss practical experiences in health facilities in Lao PDR.	Moved from Activity 3-7 and divided to Activity 3-2 & 3-7. The difference from Activity 3-7 in version 0 is that CP "organizes" the forum or seminar, not only participating in them.
Activity 3-3	To report and discuss the progress and achievements of the Project as well as collaborative activities with other partner organizations continuously at the Four Province Joint Meeting, the coordination mechanism at each province, the Health Care TWG and relevant TWGs at central level.	To analyze and compile the practical experiences at health facilities to be able to introduce those experiences to other health facilities.	Developed from Activity 3-2. Modified to more concrete expression.
Activity 3-4	To discuss with relevant parties continuously on securing costs for disseminating the implementation Lao Quality Model for Health Services from existing social health protection mechanisms and hospital revenue (based on "the Prime Minister Decree on the Use and Management of Service Charge Incomes at public health facilities" (PM Decree No. 349)).	To discuss the implementation methods to expand to the fields other than maternity ward (unit) at target provincial hospitals, then implement to other field.	Moved from Activity 3-5 & 3-6. Added the description on application to other departments.
Activity 3-5	To compile achievements, findings, evidences, etc. into the implementation model for the improvement of quality health services by conducting an Endline survey.	Through the discussion with relevant institutions of MoH and Provincial Health Offices to develop plans in order to promote securing budget and human resources for model's continuous implementation.	Moved from Activity 3-6. Added the description on "securing budget and human resources", not only health insurance.

Activity 3-6	To provide recommendations for revision and newly development of regulations and application of the roll-out strategy (including the implementation model, costing analysis, plans of dissemination, the certification mechanism of hospital functions, etc.) to expand the model nationwide.	To develop a dissemination strategy of quality improvement implementation model of healthcare services, based on findings from project activities.	Moved from Activity 3-5.	Modification in phrasing.
Activity 3-7	To share the achievements, evidences, etc. to the MOH, development partners and other relevant parties at provincial and district levels via seminars, conferences and so on.	To share project activities in domestic and overseas forums, seminars, academic conferences and international journals and reports.		Modified to more concrete expression of Activity 3-7 of version 0, as the results of practical experiences at hospitals (Activity 3-3 of version 1).

#### Means of Verification

	Version 0	Version 1	Modified sections and the reasons to modify between PDM Version0 and Version1
Overall Goal 2	(1) The means of verifications are supposed to be specified in accordance with the OVI determined by the Project.	Report on Dok Champa	Means of verifications was specified in accordance with the OVI determined by the Project.
Project Purpose 1	(1) Project reports (2) Endline Survey Report (3) A MOH document that prove the endorsement of the model	Endline survey reports Monitoring reports Database and reports of PHO, DHO, PH and DH Medical records of target health facilities Report of MNCH meeting	Means of verifications was specified in accordance with the OVI determined by the Project.
Project Purpose 2		Endline survey reports Monitoring reports Database and reports of PHO, DHO, PH and DH Medical records of target health facilities Report of MNCH meeting	
Project Purpose 3		Endline survey reports Monitoring reports Database and reports of PHO, DHO, PH and DH MoH Report	
Output 1-1	(1) Project reports (2) Endline Survey Report	Endline survey reports Monitoring reports Database and reports of PHO, DHO, PH and DH Medical records of target health facilities Report of MNCH meeting	Means of verifications was specified in accordance with the OVI determined by the Project.
Output 1-2		Endline survey reports Monitoring reports Database and reports of PHO, DHO, PH and DH Medical records of target health facilities Report of MNCH meeting	
Output 1-3		Endline survey reports Monitoring reports Database and reports of PHO, DHO, PH and DH Report of MNCH meeting Satisfaction survey of service provider	
Output 2-1	(1) Project reports (2) Endline Survey Report	Endline survey reports Monitoring reports Database and reports of PHO and PH	Means of verifications was specified in accordance with the OVI determined by the Project.
Output 2-2		Endline survey reports Monitoring reports Database and reports of PHO and PH Report on Hospital Quality Criteria	
Output 2-3		Endline survey reports Monitoring reports Database and reports of PHO, DHO, PH and DH Report on Hospital Quality Criteria	
Output 2-4		Endline survey reports Monitoring reports Records of nursing exam	
Output 2-5		Endline survey reports Monitoring reports Database and reports of PHO and DHO Report on Hospital Quality Criteria	
Output 3-1	(1) Project reports (2) Endline Survey Report (3) Academic paper(s) published in international journal(s)	Endline survey reports Monitoring reports Forum reports Meeting minutes Participants data Abstracts	Means of verifications was specified in accordance with the OVI determined by the Project.
Output 3-2		Endline survey reports Monitoring reports Minutes of seminar Participants data	
Output 3-3		Endline survey reports Monitoring reports Database and reports of PHO, DHO, PH and DH Report on Hospital Quality Criteria	
Output 3-4		Endline survey reports Monitoring reports Database and reports of PHO, DHO, PH and DH MoH Report	

#### Inputs

	Version 0	Version 1	Modified sections and the reasons to modify between PDM Version0 and Version1
Japanese Side Long-term experts	-Chief Advisor -Project Coordinator / Training management -MNCH - Strategic management	-Chief Advisor -Project Coordinator /Organization coordination -MNCH - Nursing -Quality Management	1. Modified the title of "Project Coordinator / Training management" to "Project Coordinator /Organization coordination" 2. Added "Nursing" and "Quality Management" 3. Deleted "Strategic Management"
Japanese Side Short-term experts	-Human Resource development (CPD) -Hospital Management -Nursing Management -Obstetrician(s) -Pediatrician(s) -Other persons with necessary expertise for the project activities	-MNCH (Perinatal care) -Hospital Management -Nursing Management -Other persons with necessary expertise for the project activities	1. Added MNCH (Perinatal care) 2. Deleted Human Resource development (CPD), Obstetrician(s) and Pediatrician(s)

# Correspondence Ver.1 to Ver.2

Modified Sections and the Reasons to Modify between PDM Version 1 and Version2				
After Revision (Version.2.0)		Before Revision (Version. 1.0)		Reasons/ Remarks
Implementation Agencies: (The department names were changed)				
1	the Department of Health Professional Education (DHPE)	1	the Department of Training and Research (DTR)	Update according to organizational change of the Ministry of Health, Lao PDR
2	the Department of Planning and Cooperation (DPC)	2	the Department of Planning and International Cooperation (DPIC)	
Beneficiaries				
Direct-Beneficiaries	the MOH and Four (4) Provincial Health Offices, Four (4) Provincial Hospitals, Eleven (11) District Health Offices, Eleven (11) District Hospitals and Eight (8) Health Centers in Southern Four (4) Provinces		the MOH and Provincial Health Offices, Provincial Hospitals, District Health Offices, District Hospitals and Health Centers in the Southern Four (4) Provinces	The number of target facilities was specified.
Indirect-Beneficiaries	Community residents in the target four (4) provinces.		Users of hospitals and health centers in the target four (4) provinces	"Community residents" was specified as "Users of hospitals and health centers".
Project Period				
	No revision		2016/02/21 - 2021/02/20	
Project Site				
	No revision		Vientiane and Southern Four (4) Provinces (Champasak, Salavan, Sekong, and Attapeu), the Lao PDR	
Overall Goal				
	No revision		Quality services are provided by health facilities in the Lao PDR.	
Indicators of Objectively Verifiable Indicators (OVIs)				
	No revision	1	The implementation model for the improvement of quality health services, which was developed by the Project, is introduced into all provinces in the Lao PDR by the year of 2025.	Additional explanation for "national system" was added as "national hospital accreditation system (Dok Champa etc.) that evaluates quality of health care services"
2	By 2025, the proportions of health facilities accredited by the national hospital accreditation system (Dok Champa etc.) that evaluates quality of health care services are: 1. 90 % in central hospitals 2. 70% in provincial hospitals 3. 50% in district hospitals 4. 30% in health centers	2	By 2025, the proportions of health facilities accredited by the national system (Dok Champa) are: 1. 90 % in central hospitals 2. 70% in provincial hospitals 3. 50% in district hospitals 4. 30% in health centers	
Project purpose				
	No revision		Starting with improvement of maternal, newborn and child health (MNCH) as an entry point, quality health services are provided at provincial and district hospitals and health centers in the four (4) southern provinces	
Indicators of Project Purpose				
1	4 provincial hospitals and 11 district hospitals improve and maintain the result of evaluation of "Hospital Quality Criteria" by the end of the project.	1	In target four southern provinces, the time of birth and discharge are recorded in every mother and newborn and, by 2020, the rate of mother and newborn staying in health facilities at least 24 hours after birth increases, compared with the time before implementation as follows: PH: X1% to Y1% DH: X2% to Y2% HC: X3% to X3%	Old project indicator 1 of PDM (version1) is included in new project indicator 1 of PDM (version2). In Lao PDR, discussion of "What is quality of health care" is essential from the perspective local definition of quality. Therefore, development of hospital quality criteria within a scope of hospital quality criteria in the project defined in <i>Explanatory note</i> was included as new outcome 1 of PDM (version 2). New project indicator 1 of PDM (version 2) is measured by the quality criteria developed by the new outcome 1.
2	4 provincial hospitals improved and maintain the result of patient experience & satisfaction survey by the end of the project.	3	The score of Hospital Quality Criteria (5 Goods 1 Satisfaction) is increased in 80 % of the health facilities, compared to the time when the Hospital Quality Criteria is introduced, at the end of the project.	A component of patient experience was inserted in patient satisfaction survey of PDM (version 1). Patient experience is internationally accepted concept. If only patient satisfaction was measured, it is expected the most of patients answered they were satisfied in Lao PDR. When patients has little knowledge about health care, it is difficult to appropriately evaluate quality of health care from the perception of patients. Also the number of target provincial hospitals were specified.
	It is revised and articulated to Activity 4.8 and 5.4	2	In target four southern provinces at the end of the project: 1. Proportion of basic EmOC facilities (DH Type B) performing signal functions reaches 63%; 2. Proportion of comprehensive EmOC facilities (PH & DH Type A) performing signal functions reaches 100%	"the implementation model for the improvement of health services" of PDM (version 1) was specified by "QHC Model" that consist of hospital quality criteria, routine quality evaluation and continuous quality improvement (CQI) in PDM (version 2). Endorsement of "QHC model" was moved to Output 5 of PDM (version 2) and deleted into activity 5.1 and activity 5.5 because relationship of the project purpose and endorsement of the model is indirect.
Outputs				
1	Quality Criteria for hospitals and health centers were developed	1	The quality of MNCH medical services is improved from the technical aspect in each province.	1) Structure of two old outputs of MNCH medical service (clinical) and management and supervisory system (management) in PDM (version 1) were reorganized by three components such as (1) Quality Criteria for hospitals and health centers were developed, (2) Quality evaluation for hospitals is operated and (3) Continuous Quality Improvement (CQI) activity is conducted by hospitals that encourage continuous quality improvement in a hospital. This is because of transition of the needs to the project from the improvement of MNCH services to (1) hospital quality criteria, (2) routine quality evaluation and (3) continuous quality improvement in a hospital according to Five Goods One Satisfaction and Dok Champa Accreditation under preparation of the Ministry of Health, Lao PDR. 2) "the roll-out of Lao Quality Model for Health Services" of old output indicator 3 in PDM (version 1) was more specifically described by documentation and input into new output indicators of 4 and 5 in PDM (version 2)
2	Quality evaluation for hospitals is operated	2	The management and supervisory systems are strengthened for the improvement of quality of health services provided at health facilities in each province.	
3	Continuous Quality Improvement (CQI) activity is conducted by hospitals			
4	"QHC Model"(*) is documented			
5	QHC Model" is proposed to the Ministry of Health, Lao PDR	3	The process of the roll-out of Lao Quality Model for Health Services is promoted.	
Indicators of Outputs				
1-1	Hospital Quality Criteria for provincial hospital is developed	2-3	All four provincial health offices conduct external-evaluation of health facilities based on the Hospital Quality Criteria at least once per year.	Old output indicator 2-3 in PDM (version 1) was specified as new output indicators of 1-1, 1-2 and 1-3. The new indicators expand targets to other sections of a hospital in addition to a delivery section. The new indicators also specified the target facilities for quality criteria in provinces, districts and health centers.
1-2	Survey Sheet for patient experience & satisfaction survey for provincial hospital is developed			
1-3	Hospital Quality Criteria for district hospital is developed (*2)			
1-4	Quality Criteria (draft) for health center is developed (*3)			
2-1	4 provincial hospitals and 11 district hospitals conduct self-evaluation at least 3 times/year based on "Hospital Quality Criteria" by the end of the project.	2-2	All four provincial hospitals conduct self-evaluation based on the Hospital Quality Criteria at least once per year.	Annual frequency of self-evaluation was revised in new output indicator 2-1 in PDM (version 2). Self-evaluation is one of routine quality evaluations conducted by hospital staff.
2-2	4 provincial hospitals and 11 district hospitals receive external-evaluation by Provincial Health Offices at least once/year based on "Hospital Quality Criteria" by the end of the project.	2-3	All four provincial health office conduct external-evaluation of health facilities based on the Hospital Quality Criteria at least once per year.	Annual frequency of external-evaluation was specified in new output indicator 2-2 in PDM (version 2). External-evaluation is one of routine quality evaluation conducted by provincial health office.
2-3	4 provincial hospitals conduct patient experience & satisfaction survey at least 3 times/year by the end of the project.	1-3	Providers' satisfaction on education system is increased compared with Baseline Survey. 1. Education system from supervisors to younger staffs Increase from 40% to 80% 2. Get enough training from the facilities to improve skills Increase from 30% to 70% 3. Access to guidelines and textbooks in need Increase from 50% to 90%	Old indicator 1-3 in PDM (version 1) was deleted because the project decided to measure patient satisfaction in new indicator 2-3 in PDM (version 2) instead of providers' satisfaction.
3-1	Each provincial hospital tackles on at least 2 priority improvement opportunities found by quality evaluation at the end of the project.	1-2	Immediate Oxytocin administrations for the prevention of post-partum hemorrhage and the amount and timing are recorded on all sampled patient records in target health facilities in the final year of the project.	Improvement opportunities are identified from hospital quality criteria. Because hospital quality criteria include other improvement opportunities more than improvement opportunities present by old output indicator 1-1 in PDM (version 1), new indicator tells "priority improvement opportunities" in new output indicator 3-1 in PDM (version 2). To encourage initiative of hospital staff to conduct quality improvement activities, improvement opportunities are not necessarily fixed from the beginning. The project is taking an approach that hospital staff select and agreed on improvement opportunities in their hospital.
3-2	The total number of standardized services (SOPs, Checklist, rule etc.) in 4 provincial hospitals reaches to 5 services by the end of the project.	1-1	All cases of perinatal care are performed in conformity to the standardized procedures checklist in target health facilities in the final year of the project.	Because hospital quality criteria include other subjects of standardizations more than the subject present by output indicator 1-1 in PDM (version 1), output indicator 3-2 in PDM (version 2) does not specify the subject of standardization but specified the number of services that were standardized. To encourage initiative of hospital staff to standardize health care services, subjects of standardization are not necessarily fixed from the beginning. The project is taking an approach that hospital staff select and agreed on services that need standardization.



		Moved to new activity 2.4⇒	2-1	Hospital Improvement Activities (such as 5S activities) are implemented at target four provincial hospitals by the final year of the Project.	
		Moved to new activity 3.4⇒	2-4	80% of nurses and midwives in maternity ward (unit) pass the nursing examination in the final year of the project.	Target of trainings was expanded as in <i>explanatory note</i> . Old indicator 2-4 in PDM (version 1) was moved to new activity 3.4 in PDM (version 2) because examination is done in each training.
		Moved to new activity 3.4⇒	2-5	The indicator on management skills at health centers will be discussed on the next JCC meeting.	Old indicator 2-5 in PDM (version 1) was moved to new activity 3.4 in PDM (version 2).
4-1		Case of implementation of "QHC Model" in each of 4 provinces is documented.	3-4	The implementation model for the improvement of health services is endorsed by the MOH by the end of the project period.	Preparations before the endorsement of QHC model by the Ministry of Health were specified by new output indicators of 4-1 and 4-2 in PDM (version 2). According to the project purpose, endorsement of the improvement model by the Ministry of Health in old output indicator in PDM (version 1) was considered out of the scope of the project activities in four Southern provinces within the given period.
4-2		The implementation guide of "QHC Model" is documented.			
5-1		Findings and experiences of "QHC Model" is shared at least twice/year in meetings related with quality of health care in Lao PDR.	3-1	By the end of the project, results of project are shared in the forum, seminars, academic conferences and journals inside and outside the country, at least once per year.	Old output indicators of 3-1 and 3-2 in PDM (Version 1) were combined in new output indicator of 5-1 in PDM (Version 2). New indicator opens sharing opportunity not only academic but also all the meetings related with quality of health care in Lao PDR. Frequency of sharings was revised.
			3-2	At least one (1) seminar and/or conference is held to share the entire achievements of the Project by the end of the project period.	
		Moved to new activity 3.1⇒	3-3	Standardized procedure checklists and standards criteria are introduced in at least one field except for perinatal care in the target provincial hospital in the final year of the project.	
Important Assumptions (for Project Purpose)					
		No revision	1	The Lao side properly allocates necessary budget and distribute personnel for maintaining and enhancing benefits derived from the Project.	
			2	Policies and implementation system of MNCH and human resource development don't change significantly.	
Important Assumptions (for Outputs)					
1		No revision	1	Trained counterparts do not leave their position so as to affect the outputs of the Project.	
2		No revision	2	The Lao side properly allocates necessary budget and distribute personnel for the project activities	Important assumption 3 was added because the flood in Sanamsay District in Attapeu Province delayed the progress of the project activity.
3		No severe disasters struck in the Project sites			
Activities					
1	0.1	To develop activity plan with reviewing the current activities on quality of healthcare services in the Lao PDR	1.1	To develop activity plan with reviewing the current activities on quality of healthcare services in the Lao PDR.	No revision
2	0.2	To conduct a baseline survey on the medical services at the initiative of the DHR	1.2	To conduct a baseline survey on the medical services at the initiative of the DHC.	
3	1.1	To specify the target service with Process Map	New		New activity 1.1 was added because process mapping was routinely conducted for understanding of the service steps among staff in charge when the staff develop Hospital Quality Criteria.
4	1.2	To develop HQC and Evaluation Sheet for PHs and DHs	3.4	To discuss the implementation methods to expand to the fields other than maternity ward (unit) at target provincial hospitals, then implement to other field.	Expansion to the fields other than maternity ward (unit) in old activity 3.4 in PDM (version 1) was included in new activity 1.2, 1.3, 1.4, 1.5 and 1.6 in PDM (version 2). Subjects of Hospital Quality Criteria are defined in <i>Explanatory note</i> .  Mechanisms of "Hospital Quality Criteria" in old activity 2.7 in PDM (version 1) were specified by new activities of 1.3, 1.4, 1.5, 2.1, 2.2 and 2.3 in PDM (version 2).
	1.3	To develop and implement Evaluation Sheet for Patient Experience and Satisfaction	2.7	To develop and operate mechanisms of "Hospital Quality Criteria" in provincial hospitals and district hospitals.	
5	1.4	To introduce HQC and Evaluation Sheet to PHs and DHs			
6	1.5	To update HQC and Evaluation Sheet for PHs and DHs periodically			
7	1.6	To develop Quality Criteria (draft) and Evaluation Sheet (draft) for HCs			
8	2.1	To develop SOPs for self-evaluation of HQC in provincial and district hospitals	2.8	To develop and operate the mechanisms of "Hospital Ranking" in provincial hospitals and district hospitals.	
9	2.2	To develop SOPs for external-evaluation of HQC in provincial and district hospitals			
10	2.3	To modify SOPs for updated HQC (by Activity 1.4)	2.7	To develop and operate mechanisms of "Hospital Quality Criteria" in provincial hospitals and district hospitals.	
	2.4	To develop TOR of people in charge of Hospital Quality Management (e.g. Quality Committee) in provincial and district hospitals, and update the TOR periodically	2.3	To establish Quality Committee with clear job description.	
			1.3	To develop the lists of available services of perinatal care and update them accordingly.	
12	3.1	To standardize target services in provincial and district hospitals (by developing SOPs, Checklist, rule etc.)	1.6	To develop and introduce standardized clinical case management procedures for perinatal care (normal delivery, abnormal delivery, emergency transfer case, newborn care, etc.)	
			2.6	To standardize hospital services (such as manual, checklist, rules etc.)	
			1.7	To hold MNCH meeting in each province at the initiative of the Provincial Health Office.	Old activity 1.7, 1.8, 1.9, 2.2 and 2.5 in PDM (version 1) related with Quality Improvement Activity and Daily Management were integrated into new activity 3.2 in PDM (version 2). Description of target facility of new activity 3.2 was added as the target facility of new activity 3.2 is only provincial hospitals.
13	3.2	To conduct daily management and continuous quality improvement (CQI) activities for improvement opportunities identified by provincial hospitals	1.8	Each provincial hospital and district hospital identify problem list and action plan on the field of perinatal care and shares in the MNCH meeting.	
			1.9	To hold the death review meetings and case conferences in the field of perinatal care at the provincial hospitals.	
			2.5	To conduct and manage the nursing practice exam.	
			2.2	To strengthen capacity of quality management and nursing management in each hospital by conducting improvement activities on hospital quality and nursing service by trainers.	
14	3.3	To hold opportunities for learning CQI from others (study tour, cross visit etc.) for provincial and district hospitals	New		New activity 3.3 was added in PDM (version 2) because the project found that learnings from other hospitals were useful for quality improvement of hospitals.
			1.4	To conduct the training of standardized perinatal care (EmOC, EENC, Equipment etc.) at target health facilities.	Old activities of 1.4, 1.5, 2.1, 2.2, 2.4 and 2.5 in PDM (version 1) related with trainings were integrated into new activity 3.4 in PDM (version 2). Target of technical training is specified in <i>Explanatory note</i> .
15	3.4	To conduct technical trainings (*) in provincial and district hospitals	1.5	To conduct the training of standardized nursing practice at target health facilities.	
			2.1	To conduct trainings for trainers (facilitators) of quality management and nursing management.	
			2.2	To strengthen capacity of quality management and nursing management in each hospital by conducting improvement activities on hospital quality and nursing service by trainers.	
			2.4	To build and operate the Nursing Continuous Professional Development (CPD) system at the hospital.	
			2.5	To conduct and manage the nursing practice exam.	
16	3.5	To develop modules for technical trainings	2.4	To build and operate the Nursing Continuous Professional Development (CPD) system at the hospital.	Continuous Professional Development (CPD) system in old activity 2.4 in PDM (version 1) is not only for nursing but also for others. New activity 3.5 in PDM (version 2) specified the target in Explanatory note and focused on development of training modules as the feasible intervention that supports CPD.
17	4.1	To establish writing and editing committee of "QHC Model Guidebook"	New		New activities of 4.1 and 4.2 were added for description of concrete steps of documentation of "QHC Model".
18	4.2	To make writing and editing schedule of "QHC Model Guidebook"	New		
19	4.3	To write and organize manuscripts of "QHC Model Guidebook"	3.3	To analyze and compile the practical experiences at health facilities to be able to introduce those experiences to other health facilities.	Analysis and compilation of practical experiences in old activity 3.3 in PDM (version 1) are done by documentation of "QHC Model" such as new activities of 4.3, 4.4, 4.5, 4.6 and 4.7 in PDM (version 2).
20	4.4	To hold writing committee meeting			
21	4.5	To document four provinces' experiences on implementation of "QHC Model"			
22	4.6	To approve a case document of "QHC Model" by each of provinces			
23	4.7	To compile case documents of "QHC Model" in four Southern provinces			
24	5.1	To suggest a "QHC Model" to Ministry of Health	3.1	To establish the organizational structure for coordination and decision making of the project activity and development of the model at the central level and four target provinces.	Old activities of 3.1 and 3.6 in PDM (version 1) were integrated into new activity 5.1 in PDM (version 2). Based on the project purpose, new activity 5.1 limits the activity upto suggestion of "QHC Model" to the Ministry of Health. Dissemination strategy in old activity 3.6 was reflected to new activity 5.2.
			3.6	To develop a dissemination strategy of quality improvement implementation model of healthcare services, based on findings from project activities.	
26	5.2	To hold the seminar of introducing "QHC Model" inviting all provinces in Lao PDR	New		Dissemination strategy in old activity 3.6 was reflected as "The seminar of introducing "QHC Model" inviting all provinces in Lao PDR" in new activity 5.2.

27	5.3	To hold Forum in Lao PDR to share practical experience of quality improvement in health facilities	1.7	To hold MNCH meeting in each province at the initiative of the Provincial Health Office	Old activities of 1.7, 3.2 and 3.7 in PDM (version 1) were integrated into new activity 5.3 in PDM (version 2). New activity 5.3 holds Lao Forum that shares practical experience of quality improvement in health facilities.
			3.2	To hold forums and seminars on quality management and the Four Province Joint Meeting, in order to share and discuss practical experiences in health facilities in Lao PDR.	
			3.7	To share project activities in domestic and overseas forums, seminars, academic conferences and international journals and reports.	
28	5.4	To advertise, share and study "QHC Model"	3.7	To share project activities in domestic and overseas forums, seminars, academic conferences and international journals and reports.	Advertisement and information sharing were added in old activity 3.7 in PDM (version 2)
29	5.5	To encourage budgeting for activities and assignment of human resources in order to sustain "QHC Model" in provincial level	3.5	Through the discussion with relevant institutions of MoH and Provincial Health Offices to develop plans in order to promote securing budget and human resources for model's continuous implementation.	Old activities of 3.5 and 3.6 in PDM (version 1) were integrated into new activity 5.5 in PDM (version 2). Target was limited to provincial level.
			3.6	To develop a dissemination strategy of quality improvement implementation model of healthcare services, based on findings from project activities.	

Others

Explanatory note

		<p>*1: Targets of Hospital Quality Criteria in Provincial Hospital At least Obstetrics Care (Normal Delivery, Emergency Obstetrics Care), Out Patient Department, Inpatient Department, Toilet and Hospital Quality Management. Additional Hospital Quality Criteria will be developed if necessary.</p> <p>*2: Targets of Hospital Quality Criteria in District Hospital Targets in District Hospital are based on targets in Provincial Hospital. However, Hospital Quality Criteria for District Hospital will be simplified and integrated from those for Provincial Hospital based on characteristics of District Hospital.</p> <p>*3: Targets of Quality Criteria in Health Center Targets in Health Center are based on targets in District Hospital. However, Quality Criteria for Health Center will be simplified and integrated from those for District Hospital based on characteristics of Health Center.</p> <p>*4: The QHC Model is a repeated cycle of three steps that activate and sustain Continuous Quality Improvement (CQI) in hospitals in Lao PDR. The QHC Model consists of (1) development and update of hospital quality criteria, (2) regular quality assessment and (3) Continuous Quality Improvement (CQI) with accelerating mechanisms of (i) training to strengthen knowledge and skills of health staff and (ii) opportunities to share practical experiences and learning experiences.</p> <p>*5: Targets of Technical Training (1) Hospital Quality Management (2) EmOC, EENC and Operation of Related Equipment (3) Nursing (4) Administration</p>		Added note as mentioned left	Clarified the scope of the project
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Abbreviation

		<p>Abbreviation CQI: Continuous Quality Improvement DHs: District Hospitals HCs: Health Centers HQC: Hospital Quality Criteria MNCH: Maternal and Child Health PHs: Provincial Hospitals QHC: Quality of Health Care SOPs: Standardized Operating Procedures TOR: Terms of Reference</p>		Added abbreviation as mentioned left	
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