

### **3.3 BEST PRACTICES: APPLICATION OF QUALITY IN GOVERNMENT HOSPITALS**

As mentioned in chapter 1, CSHW was a pioneer in introducing 5S-TQM approach to Sri Lankan health system. EBM conducted a case study to document the success story of the hospitals and the key lesson learned from their experience. The complete study is distributed separately as part of the main outputs of the achievements of Component 1 of EBM study. Documenting the story of CSHW would be a useful tool for the MOH as part of the awareness activities, and materials for training purposes during the scaling up of the quality management programme.

5S- TQM implementation has been attempted successfully in some other hospitals housed in remote provinces where the leadership and commitment of staff had been instrumental in bringing their institutions to a level worthy of recognition. Thus they have won National Quality/ productivity awards for service sector. Ampara District General Hospital, Mahiyangana Base Hospital and Moneragala District General Hospital were the recipients of such awards in 2006/2007 period.

#### **3.3.1 GENERAL HOSPITAL AMPARA: A SUCCESS STORY FROM THE EAST**

##### **A. INTRODUCTION**

General hospital Ampara is situated in the historical Digamadulle kingdom. After several centuries, the first Prime Minister of Sri Lanka Mahamanya D.S.Senanayake developed this area under the Gal Oya Development project. The people were re-established and agricultural development programmes were steered in these re-settled colonies. The present population of this area is 580,000. GH Ampara is the only tertiary care hospital for the entire Ampara District.

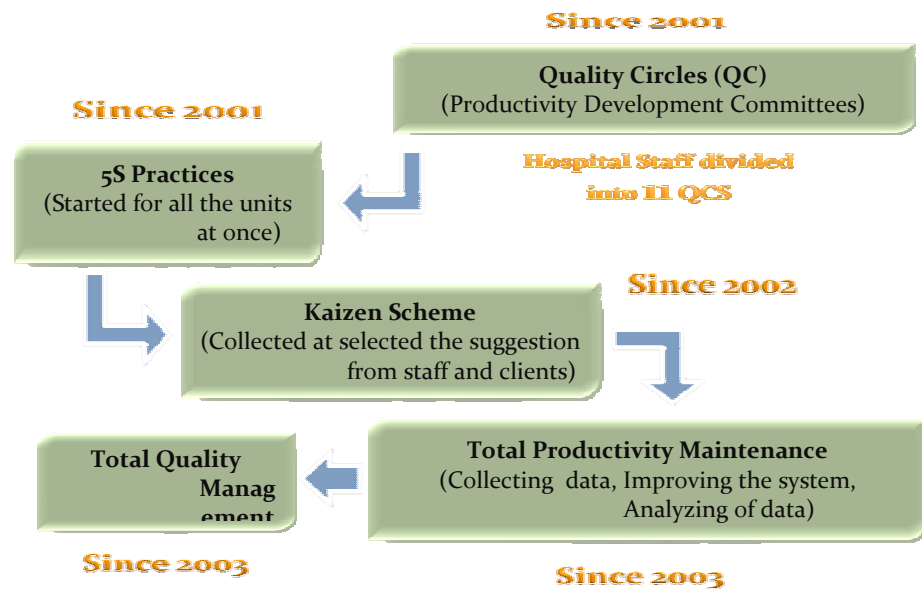
- The district is situated in the disaster-prone zone of Sri Lanka.
- Man-made disasters occur in the district almost every day due to ethnic conflict.
- Natural disasters - flood, drought and tsunami

##### **B. HOSPITAL PROFILE**

- Bed strength :- 430
- Permanent staff :- 745
- Daily admission to wards :- 150 - 175 patients
- Daily clinic average :- 650 - 700 patients
- Daily OPD average :- 800 - 900 patients
- Number of consultants :- 12
- Special for entire province :-
  - ✓ CT Scan

- ✓ Regional Blood bank
- ✓ Neonatal Intensive Care Unit

c. OVERVIEW OF 5S – TQM IMPLEMENTATION



d. BEST LESSONS LEARNED

- Human resource development and management is a key factor to achieve such goals.
- Existence of lateral thinking in problem solving.
- Conflict resolution through discussions.
- Maximum utilization of government allocations.
- Benefiting from a well established Information system.
- Top priority placed on customer satisfaction.

e. HOW THEY BEGAN

The foundation was laid by enhancing the hospital environment. Since the hospital premises were soiled with heaps of garbage disposed haphazardly, first priority was to clean 18 garbage disposal slots. Such garbage dumping areas were transformed to waiting areas for the patients, car parks, water ponds, summer huts and flower beds in order to make the surrounding more appealing.

The goods that were found condemned, were auctioned while others were repaired.



FIGURE 3- 14: IMPROVING THE HOSPITAL

#### F. STRUCTURE

The entire staff was divided in to 11 Quality Circles. 5S was introduced to all the units simultaneously. The conducting bodies entrusted with quality improvement programme till about 2002, namely, the Health Education Unit and the Infection Control Unit, eventually became the responsibility of the Quality Management Unit (QMU).

Initially, QMU consisted of MS, senior ward sisters, nursing officers and two development assistants. Currently QMU consists of nine members chaired by the MS.

#### G. WEEKLY MEETINGS CONDUCTED BY QMU

These meetings are held every Saturday. Main objective is to discuss any deviation of quality improvement activities. Feedback on new issues at operational level is informed to QMU. The decisions taken are implemented through Quality Circles.

#### H. QUALITY CIRCLES

Eleven Quality Circles hold their meetings on a monthly basis. The head of the QC is the in-charge, who is generally the Consultant. The secretary is the Ward Sister. During these meetings they identify the current problems, attempting to arrive at possible reasons. Some proposals are developed into an action plan. Minutes of these meetings are forwarded to the Medical Superintendent with special requests to be accomplished by his authority as relevant.

To improve the quality service delivered in the hospital, Kaizen suggestion boxes are maintained in the wards and four other suggestion boxes in other areas of the hospital. An average of 50 – 100 suggestions per month are expected but during crisis seasons and outbreaks, these rise in numbers.

#### I. INFORMATION SYSTEMS FUNCTIONING

QMU conducts a Patient Satisfaction Surveillance which concerns the problems they encounter and this operates around the clock. Further, staff satisfaction is also dealt in this survey. Data is gathered and analyzed at regular intervals depending on the circumstances of the hospital. In the normal course, data is analyzed once in six months or

annually. Data collecting tool which was designed by them, is distributed randomly among the patients, especially in the OPD, in clinics, in waiting lines, as well as in wards. Once the data is analyzed the hospital management could adopt certain measures to overcome identified problems in order to maintain the service quality to meet with the demand.

- Another channel of information are the minutes of the meetings conducted by Quality Circles.
- KAIZEN suggestion boxes play a major role in the information inflow.
- Books of comments are maintained in the wards in order to obtain the feedback of in-ward patients as well as the visitors.
- MS always welcomes direct information conveyed to him which is rather on an informal basis.
- Infection Control Surveillance system assures a high level of safety.

#### **J. TRAINING**

Training activities commenced at a slow pace, born out of 5S concepts. Necessary measures were adopted, targeting the operational level staff, whose contribution was significant in the success of the 5S practice.

Lectures were conducted focusing on implementation, attitudes at operational level and changes in behaviour and habits.

Ongoing training activities are carried out at frequent intervals. In-service training activities are conducted at the same time.

Upon the recruitment of new staff members, a comprehensive training on 5S concepts, complemented with new knowledge is given.

Outside resource personnel's assistance is also sought frequently.

#### **K. OTHER ACTIVITIES CURRENTLY IN PRACTICE**

Training sessions are carried out in other hospitals located in Batticaloa Kalmunai, Akkaraipattu on 5S Concepts, Productivity and Quality concepts.

Competitions are conducted among the QCs and are rewarded. By doing so the motivation is well sustained.

Many religious activities are organized to uplift their spiritual well being.

Hospital runs mobile clinics, day care centres, home care centres for the benefit of the neighbouring community.

## L. IMPROVING STATISTICS

TABLE 3- 6: STATISTICS OF AMPARA FROM 2000-2006

	2000	2001	2002	2003	2004	2005	2006
<b>Maternal Deaths</b>	-	02	01	-	-	01	-
<b>Maternal Mortality Rate</b>	-	0.018%	0.007%	-	-	0.012%	-
<b>Neonatal Deaths</b>	21	09	29	16	15	10	11
<b>Neonatal Mortality Rate</b>	0.78%	0.34%	0.97%	0.46%	0.45%	0.35%	0.37%
<b>Infant Mortality Rate</b>	48.5	42.04	47.37	47.16	47.02	43.2	43.60
<b>Mortality</b>	266	208	290	256	302	341	335
<b>Mortality Rate</b>	0.97%	0.74%	0.65%	0.69%	0.85%	0.68%	0.58%

## M. ACHIEVEMENTS

### M.1 AWARDS WON

- 5S Akimoto Award (Merit) - JASTECA – 2003
- 5S Akimoto Award - JASTECA - 2004
  - Service sector - best
  - 1st runner-up for all over the competition
- National Productivity Award - 2004 - NPO
  - Service sector - 3rd place – NPO
- National Productivity Award -2005 - NPO
  - Service sector (large scale) – Winner
- Provincial Productivity Award -2005 - NPO
  - Winner (Eastern Province) – 2005
- Special Kaizen Award JASTECA – 2005
- National Quality Award - SLSI - 2006
  - Service sector - Winner
- In July 2007, the hospital won the coveted 'Asian-Pacific Quality Award'.



### M.2 OTHER ACHIEVEMENTS

- Specified standards are developed for each unit so that any deviation is readily informed through the information system.
- Adaptation of the Disaster Management Plan in the hospitals.
- Well established triage system.
- Appointment system for patients. Patients who travel a long distance are prioritized when giving appointments.

- Further, the patients are given an opportunity to select the physician of their choice.
- Permission card system for the visitors of the in-ward patients on a 'two-at-a-time' basis.
- Well maintained record keeping system equipped with a proper addressing system which has enabled the retrieval time to 30 seconds.
- The hospital is equipped with maintenance units such as Electrical, Water Supply, Painting & craftsmanship, Landscaping, Automobile, Biomedical etc.
- A Telemedicine unit is functioning.
- Well equipped and properly maintained CSSD (Central Sterile & Supplies Division). It has contributed in achieving high levels of safety, minimizing waiting time for surgical procedures and easing the work load of the ward staff.
- The patient satisfaction as well as staff satisfaction which invariably have an impact on the success of 5S – TQM, is a significant achievement.

### **3.3.2 GENERAL HOSPITAL MONARAGALA FACING ITS CHALLENGES**

#### **A. INTRODUCTION**

General Hospital Monaragala is located in the Monaragala District in the Uva Province. Monaragala is the second largest district in Sri Lanka with comparatively a low population density. The census of 2001, revealed a population of 396,173. 22 hospitals are operative in the province. Out of these, there is one District General hospital, nine District hospitals, six Rural hospitals, and two Peripheral units. In addition, there is a DPDHS office, ten MOH / DDHS offices and 68 Gramodaya Health Centers.

Approved cadre in 2006 was 429.

- Bed strength – 355
- Bed occupancy rate – 85
- Clinic patients per month – 7070
- OPD turn over per day – 450
- Average deliveries per month – 400
- Average surgeries per month – 500

#### **B. 5S IMPLEMENTATION**

##### **B.1 INITIATION OF 5S**

It was initiated as a forum among the hospital staff itself. But it lacked proper leadership and guidance to implement 5S activities in their

hospital. They succeeded in funding the 5S initiation through Health Sector Development Project which was conducted by the World Bank. This project was basically concerned about quality improvement of hospitals in Southern and Uva Province. Initially QMU was established with the support of this project. They received financial assistance as well.

The lacuna created by the absence of a permanent MS to the hospital was filled by several enthusiastic staff members who organized themselves as a team to continue with their activities towards the success.

The CSHW, Ampara and Mahiyanganaya hospitals were taken as role models to upgrade the quality of service delivered to patients.

## B.2 QUALITY MANAGEMENT UNIT

- **Vision** - Providing people of Wellassa with quality public sector tertiary health care.
- **Mission** – Provision of quality health care & training of health personnel employing current medical practice & efficient use of resources in a friendly environment of sound quality.
- Some achievements of the QMU:
  - Establishment of quality circles.
  - Successfully conducted 8 workshops from 11.05.2006 to 31.05.2006.
  - Establishment of hospital steering committee.
  - Re-organization of wards.
  - Introduction of a proper signage system.
  - Strengthening security.
  - Shramadana campaign with the participation of Hospital Development Committee members and the staff.
  - Organize a new year festival with a musical show and a lottery draw.
  - Establishment of a security room.
  - Buddhist Society was established and a Wesak lantern competition was conducted.
  - Upgrading the kitchen and administrative building.
  - Upgrading the OPD, clinic complex, corridor, etc.

## B.3 FINANCIAL MANAGEMENT

In addition to the annual budget allocated by the Ministry, the hospital is supported by non-governmental organizations such as NORAD.

The lottery developed under the QMU covers most of the initial expenditure related to 5S implementation.

#### **B.4 CHALLENGES**

Unavailability of the permanent Medical Superintendent was a significant challenge encountered initially, although this void was filled later.

Issues pertaining to the annual budget allocation, which is within the mandate of the Provincial Ministry of Health, posed another challenge. Indolent approach of the provincial Director of Health Services, Monaragala was apparent owing to several reasons:

- Establishment of a proper maintenance unit was a failure.
- Upgrading, repairing of medical equipment and condemning of certain equipment couldn't be carried out due to the absence of a well-equipped provincial Bio – medical service and the Bio- medical engineering department was not paid.
- Central stores were closed for a considerable period. Condemning of unwanted items, acceptance and issuing of new equipment and consumable was affected.
- Non-availability of technical officers attached to the Monaragala DPDHS.
- Delay in procedural matters.

An attitude of change among the staff also posed as a common challenge which is not remedied to date. However, continuous motivation and non-confrontational attitude of the leading roles helped the staff adapt to the new concept.

Inadequate cadre was a dire issue to be addressed initially. (nursing officers, mid wives, attendants, sanitary labourers and the Para medical staff). Optimum use of the available human resource is the main strategy employed to overcome this problem.

#### **B.5 AVAILABLE OPPORTUNITIES**

The following resources were found helpful to initiate and sustain the activities.

- Reasonable and acceptable amount of infrastructure facilities. Eg: buildings, equipment etc.
- Assistance rendered by the World Bank project. (Health sector Development Project )
- Availability of enthusiastic staff members, especially the Nursing staff.
- Successful hospitals like CSHW, Ampara and Mahiyanganaya were role models for the Monaragala team.



**B.6 ACHIEVEMENTS**

- District General Hospital Monaragala, which is located in one of the most underserved areas of the island was rewarded with Taiki – Akimoto award in 2006, in recognition of quality of service. Emerging the winner out of 40 island-wide hospitals, holds evidence of their strength of success.
- Strengthening of leadership qualities at varied levels, is noteworthy.
- Presently they are competent in delivering a more comprehensive service, fused with patient satisfaction. Emphasis placed on staff welfare issues and the hygiene of the hospital are also some of the other notable achievements. The annual statistical data also hold evidence to the progressive clinical performances.

### **3.4 STAKEHOLDERS' ANALYSIS ON QUALITY PROGRAMMES**

#### **3.4.1 QUALITY SECRETARIAT**

##### **A. FUNCTIONS AND RESPONSIBILITIES OF THE QUALITY SECRETARIAT**

The Quality Secretariat (QS) was established in 2004 at the Castle Street Hospital for Women with its Director functioning as the Director of Quality Secretariat. In 2005, permanent staff was allocated to the unit. The QS will function as the apex institution to promote and develop quality culture in the institutions coming under the purview of the Ministry of Health and Provincial Ministries of Health, in Sri Lanka. Initially the emphasis was given by the Secretariat to launch the National Quality Assurance Programme in tertiary care hospitals.

QS is an arm of the Ministry of Health for implementing quality assurance programmes for health services in Sri Lanka. It comes under the purview of the Deputy Director General of Medical Services who functions as the co-ordinator of national quality programmes with the support of the QS. Mechanism of such co-ordination is not clear, and needs to be strengthened.

##### **B. ISSUES AND CHALLENGES FOR QUALITY SECRETARIAT**

- Lack of professional expertise on productivity and quality in the health sector

Professional expertise in the field of productivity and quality in health sector is minimal in Sri Lanka. This has affected the functioning of the Quality Secretariat (QS). Although few positions for the Quality Secretariat have been proposed, approvals by the Public Service Commission and Treasury for establishment of these positions is pending. The Director of QS is performing dual tasks as the Director Castle Street Hospital for Women, thus allowing him inadequate time to attend to quality improvement work. The Director of QS is among the handful of experts in the field of quality. Thus, there is an acute need to train more personnel in quality management.

- Absence of an independent budget for Quality Secretariat

The QS depends on donor-support which at present is channelled mainly through World Bank funds. The absence of an independent budget for QS hinders programme implementation. Bulk of the work undertaken to date was funded by the World Bank and WHO.

- The requirement of a Quality Secretariat Plan

The lack of a development plan to direct the development of the QS is also a drawback. Therefore, there is a need to develop a vision, mission, strategies and targets for the QS followed by implementation plans to direct its operations.

- Networking of Quality Management Units with the Quality Secretariat

Networking of Quality Management Units with the QS is not systematic and is one of the biggest challenges. The monitoring mechanism is poor. Monitoring and obtaining the feedback from other institutions is important for the sustenance of the programme.

- Recruitment and selection of the personnel to the Quality Secretariat

The present recruitment system does not allow recruitment of personnel to match its needs, thus leaving room for incompetent personnel to access the setup. This hinders the working process of QS.

- National Quality Monitoring System

Monitoring mechanism collapses in the absence of vigilant supervision. There should be a system of performance-monitoring island-wide. With the limited staff available at QS, supervision and monitoring has become difficult.

### **3.4.2 HEALTH SECTOR DEVELOPMENT PROJECT (HSDP), WORLD BANK**

Sri Lanka Health Sector Development Project (SLHSDP) supported by the World Bank has a component in its mandate to improve hospital efficiency and quality. Quality improvement activities intend to address the structural issues of inefficiency and lack of quality in the hospital health care delivery system, including:

- Inappropriate use of curative services
- Shortfalls in the quality of services afforded within and between different levels of hospitals

SLHSDP would address the issues mentioned above through a multi-fold approach that has the advantage of the overall capacity in the health system.

The project is piloted in the Southern and Uva Provinces from December 2005 to December 2009. Promotive, preventive and curative care services to be provided at each public hospital and the resource requirements for each hospital will be identified for the pilot provinces. Best practice guidelines for the management of selected diseases will be formulated for each level of hospital by resource teams from professional Colleges. The latter will also assist the MOH in the implementation of these guidelines by functioning as resource persons for the training programmes.

### **3.4.3 WORLD HEALTH ORGANISATION**

Its biennial budget of 2005/2006 provided funds for the following programmes:

- Strengthening the national quality assurance programme.
- Strengthening primary care facilities in Teaching Hospitals of metropolitan and suburban areas.
- Development of national quality policy.

The objective is to establish a national quality assurance programme in the health sector through the establishment of QS that would plan, implement and coordinate quality programmes in Sri Lanka. It provided funds for developing ten model hospitals by promoting 5S, introducing quality concepts in their hospital management systems and establishment of QMUs. This programme has undertaken training of staff at selected hospitals in the following areas:

- Leadership and improving systems
- Communication skills
- 5S techniques and Kaizen
- Basic concept and dimensions of quality
- Study-visits to hospitals promoting 5S

In addition, several computers and printers were supplied to QMUs of the selected hospitals and a vehicle was purchased for the benefit of the Quality Secretariat. Four fellowships were also offered. It also supported development of a draft policy on hospital quality through stakeholder consultation during the year 2005.

WHO budget of biennium 2006/2007 will support the afore mentioned programmes in ten more hospitals in Kandy District of the Central Province, and Ratnapura District of the Sabaragamuwa Province. A situational analysis on the current status of organisational development and level of quality of care in the selected hospitals would also be undertaken.

#### **3.4.4 OTHER AGENCIES**

##### **A. SRI LANKA INSTITUTE OF DEVELOPMENT OF ADMINISTRATION (SLIDA)**

The Sri Lanka Institute of Development Administration (SLIDA) is the public management training and research institute in Sri Lanka. It was founded in 1968 as the Academy of Administrative Studies and incorporated as a semi-autonomous statutory body in 1982.

In addition to training, SLIDA offers management consultancy services to review organizational systems and processes. SLIDA has collaborated with Director of CSHW in developing a quality programme. The 5S programme in health sector was supported with inputs by SLIDA in the form of leadership training.

**B. SRI LANKA STANDARDS INSTITUTE (SLSI)**

SLSI established in 1980 describes its missions as follows:

To undertake, promote and facilitate Standardization, Measurement, Quality Assurance and related activities in all sectors of the national economy in order to: increase productivity and maximize the utilization of resources, facilitate internal and external trade, achieve socio-economic development, enhance international competitiveness of products and services, safeguard the interest of consumers, whilst improving the quality of work life of employees of the Institution (from 'Mission', Sri Lanka Standards Institution) (SLSI, 2000)

**C. NATIONAL PRODUCTIVITY SECRETARIAT (NPS)**

This was established as National Productivity and Quality Association of Sri Lanka in 2000 and was taken over by the Ministry of Employment and Labour in 2002. The aim of the National Productivity Secretariat is to provide facilities for the 'Productivity Enhancement Programme' to achieve a higher level of productivity. Therefore its objective is to co-ordinate all activities performed by various institutions and persons in a specified manner. It has been operative in sectors such as education and public administration. It has shown interest in the health sector recently.

**D. JAPAN SRI LANKA TECHNICAL AND CULTURAL ASSOCIATION (JASTECA)**

During the last few years, JASTECA has conducted very successful seminars in the areas of Quality Management, General Management and Human Resource Development with the assistance of international lecturers from Japan. The services of these lecturers have been made available through Association for Overseas Technical Scholarship (AOTS).

JASTECA in recognition of the contribution made by the government of Sri Lanka, also initiated the competition titled 'Taiki Akimoto 5S Award' in 1996. It is pertinent to mention that JASTECA was the pioneer in introducing the 5S practices in Sri Lanka. This is now being practiced by over 250 organisations in the country and gaining popularity every year.

JASTECA is actively involved in propagating Japanese management techniques, providing technical and managerial scholarships, social service activities etc. Out of these, the most popular and a major activity of JASTECA is the 5S promotional programme. This is a 5S step Japanese method of organizing the work place.

5S was introduced to Sri Lanka by Taiki Akimoto, an eminent management consultant from Japan. JASTECA identified the best way to promote the 5S concept via a competition for best 5S practices in the private sector. This competition is now popular and open to the private and public sectors alike. JASTECA has held this competition very successfully for ten years consecutively. Many public and private sector companies have been the recipient of this, including a few hospitals in Sri Lanka.