

replication in other areas of the hospital. The technique of visual management was used to maintain standardized conditions by colour coding. Hospitals have developed check lists to determine whether 3S activities are duly carried out. Colour coding system that is in use at Castle Street Hospital was introduced to the other hospitals and has become a standard practice. Safety measures with visual signage are now in place to avoid accidents. Simple rules were developed so that everyone can follow and maintain.



FIGURE 5- 5: COLOR CODING FOR HOSPITAL WASTE

E. DISCIPLINE (SHITSUKE)

The last step of 5S is to develop a sense of discipline among the hospital staff to continue their efforts in further improvement. This involves development of commitment and management’s support as well. Occasional performance assessment and rewarding, motivates the staff and helps maintain their interest in continuous improvement.

Specific results at the respective hospitals are summerized in **Table 5- 3**.

TABLE 5- 3: SPECIFIC RESULTS BY HOSPITAL

ZONE		MADAMPE	CHILAW	DANKOTUWA	KURUNEGALA	KULIYAPITIYA
Entrance and Outside	Problem identified	Outlook and surrounding are not appealing to the patients and public				
	Changes being tested	Repair and changes; Parapet wall "No noise warning" Colour washing Flowerpots Patients flow management; Signage system Vehicle park	Repair and changes; Outside garden Flag posts Parapet wall Name board of hospital Patients flow Management; Signage system Vehicle movement Vehicle park	Repair and changes; Parapet wall Landscaping at the entrance Colour washing buildings Flowerpots rearranged. Patients flow Management; Signage system Vehicle movement Vehicle park	Repair and changes; Parapet wall Road at the entrance Gardening done Inside garden Patients flow Management; Proper signage system Site plan at entrance Parking re-arranged	Repair and changes; Main gate renovated Patients flow Management; Pedestrians directed Site plan at the entrance Removal of vendors Visitors regulated Vehicle parking arranged Proper roadway for vehicles Wooden ramps at entrance
OPD	Problem identified	Inconvenience and delay and time wasting due to non-organised OPD, over crowding and congestion.				
	Changes being tested	Arrangement and Re-organisation Reception counter Signage system, posters, pictures. Benches for sitting area.	Arrangement and Re-organisation Chairs rearranged Functional layout plan Advanced booking system Signage system New record keeping	Arrangement and Re-organisation Rearrange the OPD	Arrangement and Re-organisation Re-arranged the setting Re-arranged record keeping system	Arrangement and Re-organisation New benches outside the OPD Re-arrange the setting
Inside Hospital and wards	Problem identified	Inconvenience to patients and staff due to improper arrangement of wards, lack of proper signage system.				
	Changes being tested	Arrangement and Re-organisation Ward beds,	Arrangement and Re-organisation Benches for visitors	Arrangement and Re-organisation Canteen	Arrangement and Re-organisation Beds in wards	Arrangement and re-organisation of ward beds and all furniture.

		Drug cupboards. Signage system. Corridors. Re-wiring done. Doctors and other rooms. Functional layout plan. Maternity ward.	Clinical records Wd 5 and Wd 9 Psychiatric ward Wire management Blood bank Signage system	Bath rooms Signage system Wire management Maternity ward. Ward beds, Drug cupboards. Corridor to the mortuary.	Signage system.	Signage system Notice board Corridors
DISPENSARY / DRUG STORE	Problem identified	Patients waste lot of time in dispensary				
	Changes being tested	Arrangement and Re-organisation as 5S; Drug cupboards dispensary Packing system	Arrangement and Re-organisation Drug store Dispensary	Arrangement and Re-organisation Dispensary	Arrangement and Re-organisation Dispensary	Arrangement and Re-organisation Drug store Dispensary
KITCHEN/ CANTEEN	Problem identified		Patients get unhygienic food	Patients get unhygienic food		Hygienic condition of the overall kitchen is not good Danger due to gas burner
	Changes being tested		Tables to keep food Re-arrange the kitchen Fly killer units.	Renovated with good outlook and better facilities		Placement of items methodically Fly killer units. Replaced gas burner Replaced old switch boards
Emergency and accident service unit	Problem identified		Delay in admitting patients	Delay in admitting patients	Outlook not appealing to patients	
	Changes being tested		Re-arranged the unit	Re-arranged the unit	Repair and changes; Entrance Roadway Visitors control	

5.1.4 FINAL RESULTS

5S – TQM approach implementation aims at developing an organizational culture characterized by increased patient satisfaction and safety through improving hospital employees' active participation.

With this aim in mind, implementation of various interventions during the EBM Study period have taken place and evidence was gathered which is presented under four main headings, namely;

- A. Achievements of pilot hospitals in solving quality & safety problems.
- B. Responsiveness to people's expectations.
- C. Making hospitals safer places.
- D. Strengthening community involvement.

The above four aspects create a culture that has to be nurtured in any hospital which aims at spontaneous and continuous improvement of working environment and increased patient-satisfaction and safety. This organizational culture of learning is crucial for improvement of quality services provided by the hospital.

A. ACHIEVEMENTS OF PILOT HOSPITALS IN SOLVING QUALITY & SAFETY PROBLEMS

To maintain and further obtain continuous improvement, the value of learning has to be shared among the employees through effective use of PDCA cycle for problem solving.

All WITs have to identify and analyze the quality problems in their areas. The WITs were trained to adapt this problem –solving technique.

On average, about 40 to 50 quality problems have been identified and worked out by the WIT teams per hospital during the first year of implementation of 5S-TQM approach in those hospitals. See table below

TABLE 5- 4: QUALITY PROBLEMS IDENTIFIED BY WITs

Hospital	NO. OF WIT TEAMS	No. of Ident.Problems
Madampe PU	3	49
Dankotuwa DH	9	32
Chilaw DGH	5	47
Kuliyapitiya BH	31	53
Kurunegala TH	98	34

The quality Management Teams of each hospital, chaired by Hospital Directors (QMTs) gathered every month to monitor the progress of quality improvement activities in the hospitals.

The Quality Management Unit (QMU) was entrusted with the preparation of a summary report every month to be used at those monthly meetings of the QMTs. The QMU members document all the problems identified by the WITs and incorporate it into one summary table. This table has successfully introduced what is called the "Traffic

light System". This indicates 'green' if the identified problems are solved, 'yellow' for 'progress', and red for 'unsolved'.

This format was a practical device to monitor the progress of implementation of 5S actions in the hospitals. It was used by supervisors, the QMU, and hospital management.

This format will provide at a glance, the achievements of the hospital during the period of implementation. It would also be a solid 'start' for the planning of the next phase of problem solving cycles.

An example of the summary report of achievements of Kuliyaipitiya hospital (below) highlights different quality problems that the WITs identified and strived to solve.

The complete set of summary reports of the other four hospitals are attached (Annex. 2).



FIGURE 5- 6: IMPROVEMENTS IN THE DRUG STORE AT BH KULIYAPITIYA



FIGURE 5- 7: UPGRADING OF THE MAIN ENTRANCE



செயல் முறை	விவரம்
1	கட்டிட அமைப்பு விவரம் குறித்து அறிவிக்கப்படும் தகவல்
2	கட்டிட அமைப்பு விவரம் குறித்து அறிவிக்கப்படும் தகவல்
3	கட்டிட அமைப்பு விவரம் குறித்து அறிவிக்கப்படும் தகவல்
4	கட்டிட அமைப்பு விவரம் குறித்து அறிவிக்கப்படும் தகவல்
5	கட்டிட அமைப்பு விவரம் குறித்து அறிவிக்கப்படும் தகவல்
6	கட்டிட அமைப்பு விவரம் குறித்து அறிவிக்கப்படும் தகவல்
7	கட்டிட அமைப்பு விவரம் குறித்து அறிவிக்கப்படும் தகவல்
8	கட்டிட அமைப்பு விவரம் குறித்து அறிவிக்கப்படும் தகவல்
9	கட்டிட அமைப்பு விவரம் குறித்து அறிவிக்கப்படும் தகவல்
10	கட்டிட அமைப்பு விவரம் குறித்து அறிவிக்கப்படும் தகவல்
11	கட்டிட அமைப்பு விவரம் குறித்து அறிவிக்கப்படும் தகவல்
12	கட்டிட அமைப்பு விவரம் குறித்து அறிவிக்கப்படும் தகவல்



FIGURE 5- 8: LABELING OF THE HOSPITAL

