

添付資料

1. モニタリングチェックシート
2. 質問票一式
 - (1) 第1回巡回指導調査 質問票
 - (2) 第2回巡回指導調査 質問票
 - (3) 研修成果をはかるための質問票
 - (4) タイムスタディ用実施手順書

添付資料-1 モニタリングチェックシート

MONITORING AND EVALUATION SHEET FOR THE PROGRESS OF 5-S ACTIVITIES

Date: / /
(D / M / Y)

| HOSPITAL: | | DEPARTMENT: | | | | | |
|------------------------------------|--|---------------------|--|--------|------|-----------|-------------|
| | DESCRIPTION | Very poorly | Poorly | Farely | Well | Very well | AWARD MARKS |
| | | 1 | 5S LEADERSHIP OF THE CEO & MANAGEMENT Role & Commitment of Top Management, Sustainability of 5-S activity, Training Programme for Middle Mgt., Setting up 5-S Committees, 5-S Campaigns. | | | | |
| 1.1 | Managers' (Executive & Supervisors') knowledge/Understanding/Awareness of 5S | 1 | 2 | 3 | 4 | 5 | |
| 1.2 | Managers' (Executives & Supervisors') Involvement & Commitment of 5S | 1 | 2 | 3 | 4 | 5 | |
| 1.3 | Holding 5S Monthly progress meeting, recording Minutes & implementing periodical audit by QIT or other Patrol teams. | 1 | 2 | 3 | 4 | 5 | |
| 1.4 | Developing 5S Manual which is very practical and easy to utilize | 1 | 2 | 3 | 4 | 5 | |
| 1.5 | Conducting Training of 5S-KAIZEN-TQM for Management Staff | 1 | 2 | 3 | 4 | 5 | |
| TOTAL | | Full mark 25 | | | | | 0 |
| Acquired marks / 25 x 100 = | | | | | | | 0 |

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|------------------------------------|--|---------------------|---|---|---|---|----------|
| 2 | SEIRI – (SORTING) “Sasambua” Clutter free Environment in Building (Premises, Inside Offices, Work Place, etc. Evidence of removal of <u>unwanted items should be evident all around.</u> | | | | | | |
| 2.1 | Keeping inside and outside the buildings clutter-free | 1 | 2 | 3 | 4 | 5 | |
| 2.2 | Removing unwanted items from the buildings, offices, work places and other places. | 1 | 2 | 3 | 4 | 5 | |
| 2.3 | There are no unwanted items on tops and insides of all cupboards, shelves, tables, drawers, etc. | 1 | 2 | 3 | 4 | 5 | |
| 2.4 | Walls are free of old posters, calendars and pictures | 1 | 2 | 3 | 4 | 5 | |
| 2.5 | Rules regarding Notice Boards are established and there are only current notices with removal instructions on the walls. | 1 | 2 | 3 | 4 | 5 | |
| 2.6 | Disposal rules such as utilizing red tags, etc., have been established. | 1 | 2 | 3 | 4 | 5 | |
| 2.7 | Maintenance systems for Sorting (SEIRI) have been established to reduce paperworks, stocks and other documents /records /products. | 1 | 2 | 3 | 4 | 5 | |
| TOTAL | | Full mark 35 | | | | | 0 |
| Acquired marks / 35 x 100 = | | | | | | | 0 |

| 3 SEITON – (SETTING / ORGANISATION) “Seti” | | | | | | | |
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| Ability to find something which is required with the least possible delay, evidence of eliminating waste of time throughout the Institute/Organization. | | | | | | | |
| 3.1 | Recording photographic evidence of pre and post 5S Implementation periodically. | 1 | 2 | 3 | 4 | 5 | |
| 3.2 | Visual Control methods to prevent mix-up documents, materials and others are adopted (utilizing color-coding, labels, indicators and so on) | 1 | 2 | 3 | 4 | 5 | |
| 3.3 | There are clear directional boards from the Entrance to all the facilities | 1 | 2 | 3 | 4 | 5 | |
| 3.4 | Hospital institutions have clear direction marks in corridors and floors. | 1 | 2 | 3 | 4 | 5 | |
| 3.5 | All machines/rooms/toilets have clear identification labels. These identification labels are maintained (recorded and revised) by appropriate department | 1 | 2 | 3 | 4 | 5 | |
| 3.6 | All Equipment/Tools/Files, etc., have been arranged according to ‘Can See’, ‘Can Take Out’ & ‘Can Return’ principle | 1 | 2 | 3 | 4 | 5 | |
| 3.7 | X-axis, Y-axis alignment is evident everywhere (Everything has been holisontally and vertically placed) | 1 | 2 | 3 | 4 | 5 | |
| 3.8 | Advanced visual control methods for files and equipment to avoid defects and reworks. (Advanced visual control methods: More sophisticated and standardized) | 1 | 2 | 3 | 4 | 5 | |
| 3.9 | Passageways and safety noitces such as entrances & exit lines/curved door openings/direction of travel are clearly marked. | 1 | 2 | 3 | 4 | 5 | |
| 3.10 | Switches and Fans/Regulators/lights and etc., are labeled corresponding each other. | 1 | 2 | 3 | 4 | 5 | |
| 3.11 | Maintenance methods for SETTING(SEITON) have been established and practiced | 1 | 2 | 3 | 4 | 5 | |
| TOTAL | | Full mark 55 | | | | | 0 |
| | | | | | | Acquired marks / 55 x 100 = | 0 |

| 4 SEISO – (SHINING / CLEANLINESS) “Safisha” | | | | | | | |
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| The entire institution (inside and outside) is kept clean in accordance with the 5S Concepts. | | | | | | | |
| 4.1 | Floors, Walls, Windows, Toilets, Change Rooms are clean and in working order | 1 | 2 | 3 | 4 | 5 | |
| 4.2 | All hospital staff practice daily self-cleaning (Duration: 3min - 5min). | 1 | 2 | 3 | 4 | 5 | |
| 4.3 | Cleaning responsibility maps and schedules are displayed and practiced. *Cleaning responsibility map and schedules: notices such as tables showing who are responsible persons of cleaning with schedules | 1 | 2 | 3 | 4 | 5 | |
| 4.4 | Waste bin strategy (Segregation of wastes) is implemented and appropriate waste bins have been set with color-coding. | 1 | 2 | 3 | 4 | 5 | |
| 4.5 | Adequate cleaning tools are used in all the institution. | 1 | 2 | 3 | 4 | 5 | |

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| 4.6 | Storage places for cleaning tools such as brooms/mops/other equipment are appropriately established and commonly utilized | 1 | 2 | 3 | 4 | 5 | |
| 4.7 | Machines/Equipment/Tools/Furniture at a high level of Cleanliness & maintenance schedules displayed | 1 | 2 | 3 | 4 | 5 | |
| 4.8 | General appearance of cleanliness all round | 1 | 2 | 3 | 4 | 5 | |
| TOTAL | | Full mark 40 | | | | | 0 |
| Acquired marks / 40 x 100 = | | | | | | | 0 |

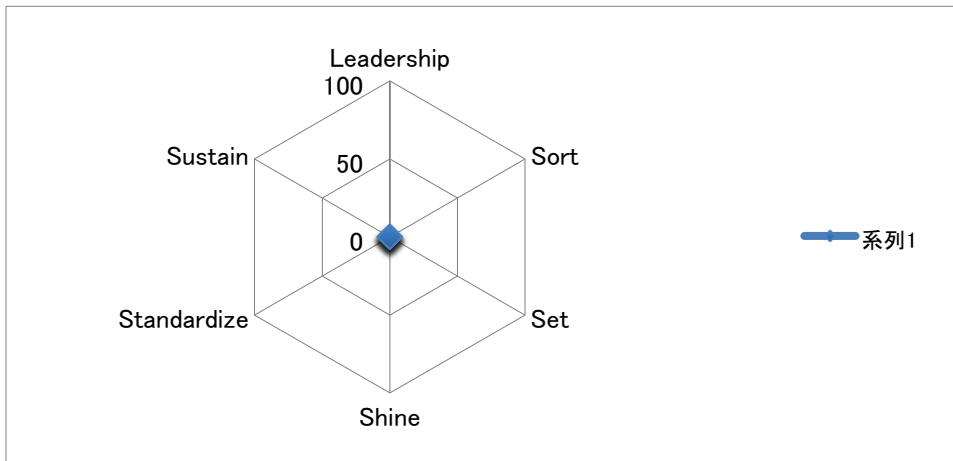
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| 5 | SEIKETSU – (STANDARDIZATION) “Sanifisha” | | | | | | |
| | Activities for SEIRI SEITON and SEISO have been standardized and implemented in the entire hospital as ordinary. | | | | | | |
| 5.1 | Creating and adopting standardized checklists and labels based on 5S procedures. | 1 | 2 | 3 | 4 | 5 | |
| 5.2 | There are standardized rules of utilizing corridors/isles & gangways based on 5S concepts/procedures | 1 | 2 | 3 | 4 | 5 | |
| 5.3 | There are standardized rules/regulations for visitors and staff to utilize corridors/isles/gangways orderly and they are practiced. | 1 | 2 | 3 | 4 | 5 | |
| 5.4 | Visuals on danger/open & shut directional labels on valves/doors are standardized. | 1 | 2 | 3 | 4 | 5 | |
| 5.5 | Standardized visuals for safety on oil and lubricant containers & fire extinguishers, etc. are developed and applied | 1 | 2 | 3 | 4 | 5 | |
| 5.6 | Innovative Visual Control methods implemented | 1 | 2 | 3 | 4 | 5 | |
| 5.7 | Standardized rules or regulations for maintenance and storage of files and records in offices and workplaces, etc. have been established and practiced. | 1 | 2 | 3 | 4 | 5 | |
| 5.8 | Standardized and ordered rules/guidelines for Keeping Furniture/Equipment have been established and practiced. | 1 | 2 | 3 | 4 | 5 | |
| 5.9 | Standardized checklists for common administrative procedures are developed and utilized. Example: paperworks, circulation of documents, ordering necessary items and so on. | 1 | 2 | 3 | 4 | 5 | |
| TOTAL | | Full mark 45 | | | | | 0 |
| Acquired marks / 45 x 100 = | | | | | | | 0 |

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| 6 | SHITSUKE – (SUSTAIN / SELF DISCIPLINE) “Shikilia” | | | | | | |
| | Evidence of an disciplined approach to all 5-S activities through proper Training, Instructions and Events, which shows sustainability in the long term. | | | | | | |
| 6.1 | Regular training Program for all categories of Employees are conducted and recorded. | 1 | 2 | 3 | 4 | 5 | |
| 6.2 | There are 5S group Activities & promotion of Kaizen Schemes practiced. | 1 | 2 | 3 | 4 | 5 | |
| 6.3 | QIT carries out monitoring/Internal Audits periodically. | 1 | 2 | 3 | 4 | 5 | |
| 6.4 | Self discipline checklists (Notices) and good & bad point stickers (Notices of good/bad behaviors), etc. are developed and adopted in the institution. | 1 | 2 | 3 | 4 | 5 | |

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| 6.5 | There are 5S Slogans & Posters shown for staff and visitors. | 1 | 2 | 3 | 4 | 5 | |
| 6.6 | Instructions for self-discipline among visitors are developed and followed. | 1 | 2 | 3 | 4 | 5 | |
| 6.7 | Instructions for self-discipline among staff and visitors are developed and followed in the overall Institution. | 1 | 2 | 3 | 4 | 5 | |
| TOTAL | | Full mark 35 | | | | | 0 |
| | | Acquired marks / 35 x 100 = | | | | | 0 |
| GRAND TOTAL | | Full mark 235 | | | | | 0 |

SIGNATURE:

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|--------------------|---|
| <i>Leadership</i> | 0 |
| <i>Sort</i> | 0 |
| <i>Set</i> | 0 |
| <i>Shine</i> | 0 |
| <i>Standardize</i> | 0 |
| <i>Sustain</i> | 0 |



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| 7 | Productivity/Services Measures how efficiently inputs to Output are used to produce goods & services with better management techniques and work methods. | | | | | | |
| 7.1 | Evidence of methods & systems adopted to improve productivity/employee | 1 | 2 | 3 | 4 | 5 | |
| 7.2 | Sustained Productivity increased results – Output to the Input | 1 | 2 | 3 | 4 | 5 | |
| 7.3 | Use of innovative methods by which Productivity increased | 1 | 2 | 3 | 4 | 5 | |
| 7.4 | Efficiency & Effectiveness (Doing things Right and Doing the Right things) | 1 | 2 | 3 | 4 | 5 | |
| 7.5 | Evidence in the use of 5S Process to increase Productivity | 1 | 2 | 3 | 4 | 5 | |
| | TOTAL | Full mark25 | | | | | 0 |
| | Acquired marks / 25 x 100 = | | | | | | 0 |

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| 8 | Quality Goal is to create satisfied customers by doing 100% right work, responding speedily to requirements every time thus gaining trust & confidence. | | | | | | |
| 8.1 | Communication plans are evident for Implementation of Quality Improvement | 1 | 2 | 3 | 4 | 5 | |
| 8.2 | Evidence of fewer rejects, less wastage, less rework through 5S Process | 1 | 2 | 3 | 4 | 5 | |
| 8.3 | Evidence of Direction & Coordination to improve Quality by 5S Activity | 1 | 2 | 3 | 4 | 5 | |
| 8.4 | Sustainable Quality in Products or Services evident through 5S Process | 1 | 2 | 3 | 4 | 5 | |
| 8.5 | The Quality in the Process of the Manufacture/Service by 5S implementation | 1 | 2 | 3 | 4 | 5 | |
| | TOTAL | Full mark25 | | | | | 0 |
| | Acquired marks / 25 x 100 = | | | | | | 0 |

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| 9 | Cost The intrinsic cost of providing products/services to declared standards by a given specified process right first time and every time | | | | | | |
| 9.1 | Evidence in reduction in cost of materials, Labor, Energy, Overheads, etc. | 1 | 2 | 3 | 4 | 5 | |
| 9.2 | Tangible cost advantages through 5S methods in waste control | 1 | 2 | 3 | 4 | 5 | |
| 9.3 | Evidence of lowering defects by introducing 5S Concept | 1 | 2 | 3 | 4 | 5 | |
| 9.4 | Evidence of lowering Inventory Cost by the use of 5S Methods | 1 | 2 | 3 | 4 | 5 | |
| 9.5 | Lowering idle time of Workers/Machines by 5S Activity | 1 | 2 | 3 | 4 | 5 | |
| | TOTAL | Full mark25 | | | | | 0 |
| | Acquired marks / 25 x 100 = | | | | | | 0 |

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| 10 | Safety The overall safety to Employees, Visitors and Property is evidently displayed by the use of 5S Process | | | | | | | | |
| 10.1 | Evidence of the effect of safety measured by less accidents occurred in the year | 1 | 2 | 3 | 4 | 5 | | | |
| 10.2 | Methods adopted in Machinery & Equipment on safety measures | 1 | 2 | 3 | 4 | 5 | | | |
| 10.3 | Methods adopted to protect the Employees/Visitors on safety measures | 1 | 2 | 3 | 4 | 5 | | | |
| 10.4 | Evidence of Safety Measures adopted in providing an excellent Product/Service | 1 | 2 | 3 | 4 | 5 | | | |
| 10.5 | Evidence of safety culture in the hospital | 1 | 2 | 3 | 4 | 5 | | | |
| | TOTAL | Full mark25 | | | | | 0 | | |
| | | Acquired marks / 25 x 100 = | | | | | 0 | | |

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| 11 | Delivery Evidence in the reduction of the delivery time of the Product/Service by the implementation of 5S Process | | | | | | | | |
| 11.1 | Evidence of timely delivery of Products/Services | 1 | 2 | 3 | 4 | 5 | | | |
| 11.2 | Effective methods implemented through 5S Method to shorten delivery time | 1 | 2 | 3 | 4 | 5 | | | |
| 11.3 | Overall effect to Institution/Organization by reducing delivery time | 1 | 2 | 3 | 4 | 5 | | | |
| 11.4 | Evidence of Employee participation to reduce the delivery time | 1 | 2 | 3 | 4 | 5 | | | |
| 11.5 | Evidence of Just in time in the hospital | 1 | 2 | 3 | 4 | 5 | | | |
| | TOTAL | Full mark25 | | | | | 0 | | |
| | | Acquired marks / 25 x 100 = | | | | | 0 | | |

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| 12 | Morale Evidence in the overall Institution/Organization in improving the Morale by the implementation of 5S Process | | | | | | | | |
| 12.1 | Level of morale displayed by Executives/Staff & Workers | 1 | 2 | 3 | 4 | 5 | | | |
| 12.2 | Innovative methods adopted to improve the morale of employees | 1 | 2 | 3 | 4 | 5 | | | |
| 12.3 | Evidence of projects carried out by the employees to display high level of Morale | 1 | 2 | 3 | 4 | 5 | | | |
| 12.4 | Benefits extended by Management to increase the Morale of employees | 1 | 2 | 3 | 4 | 5 | | | |
| 12.5 | Evidence of 5S mindset, KAKZIEN mindset or TQM culture | 1 | 2 | 3 | 4 | 5 | | | |
| | TOTAL | Full mark25 | | | | | 0 | | |
| | | Acquired marks / 25 x 100 = | | | | | 0 | | |

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| 13 | 5S Organization, Work Improvement Team (WIT) | | | | | | |
| | Role &Activities of WIT, | | | | | | |
| 13.1 | Number of actively working member of WIT | 1 | 2 | 3 | 4 | 5 | |
| 13.2 | Frequency of activities of WIT | 1 | 2 | 3 | 4 | 5 | |
| 13.3 | Interaction among WITs | 1 | 2 | 3 | 4 | 5 | |
| 13.4 | Frequency of supervision by Quality Management Team | 1 | 2 | 3 | 4 | 5 | |
| 13.5 | Operation of WIT activities | 1 | 2 | 3 | 4 | 5 | |
| | TOTAL | Full mark 25 | | | | | 0 |
| | Acquired marks / 25 x 100 = | | | | | | 0 |

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| 14 | Empowerment of hospital staff through 5S, KAIZEN, TQM | | | | | | |
| | Opportunity and environment for empowerment for hospital staff by themselves | | | | | | |
| 14.1 | Learning opportunity for 5S, KAIZEN, TQM | 1 | 2 | 3 | 4 | 5 | |
| 14.2 | Frequency of the conducting seminar for 5S, KAIZEN, TQM | 1 | 2 | 3 | 4 | 5 | |
| 14.3 | Frequency of the training course for WIT leaders | 1 | 2 | 3 | 4 | 5 | |
| | TOTAL | Full mark 15 | | | | | 0 |

| 1 | Very poorly implemented: | Poorly implemented: | Farely implemented: | Well implemented | Very well implemented: |
|-----|---|--|---|--|--|
| 1.1 | Managers have NO knowledge on 5S | Managers have little knowledge on 5S | Managers have general knowledge on 5S and understanding / awareness of it. | Managers has strong knowledge /Understanding/Awareness of 5S | Managers have strong knowledge /Understanding/Awareness of 5S and disseminating to other workers |
| 1.2 | Managers show no involvement/commitment for 5S activities | Managers show little involvement/commitment for 5S activities | Managers has general knowledge on 5S and implemented in limited areas | Managers have been taking inisiative to implement 5S in the working place and progrsses have been seen | Managers' strong 5S Involvement & Commitment have been observed with evidence |
| 1.3 | No meeting / patrolling are scheduled and conducted | Meeting/patrolling are scheduled but not conducted | Meeting/patrolling are scheduled and irregularly conducted | Meeting/patrolling are scheduled and conducted but record keeping are weak | Meeting/patrolling are scheduled and conducted and records are kept properly |
| 1.4 | No 5S manual found | Understanding necessity of manuals but the manuals are not developed yet | References and necessary documents are already collected for developping manuals | It is on the process to developm 5S manuals | 5-S Manual has been already developed with many relevant details |
| 1.5 | There are no training conducted for management staff | Initial seminar of 5S concept has been disseminated for management level | The Initial seminar has conducted for management level and informal training is conducted in OJT level (ex. advises from the director or superiors) | All managers were trained formal but no record or report | All managers have been trained. Training results were recorded. Training mechanism has been established. |

| 2 | Very poorly implemented: | Poorly implemented: | Farely implemented: | Well implemented | Very well implemented: |
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| 2.1 | Lots of clutters are found outside & inside the institution | Clutters are often found inside & outside the buildings | Clutters are occationally found inside & outside the buildings. | Clutters are found inside & outside the buildings exceptionally | Inside & outside the buildings are completely free of clutters. |
| 2.2 | Lots of unwanted items were found in the buildings, offices, work places and other places. | Unwanted items are often left in the buildings, offices, work places and other places. | Unwanted items are occasionally seen in the buildings, offices, work places and other places. | Unwanted items are completely removed from the buildings, offices, work places and other places. | Unwanted items are completely removed from the buildings, offices, work places and other places and stored in unwanted item stores or discarded |
| 2.3 | Lots of unwanted items are found tops and insides of all cupboards, shelves, tables, drawers, etc | Unwanted items are still seen on tops and insides of all cupboards, shelves, tables, drawers, etc | Unwanted items are occasionally found tops and insides of all cupboards, shelves, tables, drawers, etc. | Unwanted items are removed from tops and insides of all cupboards, shelves, tables, drawers, etc. | Unwanted items are completely removed from tops and insides of all cupboards, shelves, tables, drawers, etc. and stored in unwanted item stores or discarded |
| 2.4 | Approximately less than 50% of the posters, calendars, pictures, and stickers on the walls are current information. | Almost 50% of the posters, calendars, pictures, stickers on the wall are current information | Approximately 80% of the posters, calendars, pictures, stickers on the walls are current information. | Old posters, calendars, pictures, stickers are removed from walls but there are no rules of the posters and instructions displayed on the wall. | Walls are completely free of old posters, calendars, pictures and rules of postereng are established and instructions are given on the posters. |

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| 2.5 | More than 50% of the notices are old and displayed on top of other notices on the notice boards | Approximately 50% of the notices are old and displayed on top of other notices. | Approximately 20% of the displays are Old notices are seen occasionally and still displayed on top of other notices on the notice boards | Only current notices are seen on the notice boards but no removal instructions are given. | Only current notices are seen on the notice boards with removal instructions. |
| 2.6 | There are no disposal rules developed yet. | The disposal rules for unwanted items are developed but not followed by staff | The disposal rules for unwanted items are developed and utilized with limited areas | The disposal rules for unwanted items are developed and practiced for all items | The disposal rules for unwanted items are developed and practiced with proper record keeping. |
| 2.7 | There are no maintenance systems for Sorting (SEIRI) established. | Maintenance systems for Sorting (SEIRI) have been established but have not been implemented yet | Maintenance systems for Sorting (SEIRI) have been established in limited areas. | Maintenance system for Sorting (SEIRI) have been established in major areas. | Maintenance systems for Sorting (SEIRI) have been established in all areas. |

| 3 | Very poorly implemented: | Poorly implemented: | Fairly implemented: | Well implemented | Very well implemented: |
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| 3.1 | No pictures were taken before 5S | Pictures were taken before and after 5S but it can not be compared since the places taken pictures are not same. | Pictures were taken before and after 5S but not updated | Pictures were taken before and after 5S and updated, but they are not well stored | Pictures were taken before and after 5S and updated regularly. Pictures are kept in order (time/areas) |
| 3.2 | The hospital staff members have no knowledge about visual control methods | The hospital staff members have little knowledge about visual control methods and they are not adopted yet | The hospital workers have knowledge about visual control methods but they only applied them in limited area | Visual control methods are adopted for all areas but not fully practiced. | Visual control methods are practiced in all areas and they contribute to reducing mix-up |
| 3.3 | No directional boards are displayed | Directional boards are displayed from the entrance to very limited areas. | Directional boards are displayed from the entrance to major areas (OPD, Wards, Lab etc) | Directional boards are displayed from the entrance to majority of facilities | Directional Boards from the Entrance onwards to all facilities |
| 3.4 | There are no direction mark in the entire hospital. | There are direction marks at very limited areas | There are direction marks at major areas | There are clear direction marks in all facilities but staff and visitors do not understand how to utilize them. | There are clear direction marks in all facilities staff and visitors understand and utilize them. |
| 3.5 | There are no identification labels for machines/ rooms/ toilets | Limited machines/ Rooms/ Toilets have identification labels | Majority of machines/ rooms/ toilets have identification labels but not recorded and revised | All machines/ Rooms/ Toilets have identification labels but labels (size and font) and maintained but are not standardized. | All machines/ rooms/ toilets have identification labels with standardized labels (size and font) and maintained (recorded and revised). |
| 3.6 | The staff members do not know about 'can see', 'can take out' and 'can return' principle | The staff members know about 'can see', 'can take out' and 'can return' principle but have not applied it yet. | The staff members know about the principle and have applied but arranged Equipment/Tools/Files without considering workflow | Equipment/ Tools/ Files, etc., are arranged in proper way with considering workflow in some areas (not all) | All Equipment/ Tools/ Files, etc., are arranged according to 'Can See', 'Can Take Out' & 'Can Return' principle |

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| 3.7 | X-axis, Y-axis alignment is NOT applied | X-axis, Y-axis alignment is applied in limited areas, and is not kept well. | X-axis, Y-axis alignment is applied and practiced in limited areas (such as notice boards) | X-axis, Y-axis alignment is applied and practiced in major areas | X-axis, Y-axis alignment is applied all the places and practiced all the time |
| 3.8 | Advanced visual control methods are not developed and applied | Advanced visual control methods are developed but not applied | Advanced visual control methods are applied for limited items and areas | Visual Control methods are applied for major items and areas | Visual Control methods are applied for all files and equipment to avoid defects and reworks. |
| 3.9 | Passageways and other notices are NOT marked | Passageways and other notices are marked in limited areas | Passageways and other notices are clearly marked in major areas | Passageways and other marks are clearly marked in all necessary areas | Passageways and other notices are clearly marked in all areas and staff and visitors understand well about meaning of the marks and utilized. |
| 3.10 | Switches, Fans, Regulators, etc., are NOT labeled | Some switches, Fans, Regulators, etc., are labeled | Majority of switches, fans, regulators, etc., are labeled | All switches, fans, regulators, etc., are labeled | All switches, fans, regulators, etc., are labeled and there are evidents to reduce unnecessary uses |
| 3.11 | There are no maintenance methods established for SETTING (SEITON) | Maintenance methods for SETTING are established but not practiced yet | Maintenance methods for SETTING are established and applied in limited areas | Maintenance methods for SETTING are established and applied in major areas | Maintenance methods for SETTING are established, applied in all areas and followed by all staff |

| 4 | Very poorly implemented: | Poorly implemented: | Farely implemented: | Well implemented | Very well implemented: |
|-----|---|--|--|--|--|
| 4.1 | Majority of areas of floors, walls, windows, toilets, changerooms are dirty and not kept in working order | Floors, walls, windows, toilets and changerooms are kept clean in limited areas but not in working orders. | Floors, walls, windows, toilets and changerooms are kept clean and in working orders in limited areas | Floors, walls, windows, toilets and changerooms are kept clean and in working order in major areas | Floors, walls, windows, toilets and changerooms are kept clean and in working order in all the places. |
| 4.2 | No daily self-cleaning activities are practiced | Self-cleaning is planed but not practiced | Self-cleaning (3 min./5 min.) is practiced but not on a daily basis | All staff practice daily self-cleaning (3 min./5 min.). | All staff practice daily self-cleaning (3 min./5 min.) and a checklist is utilized to confirm their practices. |
| 4.3 | NO cleaning responsibility maps or job allocation & schedules are displayed | Cleaning responsibility maps and/or job allocation & schedules are displayed but not followed by staff | Cleaning responsibility maps and/or job allocation & schedules are displayed but followed by limited staff | Cleaning responsibility maps and/or job allocation & schedules are displayed and followed by majority of staff | Cleaning responsibility maps and schedules are displayed and followed by all staff at all shift |
| 4.4 | There are no waste bin strategy developed | Waste bin strategy is devloped but NOT applied yet | Waste bin strategy is devloped and applied in limited areas with appropriate waste bins. | Waste bin strategy is devloped and applied in major areas with appropriate waste bins. | Waste bin strategy is devloped and applied in all areas with appropriate waste bins. |
| 4.5 | No adequate cleaning tools are placed in all areas | Adequate cleaning tools (enough quantity and quality) are seen in only limited areas. | Adequate cleaning tools (quantity and quality) are seen in half areas. | Adequate cleaning tools (quantity and quality) are seen in major areas. | Adequate cleaning tools (quantity and quality) are seen in all areas. |

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| 4.6 | There are no places designated to store cleaning tools – brooms/ mops/ other equipment. | There are designated places to store cleaning tools –brooms/ mops/ other equipment but not applied or practiced properly. | There are designated places to store cleaning tools –brooms/ mops/ other equipment but no adequate tools for storage (such as hangars, labels and so on) | There are designated places to store cleaning tools with adequate tools for storage (such as hangars and so on) in all areas but no appropriate labelling. | There are designated places to store cleaning tools –brooms/ mops/ other equipment with adequate tools for storage (such as hangars and so on) and labelling appropriately in all areas. |
| 4.7 | Machines/ equipment/ tools/ furniture are not cleaned, out of order | Only a few machines/ equipment/ tools/ furniture are kept at a high level of Cleanliness | Some machines/ equipment/ tools/ furniture are kept at a high level of cleanliness | Majority of machines/ equipment/ tools/ furniture at a high level of cleanliness but maintenance schedules for them are not displayed yet | Machines/ Equipment/ Tools/ Furniture are kept at a high level of cleanliness and maintenance schedules are displayed |
| 4.8 | General appearance is dirty, smelly and disorganized | General appearance is clean but disorganized | General appearance is clean, tidy, and well-organized in limited areas | General appearance is clean, tidy and well-organized in major areas | General appearance of cleanliness are kept in all areas |

| 5 | Very poorly implemented: | Poorly implemented: | Farely implemented: | Well implemented | Very well implemented: |
|-----|--|---|---|---|---|
| 5.1 | There are NO standardized checklists and labels adopting 5S procedures | Standardized checklist and labels are developed but not based on the 5S procedures. | Standardized checklist and labels based on the 5S procedures are adopted utilized at limited areas | Standardized checklist and labels based on the 5S procedures are adopted utilized at major areas | Standardized checklist and labels based on the 5S procedures are adopted utilized at all areas |
| 5.2 | There are no standardized rules of utilizing corridors/isles and passageways established. | There are standardized rules of utilizing corridors/isles and passageways established but not based on 5S concepts. | There are standardized rules of utilizing corridors/isles and passageways based on 5S concepts at limited areas | There are standardized rules of utilizing corridors/isles and passageways based on 5S concepts at major areas | There are standardized rules of utilizing corridors/isles and passageways based on 5S concepts at all areas |
| 5.3 | There are no rules/regulation for usage of Corridors/Isles/Gangways by Pedestrians. | Rules/regulation for visitors to utilize corridors/ isles/passageways are developed to maintain orderliness, noticed to visitors and staff, but not kept order yet. | There are rules/regulation for visitors to utilize corridors/ isles/passageways developed and applied in limited areas to maintain orderliness. | There are rules/regulation for visitors to utilize corridors/ isles/passageways developed and applied in major areas to maintain orderliness. | There are rules/regulation for visitors to utilize corridors/ isles/passageways developed and applied in all areas to maintain orderliness. |
| 5.4 | NO visualized symbols/ marks/ signs for danger or open & shut directional labels on valves and doors | Symbols/ marks/ signs for danger or open & shut directional labels on valves and doors have designed but NOT applied yet | Symbols/ marks/ signs for Danger or open & shut directional labels on valves and doors have designed and applied in limited areas | Symbols/ marks/ signs for danger or open & shut directional labels on valves and doors have designed and applied in major areas | Symbols/ marks/ signs for danger or open & shut directional labels on valves and doors have designed and applied in all areas |
| 5.5 | NO visulaized symbols/ marks/ signs for oil or lubricant containers & fire extinguishers, etc. | Symbols/ marks/ signs for oil and lubricant containers & fire extinguishers, etc. have been developed but NOT applied yet | Symbols/ marks/ signs for oil/lubricant containers & fire extinguishers, etc. have been developed and applied in limited areas | Symbols/ marks/ signs for oil and lubricant containers & fire extinguishers, etc. have been developed and applied in major areas | Symbols/ marks/ signs for oil and lubricant containers & fire extinguishers, etc. have developed and applied in all areas |

| | | | | | |
|-----|--|--|---|--|--|
| 5.6 | ? It could be deleted | ? It could be deleted | ? It could be deleted | ? It could be deleted | Innovative Visual Control methods |
| 5.7 | There are NO rules or regulations for filing and recordkeeping | Rules or regulations for filing and recordkeeping are established but not practiced yet. | Rules or regulations for filing/ record keeping are established and practiced in limited areas | Rules or regulations for filing and recordkeeping are established and practiced in majority of areas. | Rules or regulations for filing and recordkeeping are established and practiced in all areas. |
| 5.8 | No rules for maintaining furniture/ equipment | Rules for maintaining furniture/ equipment are established but not practiced yet | Standardization/ orderliness in maintaining furniture and equipment with zoning at limited areas and sections | Standardization/orderliness in maintaining furniture and equipment with zoning at majority of areas and sections | Standardization/orderliness in maintaining furniture and equipment with zoning at all areas and sections |
| 5.9 | Standardized checklists are NOT developed yet | Standardized checklists are developed but not utilized yet | Standardized checklists are developed and utilized for limited administrative procedures | Standardized checklists are developed and utilized for major administrative procedures | Standardized checklists are developed and effectively utilized for all administrative procedures |

| 6 | Very poorly implemented: | Poorly implemented: | Farely implemented: | Well implemented | Very well implemented: |
|-----|---|--|--|--|---|
| 6.1 | Regular training program for all staff are not planned | Training for staff of major categories are occasionally conducted but there are no proper recordkeeping. | Training programs for staff of major categories are established, occasionally conducted and recorded the kept records. | Training programs for staff of major categories are established, regulaerly conducted and recorded the kept records. | Training programs for staff of all categories are established, regulaerly conducted and recorded the kept records. |
| 6.2 | A fe Work Improvement Teams are established. | Work Improvement Teams are established but limited WIT have activities. | Work Improvement Teams are established and hold meetings occasionally in major sections. | Work Improvement Teams are established and hold regular meetings in major sections. | Work Improvement Teams are established hold regular meeting in most sections. Some of them promote KAIZEN activities. |
| 6.3 | Monitoring/Internal Audits are not carried out yet. | QIT scheduled periodical monitoring/Internal audits but not conducted | QIT conducts monitoring/internal audits occasionally | QIT conducts monitoring/Internal audits periodically | QIT conducts monitoring/internal audit periodically with proper recordkeeping and report/feedback |
| 6.4 | NO measures (self-discipline checklists and good/bad point stickers etc) to promote self-discipline are developed | Self disdipline checklist / Good & Bad Point Stickers, etc. are developed but not in prtice. | Self-discipline checklist and good & bad point stickers, etc. are developed and used in pilot areas and sections | Self-discipline checklist / good & bad point stickers, etc. are developed and used in major areas and sections | Self-disdipline checklist and good & bad point stickers, etc. are developed and used in all areas and sections |
| 6.5 | There are NO 5S slogans & posters displayed | 5S slogans & posters are displayed but not in effective way and/or difficult to be recognized | 5S slogans & posters are displayed in places where 5S is implemented | 5S slogans & posters are displayed in majority of areas and sections and well-recognized by staff and visitors | 5S corner is established and displayed slogans, posters, pictures etc for information sharing and reminder |
| 6.6 | There are NO instructions of self-discipline among visitors | Instructions or guides are given to visitors but not followed | Instructions/guides are given and adopted by visitors in limited areas and sections | Instructions or guides are given and adopted by visitors in majority of areas and sections | There are evidences of self-discipline among visitors to the institution |

| | | | | | |
|-----|--|--|---|--|---|
| 6.7 | There are NO instructions of self-discipline among both visitors and staff | Instructions or guides are given to both staff and visitors but not followed | Instructions or guides are given and adopted by both visitors and staff in limited areas and sections | Instructions or guides are given and adopted by staff and visitors in majority of areas and sections | Evidence of Self-discipline in the overall institution and pointed out each other among visitors/staff. |
|-----|--|--|---|--|---|

| 7 | Very poorly implemented: | Poorly implemented: | Farely implemented: | Well implemented | Very well implemented: |
|-----|--|---|--|--|--|
| 7.1 | NO evidence | method is drafted but not implemented yet | method was tried and system was established | methods and systems are operated properly | methods and sytems are fully utilized |
| 7.2 | NO evidence | increase once | increase but not sustain | increase but unstable | increase and continue |
| 7.3 | NO evidence | Innovative methods for increasing productivity are just planned but not implemented yet | The innovative methods are planned and conducted some trials | The innovative methods are standardized and introduced | The standardized innovative methods are already operated |
| 7.4 | NO evidence | planning only | plan and some trial | introduced | already operated |
| 7.5 | There are NO evidence to use 5S process to increase Productivity | There are plans to use 5S processes to increase Productivity but not implmeneted yet | plan and some trial | introduced | already operated |

| 8 | Very poorly implemented: | Poorly implemented: | Farely implemented: | Well implemented | Very well implemented: |
|-----|--------------------------|---|--|---|---|
| 8.1 | NO evidence | planning only | plan and some trial | introduced | already operated |
| 8.2 | NO evidence | Some activities for improving this matter are just planned | Some activities for improving this matter are planned and conducted some trials | Standardized activities or processes are established and introduced | These activities or processes are routinely operated |
| 8.3 | NO evidence | 5S activities are just planned to establish direction and coordination to improve quality | The 5S activities are planned and conducted some trials | Standardized 5S activities are established and introduced | The standardized 5S activities are already operated routinely |
| 8.4 | NO evidence | Some activities are just planned for sustaining quality of products or | The activities are planned and conducted some trials | The activities are standardized and introduced. | The standardized activities are already operated routinely |
| 8.5 | NO evidence | Some process improvements to sustain quality of services just planned | Some process improvements to sustain quality of services are planned and conducted some trials | Improved processes are standardized and introduced | The improved processes are already operated routinely |

| 9 | Very poorly implemented: | Poorly implemented: | Farely implemented: | Well implemented | Very well implemented: |
|-----|--|---|---|--|---|
| 9.1 | Costs of materials, labor, energy and overheads are not recorded | Costs of materials, labor, energy and overheads are recorded and some activities to reduce these costs are just | Some cost reduction is confirmed | Many cost reduction activities are appeared | Large amount of cost is reduced |
| 9.2 | NO evidence | planning only | some cost reductions are appeared through reducing waste | Many cost reduction activities are appeared through reducing waste | Large amount of cost was reduced through reducing waste |
| 9.3 | NO evidence | There are some plans to lowering defects by introducins 5S concepts | The plans are already implemented and some defects were reduced | many defect cases were reduced | Big defects were reduced |

| | | | | | |
|-----|-------------|--|---|---|---|
| 9.4 | NO evidence | There are some plans to lowering inventory costs by using 5S concepts. | The plans are already implemented and some inventory costs were reduced | Inventory cost was reduced a little | Large amount of inventory cost was reduced |
| 9.5 | NO evidence | There are some plans to lower idle time of workers and machines by 5S activities but not implemented yet | The plans are already implemented | Some idle time of workers and machines were reduced and the pilot trials are already systemized | The activities to reduce idle time have been routinely operated and idle time was shorten |

| 10 | Very poorly implemented: | Poorly implemented: | Farely implemented: | Well implemented | Very well implemented: |
|------|--------------------------|--|--|--|--|
| 10.1 | NO evidence | There are some activities just planned to lower number of accidents | The activities are already implemented | Effectiveness of activities are evaluated and standardized | Standardized activities are routinely operated |
| 10.2 | NO evidence | There are some methods just planned for safety usages of machinery and equipment | plan and some trial | introduced | already oerated |
| 10.3 | NO evidence | planning only | plan and some trial | introduced | already oerated |
| 10.4 | NO evidence | planning only | plan and some trial | introduced | already oerated |
| 10.5 | NO evidence | some people consider importance of safety | staff knows the importance of sately | staff understand how to keep safe environment | staff implement to create safe environment |

| 11 | Very poorly implemented: | Poorly implemented: | Farely implemented: | Well implemented | Very well implemented: |
|------|--------------------------|--|--|---|--|
| 11.1 | NO evidence | Some activities /projects for timely delivery of services or products are just planned | The planned activities/ projects have been conducted as pilot trials | The trials are evaluated and modified to adopt other areas. | Standardised activities/ processes are already operated and timely delivery are practiced routinely. |
| 11.2 | NO evidence | Some activities/ projects for reducing delivery time have been planned. | The planned activities/ projects have been conducted as pilot trials | The trials are evaluated and modified to adopt other areas. | Standardised activities/ processes are already operated routinely. |
| 11.3 | NO evidence | planning only | institution or organization was established | institution or organization is working | institution or organization is working well |
| 11.4 | NO evidence | Some activities/ projects for reducing delivery time have been planned. | The planned activities/ projects have been conducted as pilot trials | Major staff have participated in the activities. | Standardised activities/ processes are already operated routinely in the entire hospital. |
| 11.5 | NO evidence | Some activities/ projects for "Just in time" have been planned. | The planned activities/ projects have been conducted as pilot trials | The trials are evaluated and modified to adopt other areas. | Standardised activities/ processes to sustain "Just in time" are already operated routinely |

| 12 | Very poorly implemented: | Poorly implemented: | Farely implemented: | Well implemented | Very well implemented: |
|------|--------------------------|--|---|--|---|
| 12.1 | NO evidence | planning guideline only | establish guideline | some staff follow the guideline | many staff follow the guideline |
| 12.2 | NO evidence | Some activities with innovative methods to improve staff morale are just planned | The activities are implemented as pilot trial | The pilot trials are evaluated and the innovative methods are modified to adopt to other areas | The standardized innovative methods are applied in the entire hospital and operated routinely |
| 12.3 | NO evidence | planning only | plan and some trial | introduced | already operated |
| 12.4 | NO evidence | planning only | plan and some trial | introduced | already oerated |
| 12.5 | NO evidence | some 5S mind | 5S mind | KAIZEN mind | TQM mind |

| 13 | Very poorly implemented: | Poorly implemented: | Farely implemented: | Well implemented | Very well implemented: |
|------|------------------------------|-----------------------------------|---|---------------------------------|--|
| 13.1 | No one works actively in WIT | Some members only work actively | More than half of member works actively | Most of member works actively | all members works actively and involving the non-member people |
| 13.2 | No activities | only once after establish the WIT | monthly | more than twice a month | weekly |
| 13.3 | No activities | only once after establish the WIT | monthly | more than twice a month | weekly |
| 13.4 | No supervision | only once after establish the WIT | by monthly | monthly | more than twice a month |
| 13.5 | not organized well | some problems are there | organizaed but poor leadership | organizaed with good leadership | well organizaed with good participation |

| 14 | Very poorly implemented: | Poorly implemented: | Farely implemented: | Well implemented | Very well implemented: |
|------|--------------------------|----------------------------------|---------------------|------------------|------------------------|
| 14.1 | No opptunity | once after the comencement of 5S | Annualy | by monthly | monthly |
| 14.2 | No evidence of Seminar | once after the comencement of 5S | Annualy | by monthly | monthly |
| 14.3 | No evidence of training | once after the comencement of 5S | Annualy | by monthly | monthly |

QUESTIONNAIRE FOR PILOT HOSPITALS OF THE AAKCP

**Preparatory Survey on the Program of Quality Improvement
of Health Services by 5S-KAIZEN-TQM**

Japan International Cooperation Agency (JICA)

**This is the questionnaire for the pilot hospitals of the Program of Quality Improvement
of Health Services by 5S-KAIZEN-TQM.**

The questionnaire was designated to measure the baseline of the hospital where pilot
KAIZEN activities are implemented.

To make sure effectiveness of 5S-KAIZEN-TQM activities and JICA support, the
achievement of the approach should be evaluated through comparing the situation
between before and after 5S-KAIZEN-TQM activities.

For further improvement of health services, monitoring system of data collection for
clinical and other necessary indicators should be embedded in the hospital and recipient
countries.

The questionnaire is also utilized as the periodical monitoring form of the pilot hospital.

Guidance to fill questionnaire

- ◇ Please check and fill all the questions as long as you can provide without any special efforts.
- ◇ If you have same data with different formats, please attach copy of the data with this questionnaire.
- ◇ We made tables to provide data in year-unit. If you have data in month-unit, please provide them, too.
- ◇ If you do not have data, please consider to record the data for monitoring effectiveness of the 5S-KAIZEN-TQM activities.
- ◇ Please make sure to state data sources of all the answers.

COUNTRY

HOSPITAL

1. BASIC INFORMATION OF THE HOSPITAL

Markers' information Position: _____ Name: _____

This information is important to understand the character of the hospital.
Please fill all information.

| Questions | Answer |
|--|--------|
| <p>Medical Services</p> <p>(1) Name of Representative:</p> <p>(2) Address / Tel / Fax</p> <p>(3) Organization chart: <u>*Please give us the Manpower disposition chart and the organization chart if you have</u></p> <p>(4) Number of population covered by the Hospital <u>*If there is no data about population, please describe the coverage area such as name of city, district or province.</u></p> <p>(5) Number of Hospital beds <u>*Please classify the actual number, registered number and/or planned number.</u> <u>(There are similar questions on page 9, if you can fill that page, you do not have to fill here.)</u></p> | |

1.2 BASIC INFORMATION OF THE HOSPITAL - FINANCING

Financing information is important to confirm the sustainability of 5S activities.
 Please describe the Fiscal year like from Jan. to Dec.
 Please describe money unit like US\$.

Markers' information Position: _____ Name: _____

(1) Please fill out the following table on Income.

* If some services are free of charge, please describe on the chart

(Data source _____)

| Fiscal year | 2006 | 2007 | 2008 | 2009 |
|--------------------------------------|------|------|------|------|
| Medical services | | | | |
| Medicine | | | | |
| Laboratory Examination | | | | |
| Delivery | | | | |
| Operation | | | | |
| Admission charges | | | | |
| Other services | | | | |
| From Ministry of Health/Governmental | | | | |
| Donation | | | | |
| Others | | | | |
| TOTAL | | | | |

1.2 BASIC INFORMATION OF THE HOSPITAL - FINANCING

Markers' information Position: _____ Name: _____

(2) Please fill out the following table on Expenditure.

*If salary of staff is paid by ministry, please describe on the chart.

*If the hospital does not purchase equipment by own budget, please describe on the chart.

(Data source _____)

| Fiscal year | 2006 | 2007 | 2008 | 2009 |
|---------------------------------------|------|------|------|------|
| Personnel | | | | |
| Pharmaceutical | | | | |
| Administration | | | | |
| Maintenance Fee for Facility | | | | |
| Maintenance Fee for Medical Equipment | | | | |
| Repair | | | | |
| New Equipment | | | | |
| Consumables for Equipment | | | | |
| Others | | | | |
| TOTAL | | | | |

(3) Please give us user fee table at your hospital if you have.

2. CLINICAL INFORMATION

Clinical information is important to understand what kinds of disease are major in the hospital and what kind of care is served.

Markers' information Position: _____ Name: _____

Please fill the data based on calendar year if there is no specific instruction.

(1) Major causes of death

*Please fill out the following table for the major cause of death in your Hospital.
 *If there is no registration of cause of death, please describe on the chart and fill "total number of death" only.
 **"Total number of death" is filled actual total number, not aggregate of No.1 to No.10.

(Date Source _____)

| Over 5 years old (5 ≤ years old) | | | | | |
|----------------------------------|-----------------------|------|------|------|------|
| | Major cause of death | 2006 | 2007 | 2008 | 2009 |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| | Total Number of Death | | | | |

2. CLINICAL INFORMATION

Markers' information Position: _____ Name: _____

(Date Source if different from "Over 5 years old" _____)

| Under 5 years old (<5 years old) | | | | | |
|----------------------------------|-----------------------|------|------|------|------|
| | Major cause of death | 2006 | 2007 | 2008 | 2009 |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| | Total Number of Death | | | | |

CLINICAL INFORMATION

Position: _____ Name: _____

Please fill out the following table, data source.

(2) No. of General Out-Patients (Data source _____)

| Out-Patients(General) | | 2006 | 2007 | 2008 | 2009 |
|-----------------------|-------------------------------|------|------|------|------|
| Male | Over 5 years old ($5 \leq$) | | | | |
| | Under 5 years old($5 >$) | | | | |
| Female | Over 5 years old ($5 \leq$) | | | | |
| | Under 5 years old($5 >$) | | | | |
| Total | | | | | |

(3). No. of Emergency Out-Patients (Data source _____)

| Out-Patients(Emergency) | | 2006 | 2007 | 2008 | 2009 |
|-------------------------|-------------------------------|------|------|------|------|
| Male | Over 5 years old ($5 \leq$) | | | | |
| | Under 5 years old($5 >$) | | | | |
| Female | Over 5 years old ($5 \leq$) | | | | |
| | Under 5 years old($5 >$) | | | | |
| Total | | | | | |

(4). No. of In-Patients Registration (Data source _____)

| In-Patients | | 2006 | 2007 | 2008 | 2009 |
|-------------|-------------------------------|------|------|------|------|
| Male | Over 5 years old ($5 \leq$) | | | | |
| | Under 5 years old($5 >$) | | | | |
| Female | Over 5 years old ($5 \leq$) | | | | |
| | Under 5 years old($5 >$) | | | | |
| Total | | | | | |

(5) Number of Emergency Referrals (Data source _____)

| Emergency referrals | | 2006 | 2007 | 2008 | 2009 |
|---------------------|-------------------------------|------|------|------|------|
| Male | Over 5 years old ($5 \leq$) | | | | |
| | Under 5 years old($5 >$) | | | | |
| Female | Over 5 years old ($5 \leq$) | | | | |
| | Under 5 years old($5 >$) | | | | |
| Total | | | | | |

3. OPERATIONAL INFORMATION

Operational information is described the present performance of the hospital

Position: _____ Name: _____

Please fill out the following table and data sources.

(1) Bed Capacity (Data source _____)

| | 2006 | 2007 | 2008 | 2009 |
|---|------|------|------|------|
| Number. of Beds (Allowed/Existing) No. of Allowed (No. of Existing if different) | | | | |
| *Please fill the name of clinical wards based on your hospital's definitions | | | | |
| Internal Medicine | () | () | () | () |
| Surgery | () | () | () | () |
| Obstetrics | () | () | () | () |
| Gynecology | () | () | () | () |
| Pediatric | () | () | () | () |
| Newborn | () | () | () | () |
| I.C.U. | () | () | () | () |
| (Others, please specify) | () | () | () | () |
| | | | | |
| | | | | |
| Total | () | () | () | () |
| Average length of stay: Please specify calculation formula | | | | |
| Example of the formula in Japan | | | | |
| Average Length of Stay= Accumulate number of days of all inpatient / ((Number of new in-patient in the year + Number of new out-patient in the year) / 2) | | | | |
| Internal Medicine | | | | |
| Surgery | | | | |
| Obstetrics | | | | |
| Gynecology | | | | |
| Pediatric | | | | |
| Newborn | | | | |
| I.C.U. | | | | |
| (Others, please specify) | | | | |
| | | | | |
| | | | | |
| Total | | | | |

3. OPERATIONAL INFORMATION

Continuing

| | 2006 | 2007 | 2008 | 2009 |
|--|------|------|------|------|
| Bed occupancy rate : Please specify calculation formula | | | | |
| Example of the formula in Japan | | | | |
| Bed occupancy rate= Accumulate number of days of all inpatients' stay / (Number of Bed * Number of date) per year (per month if you have no per year data) | | | | |
| Internal Medicine | | | | |
| Surgery | | | | |
| Obstetrics | | | | |
| Gynecology | | | | |
| Pediatric | | | | |
| Newborn | | | | |
| I.C.U. | | | | |
| (Others, please specify) | | | | |
| | | | | |
| | | | | |
| Total | | | | |

3. OPERATIONAL INFORMATION

(2) Delivery:

*Please fill the questionnaire based on following instruction

*Please fill the data based on calendar year if there is no specific instruction.

Position: _____ Name: _____

Total number of Delivery rooms : _____

(Data sources _____)

| | 2006 | 2007 | 2008 | 2009 |
|-------------------|------|------|------|------|
| Normal delivery | | | | |
| Caesarian section | | | | |
| Vacuum Extracted | | | | |
| Stillbirth | | | | |
| Low birth weight | | | | |
| Abortion | | | | |
| Others | | | | |
| Total | | | | |

3. OPERATIONAL INFORMATION

(3) Operation:

*Please fill the questionnaire based on following instruction

*Please fill the data based on calendar year if there is no specific instruction.

Marker's information Position: _____ Name: _____

Total number of Operation rooms: _____ Total number of Surgeon: _____

(Data sources _____)

| Operation Name | 2006 | 2007 | 2008 | 2009 |
|----------------------------------|------|------|------|------|
| Normal | | | | |
| Emergency | | | | |
| Total number of Operation | | | | |

(4) Number of Operations (Data source _____)

| | | 2006 | 2007 | 2008 | 2009 |
|--------|-------------------------------|------|------|------|------|
| Male | Over 5 years old ($5 \leq$) | | | | |
| | Under 5 years old ($5 >$) | | | | |
| Female | Over 5 years old ($5 \leq$) | | | | |
| | Under 5 years old ($5 >$) | | | | |
| Total | | | | | |

3.1 OPERATIONAL INFORMATION – LABORATORY EXAMINATION

Marker's information Position: _____ Name: _____

*Please fill the questionnaire based on following instruction

*Please fill the data based on calendar year if there is no specific instruction.

(1) Laboratory Examination (Data source _____)

| Section | No. of Examination | | | |
|------------------------|--------------------|------|------|------|
| | 2006 | 2007 | 2008 | 2009 |
| Bio-chemistry | | | | |
| Hematology | | | | |
| Parasite test | | | | |
| Various test | | | | |
| Micro Bacteria test | | | | |
| HIV test | | | | |
| Others(please specify) | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

3.2 OPERATIONAL INFORMATION – X-RAY EXAMINATION

Marker's information Position: _____ Name: _____

(2) X-ray Examination

Please specify Number of total X-ray examination per year by Out-patient/In-patient.

(Data sources _____)

| Category | | 2006 | 2007 | 2008 | 2009 |
|-------------|-----------------------------|------|------|------|------|
| Outpatients | No. of patients having exam | | | | |
| | No. of exams | | | | |
| | No. of film used for exam | | | | |
| Inpatient | No. of patients having exam | | | | |
| | No. of exams | | | | |
| | No. of film used for exam | | | | |

3.3 OPERATIONAL INFORMATION –REFERRAL

Marker's information Position: _____ Name: _____

* If referral report is collected in your hospital, please fill the table.
 If there is no data about referral, please describe on the chart.

(1) Referral from Lower Level Facility (Health Centers or Health Posts) to the pilot Hospital

(Data sources _____)

| | No. of cases | | | |
|---|--------------|------|------|------|
| | 2006 | 2007 | 2008 | 2009 |
| <u>Referral from Lower Level Facility</u> | | | | |

(2) Referral from the Pilot Hospital to Upper Level Facility

| | No. of cases | | | |
|---|--------------|------|------|------|
| | 2006 | 2007 | 2008 | 2009 |
| <u>Referral to Upper Level Facility</u> | | | | |

4. MANAGEMENT OF 5S-KAIZEN-TQM ACTIVITIES

Marker's information Position: _____ Name: _____

(1) **Is Quality Improvement Team formulated?** Yes / No
 If yes, when QIT was formulated.....

(2) **What is the composition of QIT?**
How many members are in the QIT
Composition of QIT is ;

| | | | | | | | | | |
|-----|-----|------|------|-------|-------|--|--|--|--|
| Dr. | Nr. | Lab. | Pham | X-ray | Admin | | | | |
| | | | | | | | | | |

(3) **How often QIT meet?**in week / month

(4) **Do QIT have written ToR, Roles and Responsibilities?** Yes / No

(5) **Describe the QIT structure**

(6) **Is there Work Improvement Team at department level?**

If so how many WITs are formulated?

.....

What is the status of these WITs

How often WIT are meeting?

.....

(7) **How often do QIT report to Hospital Management Team?** in week / month

(8) **What are the QIT regular activities and how often do you conduct the activities?**

| Activities | Period | Who are the target of the activity | How it is recorded |
|------------|--------|------------------------------------|--------------------|
| | | | |
| | | | |
| | | | |

4. MANAGEMENT OF 5S-KAIZEN-TQM ACTIVITIES

(9) What kind of difficulties are you facing to implement 5S-CQI-TQM?

(10) Number of staff trained on 5S-CQI-TQM

Fill numbers, how many staffs working at your hospital are trained on 5S-CQI-TQM

| | |
|--------------------------------|--|
| Managers | |
| Technical Staff | |
| Support / Administration staff | |

(11) 5S-CQI Training activities conducted in the past 6 months

Fill training activities related 5S-CQI-TQM with the information of whom you targeted and how many staff participated

| Type of training | Date | Target group | # of Participants |
|------------------|------|--------------|-------------------|
| | | | |
| | | | |
| | | | |

(12) Is there any other QI program introduced? If so what is the name of the QI program and who is funding ?

5. INDICATORS FOR 5S-KAIZEN-TQM

Marker's information Position: _____ Name: _____

(1) Working time of the Hospital

Please describe standard operational hours of out-patient such as "9:00-14:00".

| | | Working Time |
|-------------|----------|---------------------|
| Out-patient | Weekday | |
| | Saturday | |
| | Sunday | |
| Emergency | Weekday | |
| | Saturday | |
| | Sunday | |

Information of workforces in the Hospital

- *It is one of the outcomes of 5S activities expected that the hospital staff members hope to work in the hospital continuously and increasing medical staff workers who want to work the hospital is expected.
- *Based on this prospective, detailed data of workforces in the hospital are requested as important information.
- *Please fill the data based on calendar year.

Definition of Type of personnel

- *Nurse; Registered Nurse, Diploma Nurse or higher educated nurse
- *Auxiliary Nurse; non Diploma Nurse or under educated nurse
- *Full-time: Registered in the hospital, receive the main income from the hospital and working now (not long leave etc.)
- *Part-time; no registered in the hospital, receive the main income from other facility and working now
- *Others: Long leave, resident, trainee, etc.

5. INDICATORS FOR 5S-KAIZEN-TQM

Marker's information Position: _____ Name: _____

(2) Total number of workers in the Hospital

(Data sources _____)

| Type of personnel | No. of full-time workers (No. of part time workers if exist) | | | |
|---------------------------------|--|------|------|------|
| | 2006 | 2007 | 2008 | 2009 |
| Medical doctor | () | () | () | () |
| Pharmacist | () | () | () | () |
| Nurse | () | () | () | () |
| Auxiliary Nurse | () | () | () | () |
| Dentist | () | () | () | () |
| Midwife | () | () | () | () |
| Laboratory Technician | () | () | () | () |
| Radiologist | () | () | () | () |
| Other (specify) | () | () | () | () |
| | () | () | () | () |
| | () | () | () | () |
| | () | () | () | () |
| Maintenance Staff for facility | () | () | () | () |
| Kitchens | () | () | () | () |
| Cleaners | () | () | () | () |
| Maintenance Staff for Equipment | () | () | () | () |
| Administrative staff | () | () | () | () |
| Other (specify) | () | () | () | () |
| | () | () | () | () |
| | () | () | () | () |
| <u>Total</u> | () | () | () | () |

5. INDICATORS FOR 5S-KAIZEN-TQM

Marker's information Position: _____ Name: _____

(2) Number of workers left the Hospital

(Data sources _____)

| Type of personnel | No. of full-time workers (No. of part time workers if exist) | | | |
|---------------------------------|--|------|------|------|
| | 2006 | 2007 | 2008 | 2009 |
| Medical doctor | () | () | () | () |
| Pharmacist | () | () | () | () |
| Nurse | () | () | () | () |
| Auxiliary Nurse | () | () | () | () |
| Dentist | () | () | () | () |
| Midwife | () | () | () | () |
| Laboratory Technician | () | () | () | () |
| Radiologist | () | () | () | () |
| Other (specify) | () | () | () | () |
| | () | () | () | () |
| | () | () | () | () |
| | () | () | () | () |
| Maintenance Staff for facility | () | () | () | () |
| Kitchens | () | () | () | () |
| Cleaners | () | () | () | () |
| Maintenance Staff for Equipment | () | () | () | () |
| Administrative staff | () | () | () | () |
| Other (specify) | () | () | () | () |
| | () | () | () | () |
| | () | () | () | () |
| <u>Total</u> | () | () | () | () |

5. INDICATORS FOR 5S-KAIZEN-TQM

Marker's information Position: _____ Name: _____

(3) Number of newly recruited workers

(Data sources)

| Type of personnel | No. of full-time workers (No. of part time workers if exist) | | | |
|---------------------------------|--|------|------|------|
| | 2006 | 2007 | 2008 | 2009 |
| Medical doctor | () | () | () | () |
| Pharmacist | () | () | () | () |
| Nurse | () | () | () | () |
| Auxiliary Nurse | () | () | () | () |
| Dentist | () | () | () | () |
| Midwife | () | () | () | () |
| Laboratory Technician | () | () | () | () |
| Radiologist | () | () | () | () |
| Other (specify) | () | () | () | () |
| | () | () | () | () |
| | () | () | () | () |
| | () | () | () | () |
| Maintenance Staff for facility | () | () | () | () |
| Kitchens | () | () | () | () |
| Cleaners | () | () | () | () |
| Maintenance Staff for Equipment | () | () | () | () |
| Administrative staff | () | () | () | () |
| Other (specify) | () | () | () | () |
| | () | () | () | () |
| | () | () | () | () |
| <u>Total</u> | () | () | () | () |

To Personnel Department

Date / / 2010

Marker's information Position: _____ Name: _____

(4) Average lengths of tenure in the hospital (Data sources)

***Please fill formula of your data**

*Example of Average lengths of tenure= Accumulation of the lengths of tenure of each hospital staff / Number of hospital staff

| Type of personnel | No. of full-time workers (No. of part time workers if exist) | | | |
|---------------------------------|--|------|------|------|
| | 2006 | 2007 | 2008 | 2009 |
| Medical doctor | () | () | () | () |
| Pharmacist | () | () | () | () |
| Nurse | () | () | () | () |
| Auxiliary Nurse | () | () | () | () |
| Dentist | () | () | () | () |
| Midwife | () | () | () | () |
| Laboratory Technician | () | () | () | () |
| Radiologist | () | () | () | () |
| Other (specify) | () | () | () | () |
| | () | () | () | () |
| | () | () | () | () |
| | () | () | () | () |
| Maintenance Staff for facility | () | () | () | () |
| Kitchens | () | () | () | () |
| Cleaners | () | () | () | () |
| Maintenance Staff for Equipment | () | () | () | () |
| Administrative staff | () | () | () | () |
| Other (specify) | () | () | () | () |
| | () | () | () | () |
| | () | () | () | () |
| <u>Total</u> | () | () | () | () |

5. INDICATORS FOR 5S-KAIZEN-TQM

Marker's information Position: _____ Name: _____

(5) Number of varieties of drugs stored at the pharmacy

This questionnaire is monitoring management of drugs in the pharmacy shown below;

- The pharmacy can manage its stocks appropriately without any duplication and redundancy of drugs after 5S activities.
- Please fill how many kinds (varieties) of brand of drugs being stocked in the pharmacy.
- If you have list of all drugs you select as regular drugs in the hospital, please provide this list.

(Data sources)

| Drug types | Number of drug types | | | |
|-------------------------|----------------------|------|------|------|
| | 2006 | 2007 | 2008 | 2009 |
| Tablets /Capsules | | | | |
| Injections | | | | |
| Ointment/Creams | | | | |
| Others (Please specify) | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | | |

5. INDICATORS FOR 5S-KAIZEN-TQM

Marker's information Position: _____ Name: _____

(6) How many days of stock-out experiences of the drugs at the pharmacy

-
- This indicator will be expected to contribute to measure improvement of stock and logistics management in the pharmacy.
- Please count the days of 0 balances in the year on the store record.
- If you have your own list of stock out record, please provide it, too.

(Data sources _____)

| Drug types | Number of days of stock-out experiences | | | |
|-------------------------|---|------|------|------|
| | 2006 | 2007 | 2008 | 2009 |
| Tablets /Capsules | | | | |
| Injections | | | | |
| Ointment/Creams | | | | |
| Others (Please specify) | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| <u>Total</u> | | | | |

5. INDICATORS FOR 5S-KAIZEN-TQM

Marker's information Position: _____ Name: _____

Please fill the questionnaire based on following instruction
Please fill the data based on calendar year if there is no specific instruction.

(7) Number of varieties of reagents types stored at the laboratory

This questionnaire is monitoring management of reagents in the laboratories shown below;

- The laboratories can manage its stocks appropriately without any duplication and redundancy of reagents after 5S activities.
- Please fill how many kinds (varieties) of reagents being stocked in the laboratories.
- If you have list of all reagents you select as regular stocks in the hospital, please provide this list.

(Data sources)

| Laboratory | Number of reagent types | | | |
|-------------------------|-------------------------|------|------|------|
| | 2006 | 2007 | 2008 | 2009 |
| Biochemical Laboratory | | | | |
| Chemical Laboratory | | | | |
| Hematology | | | | |
| Others (Please specify) | | | | |
| | | | | |
| | | | | |
| <u>Total</u> | | | | |

5. INDICATORS FOR 5S-KAIZEN-TQM

(8) How many days of stock-out experiences of the reagents at the laboratory

Marker's information Position: _____ Name: _____

- This indicator will be expected to contribute to measure improvement of stock and logistics management in the laboratory.
- Please count the days of 0 balances in the year on the store record.
- If you have your own list of stock out record, please provide it, too.

(Data sources _____ **)**

| Laboratory | Number of days of stock-out experiences | | | |
|-------------------------|---|------|------|------|
| | 2006 | 2007 | 2008 | 2009 |
| Biochemical Laboratory | | | | |
| Chemical Laboratory | | | | |
| Hematology | | | | |
| Others (Please specify) | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| <u>Total</u> | | | | |

5. INDICATORS FOR 5S-KAIZEN-TQM

Marker's information Position: _____ Name: _____

(9) Safety

In the hospital, quality improvement of hospital services and securing patient safety are the most important aims. As one of the goals of 5S-KAIZEN-TQM, patient safety is expected to establish in the hospital.

If there is no data about the safety, please start to collect the information through 5S-KAIZEN-TQM activities. Starting the collection is one of the good indicators to perform good KAIZEN activities.

Please fill table if you have data.

Position: _____ Name: _____

| Indicators | | 2006 | 2007 | 2008 | 2009 |
|--|--|------|------|------|------|
| Hospital infection (Nosocomial Infection) | No. of ward infection cases | | | | |
| | No. of surgical infection cases | | | | |
| | No. of neonatal infection cases | | | | |
| | No. of post cesarean infection cases | | | | |
| | Data sources | | | | |
| | Case Definition | | | | |
| Mortality data | Total number of death in Hospital | | | | |
| | Number of maternal death in Hospital | | | | |
| | Number of neonatal death in Hospital | | | | |
| | Number of child under 5 death in Hospital | | | | |
| | Data sources | | | | |
| | Case Definition | | | | |

5. INDICATORS FOR 5S-KAIZEN-TQM

Marker's information Position: _____ Name: _____

| Indicators | | 2006 | 2007 | 2008 | 2009 |
|-------------------------|-------------------------------------|---------------------|------|------|------|
| Incident / Accidents | Total No. of cases falling from bed | | | | |
| | Among them, | No. of death cases | | | |
| | | No. of injury cases | | | |
| | No. of needle stick cases | | | | |
| | Data sources | | | | |

(10) Do you have any reporting system of Incidents/Accidents? Yes No
 If yes, please describe detailed system / If no, do you have any plan to establish it?

5.INDICATORS FOR 5S-KAIZEN-TQM

Marker's information Position: _____ Name: _____

(11) Safety II Please record and fill data in 2010 if possible.

| Indicators (2010) | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|--------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Hospital infection (Nosocomial Infection) | No. of ward infection cases | | | | | | | | | | | | |
| | No. of surgical infection cases | | | | | | | | | | | | |
| | No. of neonatal infection cases | | | | | | | | | | | | |
| | No. of post cesarean infection cases | | | | | | | | | | | | |
| | Data sources | | | | | | | | | | | | |
| Incident / Accidents | Total No. of cases falling from bed | | | | | | | | | | | | |

To Laboratories

Date / / 2010

| Indicators (2010) | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|-------------------|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | No of death cases | | | | | | | | | | | | |
| | No. of injury cases | | | | | | | | | | | | |
| | No. of needle stick cases | | | | | | | | | | | | |
| | Data sources | | | | | | | | | | | | |
| Mortality data | Total No. of death in Hospital | | | | | | | | | | | | |
| | No. of maternal death in Hospital | | | | | | | | | | | | |
| | No. of neonatal death in Hospital | | | | | | | | | | | | |
| | No. of child under 5 death in Hospital | | | | | | | | | | | | |
| | Data sources | | | | | | | | | | | | |

QUESTIONNAIRE FOR PILOT HOSPITALS OF THE AAKCP

Preparatory Survey on the Program of Quality Improvement of Health Services by 5S-KAIZEN-TQM
Japan International Cooperation Agency (JICA)

This is the questionnaire for the pilot hospitals of the Program of Quality Improvement of Health Services by 5S-KAIZEN-TQM.

MANAGEMENT OF 5S-KAIZEN-TQM ACTIVITIES

Marker's information Position: _____ Name: _____

(1) **Is Quality Improvement Team formulated?** Yes / No
 If yes, when QIT was formulated.....

(2) **What is the composition of QIT?**
How many members are in the QIT
Composition of QIT is ;

| | | | | | | | | | |
|-----|-----|------|------|-------|-------|--|--|--|--|
| Dr. | Nr. | Lab. | Pham | X-ray | Admin | | | | |
| | | | | | | | | | |

(3) **How often QIT meet?**in week / month

(4) **Do QIT have written ToR, Roles and Responsibilities?**
 Yes / No

(5) **Describe the QIT structure**

(6) **Is there Work Improvement Team at department level?** Yes / No
If so how many WITs are formulated?
What is the status of these WITs
How often WIT are meeting?

(7) **How often do QIT report to Hospital Management Team?**
 in week / month

(8) What are the QIT regular activities and how often do you conduct the activities?

| Activities | Period | Who are the target of the activity | How it is recorded |
|------------|--------|------------------------------------|--------------------|
| | | | |
| | | | |
| | | | |

(9) How often do QIT conduct the meeting with WIT leaders to initiate KAIZEN philosophy?

..... in week / month

**(10) What kind of difficulties are you facing to implement 5S-KAIZEN-TQM?
For 5S Activities**

For KAIZEN activities

(11) Number of staff trained on 5S- KAIZEN -TQM

Fill numbers, how many staffs working at your hospital are trained on 5S

| | |
|--------------------------------|--|
| Managers | |
| Technical Staff | |
| Support / Administration staff | |

Fill numbers, how many staffs working at your hospital are trained on KAIZEN

| | |
|--------------------------------|--|
| Managers | |
| Technical Staff | |
| Support / Administration staff | |

(12) 5S- KAIZEN Training activities conducted in the past 6 months

Fill training activities related 5S-KAIZEN-TQM with the information of whom you targeted and how many staff participated

| Type of training | Date | Target group | # of Participants |
|------------------|------|--------------|-------------------|
| | | | |
| | | | |
| | | | |

(13) Is there any other QI program introduced? If so what is the name of the QI program and who is funding?

Instructions of the preparation for Supervisory trip of 5S-KAIZEN-TQM approach

5S-KAIZEN-TQM Supervisory trip from Japan has planned to visit your hospital from 2/November, 2010 to 6/November, 2010. Resource persons of 5S-KAIZEN-TQM will plan to conduct a supervisory tour with 5S management department (5S committees, QIT, QMT and so on) in your hospital, evaluate situation of 5S and KAIZEN activities and discuss further actions and considerations with your 5S management members.

The Team has requested the director and 5S committees in the Pilot hospital to prepare for information and data for conducting an effective supervisory tour and successful discussion.

It is highly appreciated if you understand importance of this visit and support their visit preparing for information following this instruction.

Information the Team has requested are as follows;

1. Progress report of the recommendations at the last supervisory trip
2. 5S Good Practice Registration Sheet
3. KAIZEN Process Check Sheet
- 4*. KAIZEN Activity Report (In case KAIZEN activity has been progressing)

* Regarding "4. KAIZEN Activity Report", please fill if WITs have already implemented KAIZEN activities.

| Information 2 5S Good Practice Registration Sheet | |
|---|--|
| Purpose | <ul style="list-style-type: none"> ➤ To collect good 5S practice ➤ To share good practices in the hospital and other hospitals ➤ To keep record of 5S |
| Responsible Unit / Team | WIT leader and QIT |

Procedure: Please use it for collecting good practices of 5S.

For QIT

Please distribute it to all WIT leaders and ask them to fill this sheet and submit it by our visit.

For WIT

- 1) If you have any improvements resulting from 5S activities, fill each cell of this sheet on the table shown below and submit it to QIT. If you have pictures before and after the activity, attach on the picture column and describe situation of the appropriate columns.
- 2) Submit this paper to QIT by the designated day.

Example: Your form is on attachment 2

| Good Practice Registration Sheet | | | |
|-----------------------------------|--|---|-------------|
| Date | | Name of WIT | Team Leader |
| Content of Activity | | Team Member | |
| Target Process | | | |
| Target Products | | | |
| Picture of Previous condition | | Picture of current condition improved by 5S | |
| Description of Previous condition | | Description of current condition improved by 5S | |
| Impact of 5S | | Leaning by implementing this idea | |

Fill date you fill it

Fill activities, processes, and any products if existing

Describe any changes by 5S activity

Fill team leader and members

Put picture before and after the 5S activity

Describe the condition before and after 5S

What you learned from this activity

| Information 4 KAIZEN Activity Report | |
|--------------------------------------|---|
| Purpose | <ul style="list-style-type: none"> ➤ To understand KAIZEN process ➤ To monitor and record process of KAIZEN ➤ To report situation of KAIZEN activities to QIT periodically |
| Responsible Unit / Team | WIT leader and members |

Procedure

For QIT: Please give it to all WIT leaders, explain how to fill this form and ask them to submit it by the team visit.

For WIT:

- 1) Fill this form for one KAIZEN activity one sheet.
- 2) Fill number, department, name of WIT leader and WIT members and starting date to implement the KAIZEN activity.
- 3) Conduct KAIZEN activities following each process and fill results on the designated column.
- 4) Share the current process to non-WIT members constantly.
- 5) Periodically report progresses to QIT and other WIT

Example: Your form is on attachment 4

(1) Fill this part

(2) Conduct following this process

(3) Fill results this column.

(4) Describe the situation before and after KAIZEN

(5) Follow same as 2 & 3

| Good Practice Registration Sheet | | | | | |
|-----------------------------------|--|-------------|---|-------------|--|
| Date | | Name of WIT | | Team Leader | |
| Content of Activity | | | | Team Member | |
| Target Process | | | | | |
| Target Products | | | | | |
| Picture of Previous condition | | | Picture of current condition improved by 5S | | |
| | | | | | |
| Description of Previous condition | | | Description of current condition improved by 5S | | |
| | | | | | |
| Impact of 5S | | | Learning by implementing this idea | | |
| | | | | | |

KAIZEN Process Check Sheet

Name of QIT member: _____

Name of WIT: _____

| | |
|---------------------|--|
| KAIZEN Theme | |
|---------------------|--|

| PDCA | KAIZEN Process | WIT Activities | | QIT Support | | |
|-------|--------------------------|----------------|------------|-----------------------------|----------|-------------|
| | | Date | Used Tools | Fill date of implemantation | | |
| | | | | Training | Coaching | Supervising |
| Plan | Theme selection | | | | | |
| | target setting | | | | | |
| | Situation analysis | | | | | |
| | Problem / Cause analysis | | | | | |
| | Solution analysis | | | | | |
| | Designing measures | | | | | |
| Do | Implementation | | | | | |
| | Progress Monitoring | | | | | |
| | Adjustment | | | | | |
| Check | Data collection | | | | | |
| | Evaluation | | | | | |
| | Reporting | | | | | |
| Act | Feedback | | | | | |
| | Dissemination | | | | | |
| | Standardization | | | | | |



Member of WIT



| | |
|--|--|
| Leader: _____ _____ _____ _____ _____ _____ | _____ _____ _____ _____ _____ _____ |
|--|--|

KAIZEN ACTIVITY REPORT (No.)




Department: _____ **WIT Leader:** _____
Starting Date: / /2010 **WIT Member:** _____

| 1. PLAN | | 2. DO | |
|--|---|---|---|
| Process | Result | Process | Result |
| 1. Theme selection Date: _____ | Describe issue the WIT selects | 1.Implementati on Date: _____ | Describe issue the WIT selects |
| 2. Target setting Date: _____ | Process or products | 2.Progress Monitoring Date: _____ | Comparing schedule and actual situation |
| 3. Situation analysis | <u>Fill next page</u> | | |
| 4. Problem / Cause analysis Date: _____ | Analyze root cause using cause analysis tool and fill the results | 3.Adjustment Date: _____ <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 10px auto; width: fit-content;"> Go to <u>"3. CHECK"</u> </div> | Based on the monitoring |

| | | | |
|---|---|---|---------------------------------|
| 5. Solution analysis Date: _____ | Selecting actions to solve the problem | 6. Designing measures Date: _____  | Role of the member and schedule |
| |  Go to "2. DO" | | |

| Situation BEFORE | | Condition AFTER | |
|--|----------------------------|---|---------------|
| Pictures Date: _____ | | Pictures Date: _____ | |
| Description Date: _____ | | Description Date: _____ | |
| 3 CHECK | | 4 ACT | |
| Process | Result | Process | Result |
| 1. Data collection Date: _____  | And fill "Condition after" | 1. Feedback Date: _____  | To WIT member |

添付資料 2-(2) 第 2 回巡回指導調査 質問票

| | | | |
|---|---|---|-----------------------|
| 2. Evaluation Date: _____  | Comparing before and after | 2. Dissemination Date: _____ | To all hospital staff |
| 3. Reporting Date: _____  | To QIT and Director Impact of KAIZEN | 3. Standardization Date: _____  <u>Go to "1 PLAN"</u> | Pick up good practice |

～ Questionnaire on Trainings～

Questions on your activity “Now” (compare to the right after returned from the JICA training course)

1. 研修の成果を活用するのは易しいですか？

Q1. Do you think it will be easy to apply what you acquired to your organization or country?

| | | | |
|--------------------|----|------------------------|----|
| ← ← Yes, very easy | | No, very difficult → → | |
| □4 | □3 | □2 | □1 |

If your answer is 3 or 4, go to Q2-1, and if your answer is 1 or 2, go to Q2-2.

2-1. 活用することが容易と感じる場合、なぜですか？

Q2-1. If you marked “4” or “3” for Q1, could you clarify the reason for it by rating following elements?

| Reasons | | ← Strongly agree | | Disagree → | |
|---------|--|------------------|----|------------|----|
| A | Because I am in a position of making decisions. 自分が意思決定の権限を有しているため | □4 | □3 | □2 | □1 |
| B | Because the purpose and content of this program accords with the directions of my organization. 研修の目的・内容と組織の方針とが合致しているため | □4 | □3 | □2 | □1 |
| C | Because I will have no difficulty in securing necessary financial resources. 活用するうえで必要となる予算の確保が容易なため | □4 | □3 | □2 | □1 |
| D | Because it's easy to get the understanding and cooperation of my colleagues. 同僚の理解と協力を得ることが容易なため | □4 | □3 | □2 | □1 |
| E | Because the situation in my country is very similar to the experience of Japan. 日本の経験が自国の状況と近いため | □4 | □3 | □2 | □1 |
| F | Other Reasons→Please describe briefly.他の理由(記述) Difference from the right after returned from the JICA training course and “Now” | | | | |

2-2. 活用することに困難を感じる場合、なぜですか？

Q2-2. If you marked “2” or “1” for Q1, could you clarify the reason for it by rating following elements?

| Reasons | | ← Strongly agree | | Disagree → | |
|---------|--|------------------|----|------------|----|
| A | Because I am not in a position of making decisions. 自分が意思決定の権限を有していないため | □4 | □3 | □2 | □1 |
| B | Because the purpose and content of this program does not accords with the directions of my organization. | □4 | □3 | □2 | □1 |

添付資料-2 (3) 研修成果をはかるための質問票

| | | | | | |
|---|---|----------------------------|----------------------------|----------------------------|----------------------------|
| | 研修の目的・内容と組織の方針とが合致しないため | | | | |
| C | Because I will have difficulty in securing necessary financial resources. 活用するうえで必要となる予算の確保が難しいため | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| D | Because it's difficult to get the understanding and cooperation of my colleagues. 同僚の理解と協力を得ることが難しいため | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| E | Because the situation in my country is very different from the experience of Japan. 日本の経験が自国の状況と大きく相違しているため | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| F | Other Reasons→Please describe briefly. 他の理由(記述) Difference from the right after returned from the JICA training course and “Now” | | | | |

3. 研修の成果をどのように活用していますか？

Q3. How are you applying what you acquired to your organization or country “Now” ? Please mark your degree of priority for each of the following items.

| | Item | Degree of Priority | | | |
|---|---|----------------------------|----------------------------|----------------------------|----------------------------|
| | | ← High | | Low → | |
| A | Improvement of Policy/ Institution/ System 政策・制度の改善 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| B | Securing Financial Resources 資金の確保 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| C | Improvement of Physical Infrastructure or Equipment 施設の改善 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| D | Improvement of the Mechanism and Management of Organizations 組織の仕組みの改善 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| E | Improvement of Technology or Know-How applied for operation of organizations 業務に運用されている技術・方法の改善 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| F | Capacity Improvement/ Attitude Change of Individuals in organizations 個人の能力の向上や姿勢の変化 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| G | Other ideas→Please describe briefly.その他(記述) Difference from the right after returned from the JICA training course and “Now” | | | | |

| | |
|--|--|
| | |
|--|--|

Q 4. 研修で習得した内容で、何が最も現在の活動で役立っていますか。

What contents of the JICA trainings is the most useful for your activities “Now” ?

(1) 日本での研修 About Trainings in Japan

(2) スリランカでの研修 About Trainings in Sri Lanka

Q 5. 研修で入手した資料のうちで、最も活用しているものは何ですか。

Which document you receive in the JICA Training, are you utilizing most in your activities “Now” ?

Q 6. 研修の改善点について、今考えることは何ですか。

Please feel free to inform us about your opinion “Now” for the Improvement of the JICA Training course.

※Your report may be quoted and used by JICA .Thank you very much for your cooperation.

Operational Manuals of the time survey for
5S-KAIZEN-TQM

- | | |
|------------------------------------|---|
| 1. WAITING TIME OF PATIENTS | -REGISTRATION TO CONSULTATION- |
| 2. WAITING TIME OF PATIENTS | -OBTAINING LAB RESULTS- |
| 3. WAITING TIME OF PATIENTS | -PAYMENT- |
| 4. WORKING TIME | -FINDING PATIENT'S RECORD- |
| 5. WORKING TIME | -PROVIDING PROPER DRUGS- |
| 6. WORKING TIME | -COMPLETING PACK OF OPERATIONAL TOOLS- |

Operational Manuals of the Time Survey

Purpose of Time Survey

Through 5S –KAIZEN- TQM activities, there is a lot of improvements in the hospital. However, some improvements are invisible and hard to confirm the achievement in the routine works in the hospital.

The time survey is good tool to describe the process improvement easily and simple tool to measure the working process by the hospital staff. The hospital staff also is able to identify whether her / his work is efficient or not.

We hope the hospital to implement the time survey periodically to make sure the level of improvement of your hospital and to benchmark the performance of the improvement to the other hospitals.

Operational Manuals of the Time Survey

| | |
|--|---|
| 1. WAITING TIME OF THE PATIENT -REGISTRATION TO CONSULTATION- | At Reception and Consultation room |
|--|---|

Aim:

To measure waiting time of patients from register to consultation.

Participants:

- Receptionist
- Doctors/Nurses/Supporting staff members of Consultation room randomly selected by QIT/WIT. (Please choose a counseling room which has not been participated yet.)
- Patients

Items to be prepared

- 50 – 100 Pieces of small paper (Size of the paper should be enough to write patients' number and present time)

Procedures

1. Choose a consultation room for the survey
2. Discuss with the nurses/doctors of the consultation room to obtain their understanding of this survey and ask them to gather the paper.
3. Prepare for the memos to write time and patients order with the indication to submit the paper to the nurses/doctors in a consultation room
4. When a patient who needs to visit the selected consultation room visits the reception, (1) Write patient order and current time on the upper left side of the memo, (2) give the patient this paper, and (3) tell him/her to give this paper to the doctor or the nurses in the consultation room. It is better to write some mark such as '5S' for identification.

| | |
|---|----------|
| 5S 9:28 | 5S 12:21 |
| No. 1 9:28 | |
| Please give it to the doctor/nurse when you visit a counseling room. | |

Sample of the paper

5. The doctors/nurses in the counseling room collect the paper from the patients and fill current time on the upper right of the memo immediately.
6. Compile the pieces of paper. After collecting all the pieces of paper, record and calculate average time to be spent.

Operational Manuals of the Time Survey

| | |
|---|--|
| 2. WAITING TIME OF THE PATIENT -OBTAINING LAB RESULTS- | At Consultation room and Laboratory |
|---|--|

Aim:

To measure time from orders to complete examination at laboratory.

Participants:

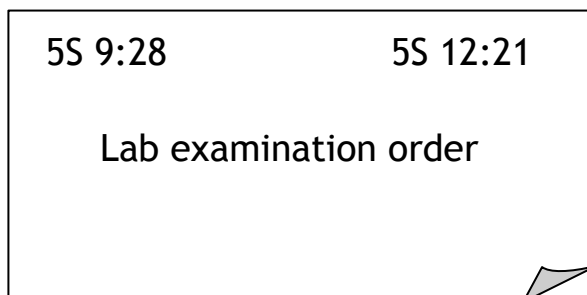
- Doctors/Nurses/Supporting staff members of a consultation room randomly selected by QIT/WIT. (Please choose a counseling room which has not been participated yet.)
- Laboratory Technologists/Workers
- Patients

Items to be prepared

- None

Procedures

1. Choose a consultation room and a laboratory for the survey
2. Discuss with the nurses/doctors of the consultation room and the laboratory to obtain their understanding of this survey and ask them to collaborate with it.
3. Fill current time on the upper left of laboratory order with 5S when doctors order laboratory examination.



Sample of the paper

4. After finishing examination, laboratory technicians in charge fill the current time on the upper right of the laboratory order immediately.
5. Compile the pieces of paper at the laboratories. After collecting all the orders, record and calculate average time to be spent.

Operational Manuals of the Time Survey

| | |
|---|---------------------------|
| 3. WAITING TIME OF THE PATIENT -PAYMENT- | At Payment counter |
|---|---------------------------|

Aim:

To measure waiting time of patients to complete payment.

Participants:

- Staff members of the payment counter
- Patients (20~30 patients or more)

Items to be prepared

- Pieces of small paper (Size of the paper should be enough to write patients' number and present time)

Procedures

1. Discuss with the staff members of the payment counter to obtain their understanding of this survey and ask them to collaborate with it.
2. Prepare for the memos to write time and patients order with the indication to submit the paper to the staff at the payment
3. Fill patients' order and current time on the upper left of the memo and give a patient visiting payment counter the paper. And tell him/her to give it to the staff when he/she finishes payment. It is better to write some mark such as '5S' for identification.

| | |
|----------------------------|----------|
| 5S 9:28 | 5S 12:21 |
| No. 1 9:28 | |
| Please give it at payment. | |

Sample of the paper

4. The workers who receive money collect the paper from the patients and fill current time on the upper right immediately.
5. Compile the pieces of paper. After collecting all the pieces of paper, record and calculate average time to be spent.

Operational Manuals of the Time Survey

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|---|---------------------|
| 4. WORKING TIME -FINDING PATIENT'S RECORD- | At Reception |
|---|---------------------|

Aim:

To measure time from patient's visit to finding a patient record .

Participants:

- Receptionist
- Person to measure time

Items to be prepared

- Stopwatch or clock to measure on the second time scale

Procedures

1. Prepare for the stopwatch or clock for measurement
2. Start to measure the time when patient arrives at the reception.
3. Stop and record the time how long it takes to find patient's record.
4. Record this result.
5. Measure several times (20 – 30 patients)
6. Compile the results and calculate average time to be spent.

Operational Manuals of the Time Survey

| | |
|---|--------------------|
| 5. WORKING TIME -PROVIDING PROPER DRUGS- | At Pharmacy |
|---|--------------------|

Aim:

To measure time from patient's visit to provide proper medicines at Pharmacy.

Participants:

- Pharmacist
- Receptionist at the pharmacy (if exists)
- Person to measure time

Items to be prepared

- Stopwatch or clock to measure on the second time scale

Procedures

1. Prepare for the stopwatch or clock for measurement
2. Start to measure the time when a patient arrives at the pharmacy.
3. Stop and record the time how long it takes to provide proper drugs to the patient.
4. Record this result.
5. Measure several times (20 – 30 patients)
6. Compile the results and calculate average time to be spent.

Operational Manuals of the Time Survey

| | |
|---|----------------|
| 6. WORKING TIME -COMPLETING PACK OF OPERATIONAL TOOLS- | At CSSD |
|---|----------------|

Aim:

To measure time to complete packing of operational tools after the sterilization at CSSD.

Participants:

- Staff members in CSSD
- A Person to measure time

Items to be prepared

- Stopwatch or clock to measure on the second time scale

Procedures

1. Prepare for the stopwatch or clock for measurement
2. After sterilization of the tools, start to measure time to complete packing
3. Stop and record the time how long it takes to finish packing tools.
4. Record this result.
5. Measure several times (20 – 30 times)
6. Compile the results and calculate average time to be spent.

Operational Manuals of the Time Survey

Record Sheet of the Time Survey

- Registration to Consultation
 Lab Results
 Payment
 Patients Record
 Pharmacy
 Operational Tools

Date of survey: / /

Person in charge of the survey

Survey Unit (Consultation Room/ Laboratory):

| Sample Number | Time - Start | Time - End | Duration |
|---------------|--------------|------------|----------|
| 1 | | | |
| 2 | | | |
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