

7. ロイコー総合病院の Special Effort①

ロイコー総合病院の初回のSpecial Effortは、候補にあがった5つの活動の優先順位付けを行って、ひとつの活動に絞り込み、マネジメント・ツールを用いて立案、モニタリングを行った。

活動優先順位付け表

No.	Activity	Importance	Impact	Easiness	Resources	urgent	Total
1	Emergency care training	2	1	4	4	1	12
2	Central sterilization supply Department	5	4	3	3	4	19
3	Kitchen	3	3	4	3	3	16
4	Central Pharmacy system	4	5	5	5	4	23
5	Library	1	2	4	2	2	11

Annex 1: Activity Description Form

NAME OF ACTIVITY		Central Pharmacy Supply System			
SUPERVISOR		Dr. Khin Maung Yin, Dr. Ye Myint Aung			
FOCAL PERSON		Dr. Zaw Mynn Thike, Dr. Zaw Min, Daw Aye Thandar Phyo			
BACKGROUND		The current drug distribution system practising in LGH is from main pharmacy department to the sub-stores of each ward/department and then to patients. For the sub-stores, the assigned nurses from each ward have to take responsibility of the sub-store. They calculate the average monthly usage of the drugs in relation to the previous month's usage and request to the main pharmacy department twice per month and accordingly. Sometimes there is dumping of drugs and some expired drugs if they cannot use the drugs in time. The actual stock balance of the drugs cannot be calculated easily because they were distributed to the respective wards. Therefore, LGH wants to develop a better drug distribution system.			
EXPECTED RESULTS	OUTCOMES	1. Zero expired drug 2. workload of the nurses is reduced and more spare time for nursing care 3. Better stock management			
	OUTPUTS	The drug distribution system is well established in LGH			
	OUTPUT INDICATOR	LGH has the developed drug distribution system.			
TARGET GROUP		All nurses, Pharmacy staff, patients			
NO.	SPECIFIC ACTIVITIES	RESPONSIBILITY	IMPLEMENTATION PERIOD	SITE OF ACTIVITIES	REQUIRED FUNDS /SOURCE
1	Clarification of the current situation and identification of the problems	Dr. Zaw Mynn Thike, Dr. Zaw Min, Daw Aye Thandar Phyo	July	Loikaw General Hospital	
1-1	Discussion with the pharmacy staff and nurses about the benefits, challenges and difficulties of the current system	Dr. Ye Myint Aung, Dr. Zaw Mynn Thike, Dr. Zaw Min, Daw Aye Thandar Phyo and nurses	July	Loikaw General Hospital	

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2	Designing of the new system	Dr. Zaw Mynn Thike, Dr. Zaw Min, Daw Aye Thandar Phyo MJHSSP	July	Loikaw Hospital	General	
2-1	Appointing the person-in-charge, main implementers and task allocation respectively.	Dr. Zaw Mynn Thike, Dr. Zaw Min, Daw Aye Thandar Phyo MJHSSP	July	Loikaw Hospital	General	
2-2	Consideration of the effective workflow, cost, format and other functional requirements	Dr. Zaw Mynn Thike, Dr. Zaw Min, Daw Aye Thandar Phyo, pharmacy staff and nurses MJHSSP	July	Loikaw Hospital	General	
2-3	Effective data management: Plan how to collect and keep the data in main pharmacy	Dr. Zaw Mynn Thike, Dr. Zaw Min, Daw Aye Thandar Phyo, pharmacy staff and nurses MJHSSP	July	Loikaw Hospital	General	
3	Orientation/ Training of the new system: overall launching to all staff and specific training to the actual implementers	Dr. Zaw Mynn Thike, Dr. Zaw Min, Daw Aye Thandar Phyo MJHSSP	1 st and 2 nd weeks of August	Loikaw Hospital	General	

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3-1	Preparation of the launching/training: identification of the speaker/trainer, number of sessions, materials required and other technical requirements	Dr. Zaw Mynn Thike, Dr. Zaw Min, Daw Aye Thandar Phyo MJHSSP	1 st and 2 nd weeks of August	Loikaw Hospital	General	
4	Implementation of the new system	Dr. Zaw Mynn Thike, Dr. Zaw Min, Daw Aye Thandar Phyo	August	Loikaw Hospital	General	
5	Evaluation and modification of the current system	Dr. Zaw Mynn Thike, Dr. Zaw Min, Daw Aye Thandar Phyo MJHSSP	September	Loikaw Hospital	General	
5-1	To identify pros and cons by means of users' feedback and other tools	Dr. Zaw Mynn Thike, Dr. Zaw Min, Daw Aye Thandar Phyo, Pharmacy staff and nurses MJHSSP	September	Loikaw Hospital	General	
5-2	Discussion with the actual implementers and modify the system	Dr. Zaw Mynn Thike, Dr. Zaw Min, Daw Aye Thandar Phyo, Pharmacy staff and nurses MJHSSP	September	Loikaw Hospital	General	

Annex 2: Activity Reporting Form

NAME OF ACTIVITY	Central Pharmacy System			
SUPERVISOR	Dr. Ye Myint Aung			
FOCAL PERSON	Dr. Zaw Mynn Thike, Dr. Zaw Min, Daw Aye Thandar Phyo			
TARGET GROUP	All nurses, Pharmacy staff, patients			
NO.	SPECIFIC ACTIVITIES	ACTUAL PROGRESS	FUND USED/SOURCE	CHALLENGE/ RECOMMENDATIONS
1	Clarification of the current situation and identification of the problems	JULY: Clarified / identified the weakness of current drug supply system in LGH. (more workload on nurses, expired drugs)	No fund required	None
1-1	Discussion with the pharmacy staff and nurses about the benefits, challenges and difficulties of the current system	JULY: Discussion done.	No fund required	None
2	Designing of the new system	AUGUST: A new system was drafted (only oral drugs) and started from 13 August.	No fund required	None
2-1	Appointing the person-in-charge, main implementers and task allocation respectively.	AUGUST : Assigned the person-in-charge (Pharmacist: Aye Thandar Phyo). Also 3 pharmacists, 3 Senior nurse, 3 trained nurse, 2 compounder III and 4 compounder IV were assigned as implementers. Roles and responsibilities of every staffs wasn't identified neither written.	No fund required	The roles and responsibility of each focal should be clarified and written.

2-2	Consideration of the effective workflow, cost, format and other functional requirements	<p>July: Had discussion on effective workflow and functional requirement. Pilot system was formulated and implemented. To avoid confusion among staff, it was decided to centralize only the oral drugs for instance.</p> <p>August: MJHSSP has drafted the reference for developing SOPs</p>	No fund required	Workflows should be monitored and necessary SOPs should be developed to secure safety, efficiency and quality.
2-3	Effective data management: Plan how to collect and keep the data in main pharmacy	August: A record of drug distribution was drafted and started to be used.	No fund required	The new flow of data collection, reporting should be reviewed in December 2018.
3	Orientation/ Training of the new system: overall launching to all staff and specific training to the actual implementers	August: Trained actual implementers and announced the new system to all staffs.	No fund required	None
3-1	Preparation of the launching/training: identification of the speaker/trainer, number of sessions, materials required and other technical requirements.	Training was not conducted since necessary information was shared with all hospital staff by the official instruction.	No fund required	None
4	Implementation of the new system	August: A pilot system was initiated.	<p>LGH spent cost of renovation of the room for central Pharmacy, buying shelves, and furnitures.</p> <p>MJHSSP bought air-conditioner for the temperature control room.</p>	None

5	Evaluation and modification of the current system	This system was started since from August. (only 2 months). Evaluation process will start after at least 3months.	No fund required	The new system will be reviewed in December 2018
5-1	To identify pros and cons by means of users' feedback and other tools	ditto	No fund required	ditto
5-2	Discussion with the actual implementers and modify the system	ditto	No fund required	ditto
ACHIEVEMENT OF ACTIVITY	OUTCOMES	EXPECTED	1. Zero expired drug 2. workload of the nurses is reduced and more spare time for nursing care 3. Better stock management	
		ACTUAL	1. Amount of the drugs expired is now monitored. The hospital management will utilize this information for the future drug order. So that the amount of expired drug can be reduced. 2. Additional work at sub-store was not exist anymore. Now it is recommended to monitor their workflow and work load in the new system and take necessary action. 3. Now the pharmacists can take the drug inventory. Entire stock in and out of the drugs are now visible. Actual amount needed for each drug can be calculated.	
	OUTPUTS	EXPECTED	The drug distribution system is well established in LGH	
		ACTUAL	The drug distribution system was established in LGH (only for oral drugs)	
COMMENTS, NOTES AND AOBs		Now, LGH central pharmacy system is controlled only for the oral drugs and medicine. LGH plan to include injection drugs in central pharmacy system after next 2months. It is recommended to review the work flow and load of pharmacist, nurses and other concerned staff in the new system. And the management should take necessary action to secure the patient safety, work efficiency and quality of services provided. "The reference for developing SOPs" provides insights on how to secure those aspects.		

8. マネジメントマニュアルとツール

8-1 マネジメントマニュアル

8-2 ツール

THE SPECIAL EFFORT: USER'S GUIDE

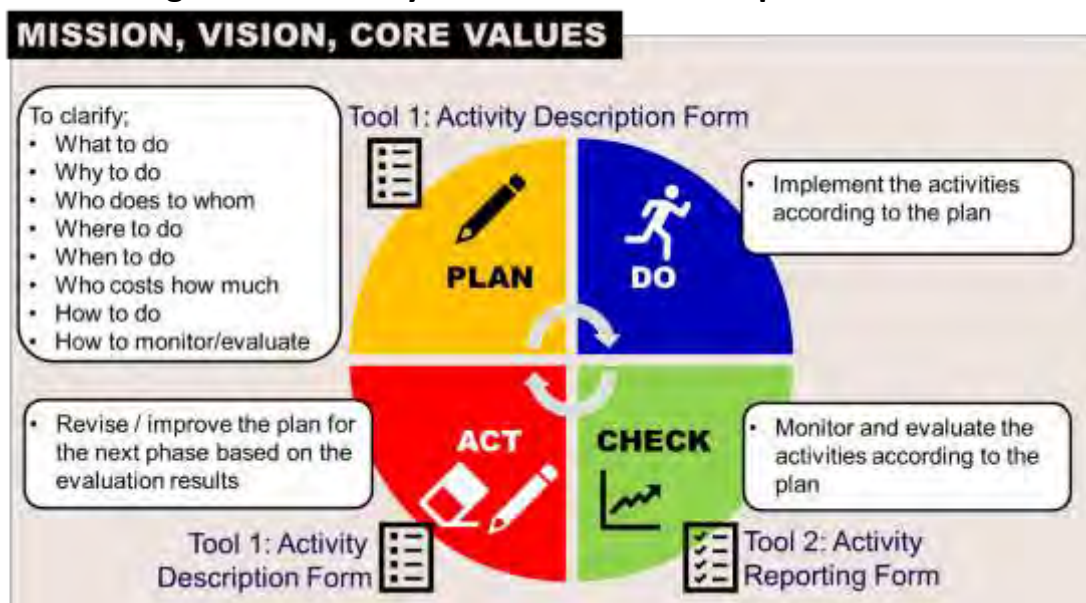
1. PURPOSE OF THIS GUIDE

The Special Effort is a document describing a set of activities at state level to improve quality of health services within a period of six months. It compiles statements of mission, vision and core values of the organisation and shows the details of activities. This guide is to manage the Special Effort effectively and efficiently with use of data and information. Users of the guide are supposed to be state departments (public health and medical services) and hospitals at any levels.

2. PDCA CYCLE AND THE SPECIAL EFFORT

Implementation of the Special Effort is a series of practice of PDCA (Plan, Do, Check and Act) cycle (Figure-1). Based on the mission, vision, core values and the analysis of actual situation, the state departments and hospitals plan what to do, why to do, who does to whom at when and where, how to do, who pays the cost of how much, and how to monitor and evaluate (Plan). Then they implement the activities (Do), monitor and evaluate the progress according to the plan (Check). The results of evaluation are used for revision and improvement of the Special Effort for the next phase (Act). In order to manage the quality of health services, the state departments and hospitals are required to have a capacity to handle the PDCA cycle. Simple tools, Activity Description Form (Tool 1) and Activity Reporting Form (Tool 2), are available for management of the Special Effort. This guide will provide the instruction on how to use them effectively.

Figure-1: PDCA Cycle and Tools of the Special Effort

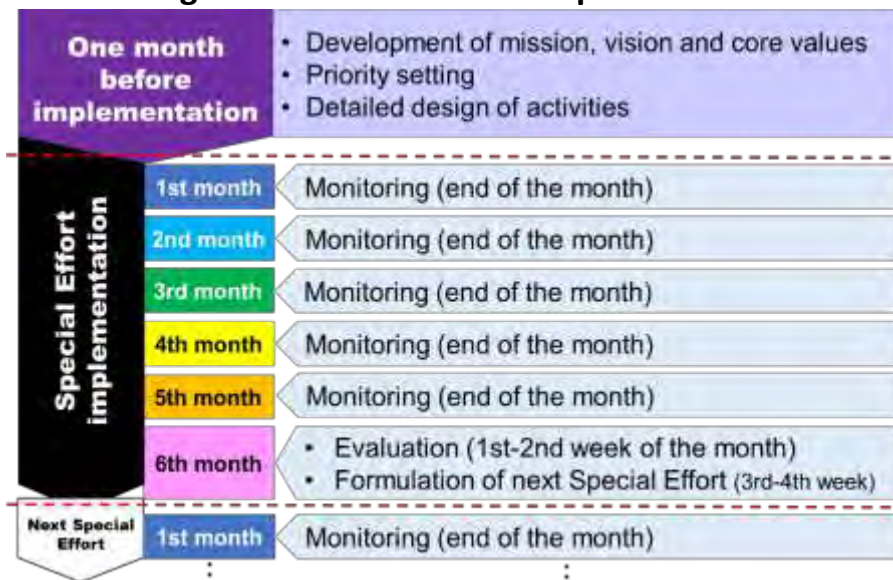


Formulation of the Special Effort will be started around one month before implementation (Figure-2). In case an organisation (a state department or a hospital) does not have any statements of mission, vision and core values, it is necessary to develop them at first and to share with the staff members. This phase will also involve priority setting of activities in the Special Effort, followed by detailed design of the prioritised activities.

While the activities are implemented in the six-month period of the Special Effort, the organisation will monitor the progress monthly.

Evaluation of the Special Effort will be conducted in the early two weeks of the final month of the period, and the results will be utilised in the late two weeks of the final month for further elaboration of the next six-month Special Effort.

Figure-2: Schedule of the Special Effort



3. DEVELOPMENT OF MISSION/VISION/CORE VALUES

(1) Definition

Mission, vision and core values provides the staff members with the philosophical direction of the organisation. Following is the definition.

Mission is to state why your organisation needs to exist and what you try to do for what and whom.

Vision is to describe what the ideal or dream of your organisation or what they want to achieve in the future, e.g. for the next five years.

Core values show the basic philosophy, principles and soul of your organisation. They compile the message on what they think it is the most important in doing your works.

Mission and vision are expressed as **just one phrase or sentence**, while core values are **a set of words**. Once they are defined, **the organisations should fix them for at least the next five years**. All activities in the Special Effort should be under the statements of mission, vision and core values.

(2) Why Do You Need to Develop Mission, Vision and Core Values?

Statements of mission, vision and core values are the messages that provide all staff members with a guide to what is really important for the organisation and enable them to bind together in the common purpose. In this context, development of these statements is the most crucial step for the organisation and what it should primarily take. Development of planning without mission, vision and core values is not relevant or effective like a trip without a road map.

(3) How to Develop Mission, Vision and Core Values?

It is the leader of an organisation who makes final decision of its mission, vision and core values, but it is very important to involve staff members in the process of their clarification. In this context, **it is necessary for the members to sit together to deal with the questions mentioned above in a workshop**.

Participants are requested to form group (5 people at maximum) in the workshop. Time required for the workshop is around half day (2-3 hours) depending on the number of groups, while sticky notes (or papers and masking tapes), pens and flipchart papers are needed as materials.

[Steps to Develop Mission, Vision and Core Values]

It is recommended to develop a mission statement at first, followed by statements of vision and core values. Following is the steps to develop statements of mission, vision and core values.

Step 1: Each participant takes a few minutes to individually answer the following questions:

[Mission]

- What does your organisation do?
- For what purpose?
- For whom?

[Vision]

- What would be the ideal as a result of your efforts for five years?

[Core Value]

- Enumerate five words or phrases that you think it is important to do your works in the organisation.

Step 2: After the participants wrote answers, present and discuss them within a group and record the result of the discussion on a flipchart paper.

Step 3: Each group presents and discusses the result of the discussion, and subsequently develops statements of mission, vision and core values in the full group.

(4) Dissemination of Mission, Vision and Core Values

Once the organisation developed the statements of mission, vision and core values, it needs to disseminate them to all staff members as well as the public.

Following measures are examples for dissemination:



Banner



Poster



Brochure



Information board



Launch event

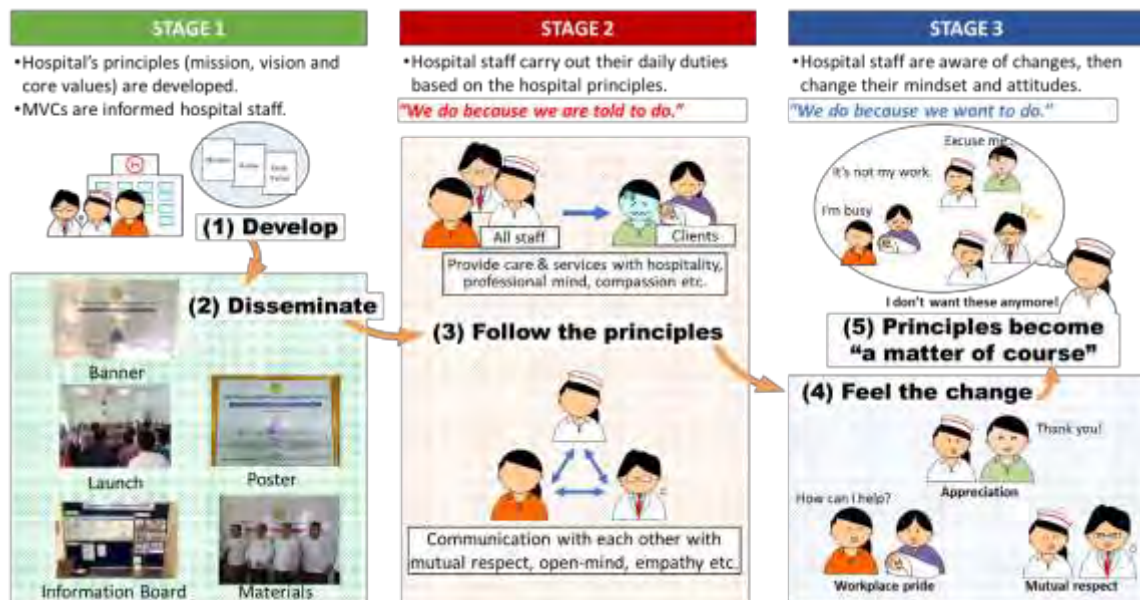


Materials (e.g. jersey)

(5) From Development to Realisation of Mission, Vision and Core Values

Once you develop and disseminate the mission, vision and core values of your organisation, you should execute them. The Special Effort is a set of activities that seek the mission to realise the vision and embody the core values. Some of staff members in the organisation may feel that they are forced to follow the mission, vision and core values during their working hours. But when they continuously feel any positive changes, they will be able to get an opportunity to transform their mindset and be willing to realise the mission, vision and core values. At that moment, they will become “a matter of course” (Figure-3).

**Figure-3: Mission, Vision and Core Values -
From Development to Realisation**



4. PRIORITY SETTING

(1) Why Priority Setting?

No matter where we are, regardless of the country, state/region, district, township, village, or organisation (public, private not for profit or for profit), we are facing constraints of resources in terms of staff, money, goods and materials, and also time. Even if we set philosophical direction statements such as mission, vision and core values, we cannot do all under such circumstances.

It is always necessary to consider what can contribute most on overcoming of key issues and achievement of the mission and visions, what can be done at first and what can be done at next? A series of such consideration is called “priority setting”.

(2) How to Set Priority? - Matrix Diagram

There is a variety of tools and techniques to set priority. This user’s guide shows one of most frequently used for continuous quality improvement, which is called “Matrix Diagram”.¹ In case of State Departments and hospitals, process of priority setting **with use of Matrix Diagram** is as follows:

- Step 1:** Enumerate all activities to overcome the problems encountered by the organisation and to contribute most on achievement of the mission and vision
[Example] The organisation listed 10 activities in its Special Effort.
- Step 2:** Consider how many out of the activities listed in Step 1 can be implemented in the next six months under the current resource constraint, and how many you can manage with use of the tools under the current capacity of the organisation.
[Example] The organisation concluded it would implement five out of 10 activities listed in Step 1 as a result of considering its management capacity.
- Step 3:** With use of the following criteria and scoring scale, select the activities with the number defined in Step 2. For example, when the organisation wants to implement five activities, select five. In this case, the scoring scale will range from 1 (the lowest priority) to 5 (the highest). The activities not selected will not be implemented in the period of Special Effort.
- [Criteria for Matrix Diagram]**
- **Importance:** Select five activities that you think important and rank them.
 - **Impact:** Select five activities that can give impact and rank them.
 - **Urgency:** Select five activities that should be done urgently and rank them.
 - **Easiness/Difficulty:** Select five activities with least difficulty and rank them.
 - **Resources:** Select five activities with easiest to access to resources and rank them.

¹ Following document was referred to compile this section: Ministry of Health and Social Welfare, United Republic of Tanzania (2013), *Implementation Guidelines for 5S-KAIZEN-TQM Approaches in Tanzania*, 3rd Edition

Following aggregation of these scores, top five activities will be prioritised. In case of Figure-4, Activity E, F, C, H and I are given priority.

Figure-4: Matrix Diagram (Sample)

Activity	Importance (1)	Impact (2)	Urgency (3)	Easiness (4)	Resources (5)	Priority (1)+(2)+(3)+(4)+(5)
Activity A		4		1	2	7
Activity B				2		2
Activity C	1		2	3	4	10
Activity D			3			3
Activity E		2	5	4	5	16
Activity F	3	3		5	1	14
Activity G						0
Activity H	4	5	1			10
Activity I	5				3	8
Activity J	2	1	4			7

5. ACTIVITY DESIGN

Following the completion of priority setting in the Special Effort, the organisation shall move forward to designing the details of prioritised activities.

The Activity Description Form is developed to compile the details of each activity listed in the Special Effort (Figure-5). Users shall be suggested to fill a form per activity.

Figure-5: Activity Description Form

NAME OF ACTIVITY					
SUPERVISOR					
FOCAL PERSON					
BACKGROUND					
EXPECTED RESULTS	OUTCOMES				
	OUTPUTS				
	OUTPUT INDICATOR				
TARGET GROUP					
NO.	SPECIFIC ACTIVITIES	RESPONSIBILITY	IMPLEMENTATION PERIOD	SITE OF ACTIVITIES	REQUIRED FUNDS /SOURCE
1					
2					
3					
4					
5					

(1) Composition of the Form

- **NAME OF ACTIVITY:** To fill the same name of an activity listed in the Special Effort.
- **SUPERVISOR:** To fill to whom implementers of the activity report.
- **FOCAL PERSON:** To fill the name and title of the person who implements the activity
- **BACKGROUND:** To describe why the organisation needs the activity mentioned in the box "NAME OF ACTIVITY". Users of this form shall be requested to imagine the situation without the activity and ponder from the view of the mission, vision and core values. It shall be also recommended to use sentences to describe the background. Just 2 to 3 sentences (at maximum 5 lines) are OK.
The users can use keywords in the documents of national policy and programme. For example, customer friendliness is mentioned in the six-month plan of Department of Medical Services, Ministry of Health and Sports. It can be described "Infection control can lead to customer friendliness that Department of Medical Services is pursuing".
- **EXPECTED RESULTS (OUTCOMES):** Outcomes are defined as the goals to be expected to achieve after 2 or 3-year implementation of the activity. Users of this form shall be suggested to consider what indicators are used to measure the outcomes.
- **EXPECTED RESULTS (OUTPUTS):** Outputs are defined as the goals to be achieved as a

direct result of the activity within the six-month period of the Special Effort.

- **EXPECTED RESULTS (OUTPUT INDICATOR):** Indicators to measure the achievement of expected outputs should be set as objectively verifiable manner.
- **TARGET GROUP:** To show the activity is implemented for whom.
- **SPECIFIC ACTIVITIES:** Here is the information of the sub-activities constituting the activity to achieve the Outputs. To describe what specific activities need to be implemented and how to implement?
- **RESPONSIBILITY:** To specify who implements each specific activity.
- **IMPLEMENTATION PERIOD:** To fill when each specific activity is implemented.
- **SITE OF ACTIVITIES:** To show where each specific activity is implemented.
- **REQUIRED FUNDS / SOURCE:** To state the amount of funds required for each activity. Also, to mention the information on source of funds for each specific activity, e.g. Ministry of Health and Sports, State Department of Medical Services, State Government, Health Development Partners, INGO, etc.

(2) Time Required to Fill the Form

The work to fill a form per activity should take at maximum 2 hours as the structure of the form is very simple.

6. MONITORING AND EVALUATION

Progress and level of achievement of the activities listed in the Special Effort shall be observed by the Activity Reporting Form (Figure-6). As many items of information in the Activity Description Form can be directly used in the Reporting Form, it is recommended to fill them in advance.

Figure-6: Activity Reporting Form

NAME OF ACTIVITY				
SUPERVISOR				
FOCAL PERSON				
TARGET GROUP				
NO.	SPECIFIC ACTIVITIES	ACTUAL PROGRESS	FUND USED/SOURCE	CHALLENGE/ RECOMMENDATIONS
1				
2				
3				
4				
5				
ACHIEVEMENT OF ACTIVITY	OUTCOMES	EXPECTED		
		ACTUAL		
	OUTPUTS	EXPECTED		
		ACTUAL		
COMMENTS, NOTES AND AOBs				

(1) Composition of the Form

- **NAME OF ACTIVITY, SUPERVISOR, FOCAL PERSON, TARGET GROUP and SPECIFIC ACTIVITIES:** These are the same information as Activity Description Form. Therefore, simply copy and paste them.
- **ACTUAL PROGRESS:** To fill actual status of progress of each specific activity. It is recommended to record monthly.
- **FUNDS USED / SOURCE:** To fill the amount of fund used for each activity, and its source.
- **CHALLENGES / RECCOMENDATION:** When the users of this form identify the actual progress of the specific activities are different from their expectation shown in the Activity Description Form, describe the reasons of why. Problems encountered on smooth implementation will be filled after comparing the expectation with the actual progress. Also, describe your solution, how to deal with those challenges.
- **ACHIEVEMENT OF ACTIVITY (OUTCOMES, EXPECTED):** To fill the same information as “EXPECTED RESULTS (OUTCOMES)” in Activity Description Form.
- **ACHIEVEMENT OF ACTIVITY (OUTCOMES, ACTUAL):** To fill the level of achievement of outcomes actually realised. It is necessary to collect the relevant information to use the indicators defined in the Activity Description Form.

- **ACHIEVEMENT OF ACTIVITY (OUTPUTS, EXPECTED):** To fill the same information as “EXPECTED RESULTS (OUTPUTS)” in Activity Description Form
- **ACHIEVEMENT OF ACTIVITY (OUTPUTS, ACTUAL):** Fill the level of achievement of outputs actually realised. It is necessary to collect the relevant information to use the indicators defined in the Activity Description Form.
- **COMMENTS, NOTES AND AOBs (Any Other Business):** You can freely use this box to fill any information if you think it is necessary.

(2) How to Evaluate the Activity?

In general, evaluation is comparison. **Evaluation of an activity of the Special Effort is comparison of the actual status at the end of the period with the ideal or planned one.** Items to be compared are the following two (Figure-7):

Figure-7: Points of Evaluation in Tools of the Special Effort

The figure illustrates two forms used for evaluating activities. The top form, with a yellow header, includes fields for 'NAME OF ACTIVITY', 'SUPERVISOR', 'FOCAL PERSON', and 'BACKGROUND'. It features a table with columns for 'NO.', 'SPECIFIC ACTIVITIES', 'RESPONSIBILITY', 'IMPLEMENTATION PERIOD', 'SITE OF ACTIVITIES', and 'REQUIRED FUNDS (SOURCE)'. A purple box labeled 'Compare' points to the 'EXPECTED RESULTS' section, which includes 'OUTPUTS', 'OUTPUT INDICATOR', and 'TARGET GROUP'. The bottom form, with a green header, includes fields for 'NAME OF ACTIVITY', 'SUPERVISOR', 'FOCAL PERSON', and 'TARGET GROUP'. It features a table with columns for 'NO.', 'SPECIFIC ACTIVITIES', 'ACTUAL PROGRESS', 'FUND USED/SOURCE', and 'RESP. CONTRIBUTION'. A red box labeled 'Compare' points to the 'ACTUAL PROGRESS' section. Both forms have a large red box around their main data tables.

1) **SPECIFIC ACTIVITY**

For each activity, compare **ACTUAL PROGRESS** and **FUND USED/SOURCE** in the Activity Reporting Form with planned **IMPLEMENTATION PERIOD, SITE OF ACTIVITIES** and **REQUIRED FUNDS/SOURCE** in the Activity Description Form. If you find any gaps between them, identify reasons and fill them at the boxes **CHALLENGE/RECOMMENDATIONS** in the Activity Reporting Form.

2) **OUTPUT**

Compare the level of achievement at **OUTPUTS (ACTUAL)** in the Activity Reporting Form with the target indicated in **OUTPUT INDICATOR** in the Activity Description Form. You can use the box **COMMENTS, NOTES AND AOBs** in the Activity Reporting Form to write down challenges and difficulties.

(3) **Frequency of Monitoring and Timing of Evaluation**

As indicated in the Schedule of the Special Effort (Figure-2), progress of the activities should be monitored monthly, e.g. the end of each month.

Evaluation of the Special Effort will be conducted in the early two weeks of the final month of the period, and the results will be utilised in the late two weeks of the final month for further elaboration of the next six-month Special Effort.

- END -

8-2 ツール

Annex 1: Activity Description Form

NAME OF ACTIVITY					
SUPERVISOR					
FOCAL PERSON					
BACKGROUND					
EXPECTED RESULTS	OUTCOMES				
	OUTPUTS				
	OUTPUT INDICATOR				
TARGET GROUP					
NO.	SPECIFIC ACTIVITIES	RESPONSIBILITY	IMPLEMENTATION PERIOD	SITE OF ACTIVITIES	REQUIRED FUNDS /SOURCE
1					
2					
3					
4					
5					

Annex 2: Activity Reporting Form

NAME OF ACTIVITY				
SUPERVISOR				
FOCAL PERSON				
TARGET GROUP				
NO.	SPECIFIC ACTIVITIES	ACTUAL PROGRESS	FUND USED/SOURCE	CHALLENGE/ RECOMMENDATIONS
1				
2				
3				
4				
5				
ACHIEVEMENT OF ACTIVITY	OUTCOMES	EXPECTED		
		ACTUAL		
	OUTPUTS	EXPECTED		
		ACTUAL		
COMMENTS, NOTES AND AOBs				

9. 他州/地域からの視察受け入れの記録

9-1 シャン州（北）、マグウェイ地域からの視察の記録

9-2 ダニンダリ地域、エヤワディ地域からの視察の記録

Record of the Observation Visit on Activities of the Health System Strengthening Project in Kayah State



Loikaw, May 2018

MoHS/JICA Health System Strengthening Project in Kayah

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Annex 1: List of the visitors

Annex 2: List of members concerned in Kayah

Annex 3: Schedule

Annex 4: Photos of the visit

Annex 5: Presentations prepared by hosts

1. Introduction

It is one of the prerequisites of further health development in Myanmar to strengthen the capacity at the state/regional level to practise the national policy most positively and effectively. The universal health coverage cannot be realized without quality health care reaching people in remote, hard-to-reach or hope-conflict areas. With this regard, local conditions considerably vary by state/region, accordingly local health administrations need a capacity to manage their health plan with a good grip of the situation in their catchment. This is the stand point of the JICA expert team to support the capacity building at the state-level in Kayah regarding the management of health plan through the practices of cycle management: plan, do, check and action.

A great progress was a launch of the Special Effort by the State Department of Medical Services in early 2017. It was a list of important activities mainly to be conducted in the Loikaw General Hospital. It was developed with their mission, vision and core values following the guidance on six-month plan by the Department of Medical Services of the Ministry of Health and Sports in Nay Pyi Taw which showed the importance on the customer friendliness, infections control at health facilities, improved work environments, and useful notices for patients to be showed in hospitals. Most activities of the Special Effort are oriented to practices of patient-centred care, mitigation of psychological distances between health staff and local people, and improvements of work environments by hospital staff. Before its first phase was drafted, the JICA expert team introduced some of the Japanese current and past experiences for the references. A copy of Japanese system, however, was not listed at all. Indeed, the introduced Japanese approaches met the Myanmar people's way of thinking, but they determined their own way taking up suggestions from precedents in Japan. Accordingly, the sites of those experiments are full of innovative ideas which can be another suggestion for members of other states/regions to find their way to proceed. In fact, the members from Rakhine, visited the project sites at Loikaw in August 2017, were interested and encouraged much more than expected.

Effects of health plan management, the Special Effort, and approaches of 5S-KAIZEN-TQM were highly appreciated by the Union Minister of Health and Sports, DG (DPH/DMS) and DyDGs at the visitation of the Loikaw General Hospital in October 2017. At that time, it was discussed and basically agreed between MOHS and JICA to invite key members of other hospitals in the country for on-site observation visits to Loikaw during the period of MJHSSP.

In March 2017, JICA sent MoHS an invitation for observation visit on activities of MJHSSP_Kayah, and MoHS selected 10 members from Magway, Shan (North) and Nay Pyi Taw replying to the invitation. The observation visit was conducted from 22 to 23 May to meet the concerned members of Kayah state departments of public health and medical services, and to observe the activities in the Loikaw General Hospital.

This paper is a record of the good experiences shared by the visitors, hosts and all other concerned members.

2. Visitors from Magway, Shan North and Nay Pyi Taw

JICA proposed to invite up to ten members from:

- Medical Care Division of DMS, MoHS
- State/regional Department of Medical Services in Magway region and Shan (North) state
- State/region/district general hospitals in Magway region and Shan (North) state

Replying to the invitation from JICA, MoHS selected the following ten members:

- Deputy Director, Medical Care Division, DMS
- Assistant Director, Medical Care Division, DMS
- Regional Health Director, Magway Regional Department of Health
- Medical Officer (Supply Chain), Magway Regional Department of Health
- Medical Superintendent, Min Bu General Hospital
- Senior Consultant (Pediatrics), Min Bu General Hospital
- Assistant Director, Shan (North) State Department of Health
- Senior Medical Superintendent, Lashio General Hospital
- Consultant (OG), Lashio General Hospital
- Matron, Lashio General Hospital

(See Annex 1)

3. Members of Kayah State

The visitors met the concerned members of Kayah state departments of public health and medical services, Loikaw General Hospital, and the JICA expert team.

- Director, Kayah State Departments of Public Health and Medical Services
- Deputy Director, Kayah State Department of Public Health
- Assistant Director, Kayah State Department of Medical Services
- State Medical Officer, Kayah State Department of Medical Services
- State Nursing Officer, Kayah State Department of Medical Services
- Medical Superintendent, Loikaw General Hospital
- Deputy Medical Superintendent, Loikaw General Hospital
- Assistant Medical Superintendent, Loikaw General Hospital
- Senior Consultant (OG), Loikaw General Hospital
- Senior Consultant (Paediatric), Loikaw General Hospital
- Matron, Loikaw General Hospital
- 5S manager and 5S sisters, Loikaw General Hospital
- Members of MJHSSP (Nay Pyi Taw and Kayah Team)

(See Annex 2)

4. Contents of observation visit

4.1 Meeting and observation on the first day

Firstly, the Director of Kayah state Departments of Public Health and Medical Services gave welcome remarks to the visitors. Followingly, the Deputy Director of Kayah state Department of Public Health made a presentation about the health status of Kayah and activities of the department.

(See Annex 5.1)

After that, the sub-leader of MJHSSP_Kayah introduced the outline of project as well as the scenery of Kayah state with pictures.

(See Annex 5.2)

4.2 Meeting and observation on the second day

The visitors visited the Loikaw General Hospital on the second day. Once the visitors arrived at the hospital, they firstly watched the introduction movie of mission, vision and core values of the hospital. Followingly, they observed the pictures of hospital activities. The Director of Kayah state Departments of Public Health and Medical Services, the Medical Superintendent of Loikaw General Hospital and the sub-leader of MJHSSP_Kayah explained each pictures and detail of activities to the visitors. After that, the visitors signed on the hospital banner, on which hospital motto was printed and all the hospital staff had already signed. Through this programme, the visitors fostered better understanding of the principles of the hospital and the support that MJHSSP_Kayah has provided.

After that, the presentation session was conducted. Firstly, the Medical Superintendent of Loikaw General Hospital introduced the outline of the hospital, as well as hospitals' mission, vision and core values.

Mission:	We are dedicated to improving the quality of life of the people in the state through providing competent medical services and cooperating concerned stakeholders
Vision:	To become a national-showcase hospital which enjoys desirable level of both customers' and providers' satisfaction
Core values:	HUMANITY: We keep mind of kindness, hospitality, compassion and empathy MUTUAL RESPECT: We cultivate mutual respect with all regardless of race, birth, religion, PASSION: We keep passion for work, sustain good practices and pursue further
Motto:	We belong to the state, we serve the state and we grow with the state

The Medical Superintendent emphasised that, not only development of the hospital principles, but also sharing these statements with all hospital staff is important for creating truly "inclusive" team spirit. With this regard, he gave an example. When the hospital conducted the launch ceremony of its

mission/vision, he invited all the hospital staff including cleaners, kitchen staff and office workers who were not usually invited to attend such event. These staff were very happy to be invited and felt proud to be treated as an important part of the hospital, and even some staff were moved to tears. After the ceremony, it was observed that the staff united more than before, and positive atmosphere was created in the work place. The Medical Superintendent continued that, now the hospital is ready to take actions with all together to achieve their mission and vision.

(See Annex 5.3)

Secondly, the State Medical Officer, Kayah state Department of Medical Services introduced the mission and vision of the department as well as the activities implemented to achieve these mission and vision. Also, he introduced the current "Special Effort", which a list of important activities to be implemented in six months.

Mission: To coordinate with stake holders and to provide good guidance to hospitals in Kayah State and to facilitate collaboration among the hospitals for provision of quality medical services

Vision: To make hospitals in Kayah State attractive by means of improving both customers' and providers' satisfaction.

Special Effort 2018

Activity 1: To establish better information sharing system with township and station hospitals through regular meeting.

Activity 2: To build capacity of hospital staff in the state on leadership, management and communication.

Activity 3: To introduce 5S activities to all township hospitals.

Activity 4: To support Loikaw General Hospital to develop its mission, vision and core values as well as Special Effort.

Activity 5: To strengthen M&E capacity through implementation of the Special Effort 2018.

(See Annex 5.4)

Finally, the 5S manager of the Loikaw General Hospital introduced the approach of 5S-KAIZEN-TQM. The 5S manager used many pictures of the result of the 5S activities and explained how the Loikaw General Hospital introduced the approach, the current structure of the activity and the way forward.

(See Annex 5.5)

After the presentation session, hospital tour was conducted. The visitors observed the new hospital building which was built by the grant aid project of Japanese government and other departments which MJHSSP_Kaytah mainly worked with.

5. Comments from the visitors

A wrap-up meeting was held after the hospital tour on the second day. The visitors showed their interests on the activities of the Kayah state Medical Services Department and the Loikaw General Hospital. They expressed their will to introduce some activities in their hospitals and/or department in their own work place. Most of their comments could be summarised as follows.

- It was very nice to see the good relationship and coordination among the Kayah state health departments and the Loikaw General Hospital.
- The mission, vision and core values of the Loikaw General Hospital is very nice. We also want to develop such kind of statements of our hospital to motivate our staffs.
- The staffs of Loikaw General Hospital are working very actively under the leadership of the Medical Superintendent. Also, the hospital staff seem to be very motivated and have good mindset for the work.
- We are very impressed by the 5S activities of the Loikaw General Hospital. It is successful because of the participation of the staff and the good mentorship of the 5S team.
- It was impressive that the emergency trolleys and injection trolleys which were neatly sorted by 5S activities in most of the ward. Suggestion is that it should have space for sharp box in each trolley.
- We hope that the activities which MJHSSP_Kayah supported will be sustainable.
- The hospital compound is very spacious and impressively clean. It seems like the number of patients and health care providers are in a good balance.
- Zoning of the labour room of the OG ward for hospital infection prevention control is very nice.
- For quality assurance, it is suggested to introduce the nursing note which is to record the nursing care for each patient.
- Health education in style of entertainment is very effective for the people to learn health topics because the formal way of the health education has certain limit to deliver knowledges to the community people.
- Through the observation visit, we got motivation to develop some of the good practise in our hospitals. We are very thankful to MJHSSP for giving us a chance to observe.
- Magway and Shan North will welcome the staff of Loikaw General Hospital for an exchange visit. We should keep in touch so that we can learn more from each other in the future.

6. Conclusion

The observation visit was successfully completed with the great hospitality and effort of the Kayah state Departments of Public Health and Medical Services and the Loikaw General Hospital. The objective of the observation visit, which is to introduce the effective management of the health plan and its activities in Kayah, was achieved. Through the observation visit, concerned staff of the Kayah state also gained many findings and lesson learned by communication with visitors from other state/regions.

The visitors mentioned that they were going to introduce some of the activities which they observed in Kayah state, especially development of mission and vision of the hospital, and 5S-KAIZEN-TQM approach attracted the visitors' attention.

As a recommendation, not only the 5S activities but also other hospital-based activities such as effective CNE, improved clinical experiences for AS, Enter-Education, hospital diet and so on should also be highlighted in the next observation visit. Addition to that, it was recommended to conduct the exchange visits to Magway and Shan (North) by the staff of Loikaw General Hospital. As mentioned above, providing the quality health care to the people in remote, hard-to-reach or hope-conflict areas is an essential factor to achieve the universal health coverage in Myanmar. From this point of view, the proposed exchange visit would be effective to share the challenges and efforts for improving the quality of services provided in the hospitals. Also, it is expected that the exchange visit can highly motivate the hospital staff who are working as a front-liner of the medical care in this country. With this regard, MJHSSP_Kayah will continue discussion with the counterparts in Kayah state how we can make it happen.

Lastly, MJHSSP_Kayah would like to express our sincere appreciation to all the concerned personals who supported the achievement of the observation visit.

Annex 1: List of the visitors

Name	Title	Organization
Dr. Win Pa Pa Shwe	Deputy Director	Medical Care Division, Department of Medical Services, MoHS
Dr. Aye Pyae Pyae	Assistant Director	Medical Care Division, Department of Medical Services, MoHS
Dr. Moe Swe	Regional Health Director	Magway Regional Department of Health
Dr. Win Min Htike	Medical Officer (Supply Chain)	Magway Regional Department of Health
Dr. Tint Khine	Medical Superintendent	Min Bu General Hospital
Dr. Aung Zaw Win	Senior Consultant (Pediatrics)	Min Bu General Hospital
Dr. Aung Myint Htoon	Assistant Director	Shan (North) State Department of Health
Dr. Tin Maung Nyunt	Senior Medical Superintendent	Lashio General Hospital
Dr. Mya Thae Phyu	Consultant (OG)	Lashio General Hospital
Daw Naw Than Than Aye	Matron	Lashio General Hospital

Annex 2: List of members concerned in Kayah

Name	Title	Organization
Dr. Khin Maung Yin	Director	Kayah State Departments of Public Health and Medical Services
Dr. Tin Wan	Deputy Director	Kayah State Department of Public Health
Dr. Myat Thu Win	Assistant Director	Kayah State Department of Medical Services
Dr. Pyae Phyto Kyaw	State Medical Officer	Kayah State Department of Medical Services
Daw Cho Cho Myint	State Nursing Officer	Kayah State Department of Medical Services
Dr. Ye Myint Aung	Medical Superintendent	Loikaw General Hospital
Dr. Zaw Min Thike	Deputy Medical Superintendent	Loikaw General Hospital
Dr. Zaw Min	Assistant Medical Superintendent	Loikaw General Hospital
Dr. Ahmar	SC (OG)	Loikaw General Hospital
Dr. Ni Ni Than	SC (Paediatric)	Loikaw General Hospital
Daw Rebecca	Matron	Loikaw General Hospital
Daw Khin Thida Win	5S Manager	Loikaw General Hospital
Daw Mya Lay	5S Trainer	Loikaw General Hospital
Daw Way Nay Htoo	5S Trainer	Loikaw General Hospital
Daw San San Aye	5S Trainer	Loikaw General Hospital
Daw Francesca	5S Trainer	Loikaw General Hospital
Daw Anasthasia	5S Trainer	Loikaw General Hospital
Ms. Aya Hasegawa	JICA Expert	JICA expert team, MJHSSP, Nay Pyi Taw
Dr. Su Wai Mon	Programme Officer	JICA expert team, MJHSSP, Nay Pyi Taw
Mr. Iijima Kazunori	Sub leader	JICA expert team, MJHSSP, Kayah
Mr. Atsushi Matsusue	JICA Expert	JICA expert team, MJHSSP, Kayah
Ms. Aida Hanae	JICA Expert	JICA expert team, MJHSSP, Kayah
Dr. Kyaw Thu Htet	Chief Technical Officer	JICA expert team, MJHSSP, Kayah
Dr. Thinn Myat Mon	Technical Officer	JICA expert team, MJHSSP, Kayah
Ms. Wai Sein Htoo	Administrative Assistant	JICA expert team, MJHSSP_Kayah
Ms. War Lar Thain	Administrative Assistant	JICA expert team, MJHSSP_Kayah

Annex 3: Schedule

22 nd May, Tue	Orientation of observation visit by JICA expert team
	Visiting Kayah State Department of Public Health <ul style="list-style-type: none"> - Introduction of the health status of Kayah - Introduction of MJHSSP_Kayah
	Lunch
	Observe Demawso township
23 rd May, Wed	Visiting Loikaw General Hospital <ul style="list-style-type: none"> - Introduction of the Special Effort 2018 - Introduction of the Loikaw General Hospital - Introduction of the 5S-CQI-TQM Approach
	Hospital tour in LGH
	Lunch
	Knowledge Sharing Session
	Observe Loikaw township
24 th May, Thu	Departure from Loikaw

Annex 4: Photos of the visit

Day 1: 22 May 2018 (Kayah State Department of Public Health)



Opening remarks by the Director of Kayah state DPH/DMS



Presentation by the Deputy Director of Kayah state DPH



Presentation by the sub leader of MJHSSP_Kayah



Participants listened to the presentation



Lunch with the visitors



Group photo

Day 2 : 23 May 2018 (Loikaw General Hospital)



Introduction movie of the mission, vision and core value of LGH



Picture presentation of the hospital-based activities



Picture presentation of the hospital-based activities



Signing on the hospital banner



Photo with the hospital banner



Voice message for the LGH



Presentation by the MS of LGH



Presentation by the State Medical Officer of the Kayah State DMS



Presentation by the 5S manager of LGH



Participants listened to the presentation



Hospital tour in the Ortho ward



Hospital tour in the Paediatrics ward



Hospital tour in the OBGY ward



Hospital tour in the Surgical ward



Explaining 5S activity
Emergency trolley at the Medical ward



Showing hand washing method



Explaining 5S activity
Medicine shelf at the OPD ward



Explaining 5S activity
Medicine shelf at the OPD ward



Introducing the hospital information board



The visitor encouraged the receptionists



Explaining 5S activity
A shelf at kitchen



The visitor encouraged the workers of the kitchen



Explaining 5S activity
Patient record shelf at MRT room



Explaining 5S activity
Patient record shelf at MRT room



Scenes of the hospital tour



Scenes of the hospital tour



Scenes of the hospital tour



Scenes of the hospital tour



Scenes of the hospital tour



Scenes of the hospital tour



Wrap up session: comment by the Director of Kayah state DPH/DMS



Wrap up session: Comment by the MS of Min Bu General Hospital



Wrap up session: Comment by the MS of Lasho General Hospital



Wrap up session: Comment by the matron of the Lasho General Hospital



Wrap up session: Comment by the DD, Medical care division, DMS



Wrap up session: Comment by the 5S manager of LGH



Wrap up session: Thanks speech by the MS of LGH



Wrap up session: Closing remarks by the sub leader of MJHSSP_Kayah

Annex 5: Presentations prepared by hosts

5-1 Presentation of the Health Status in Kayah State

**ကယားပြည်နယ်
ပြည်နယ်ပြည်သူ့ကျန်းမာရေးဦးစီးဌာန**

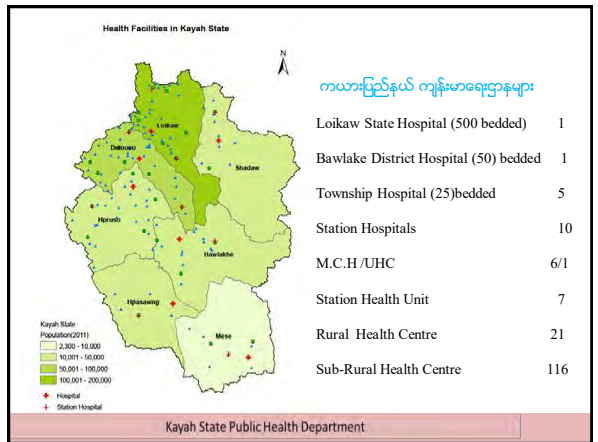
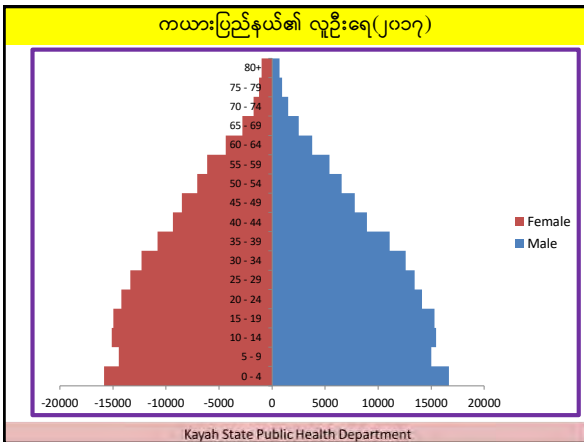
ဒေါက်တာ တင်ဝင်း
ဒု-
3-

Kayah State Public Health Department

Kayah State Health Profile

- District - 2
- Township - 7
- Geography Area - 4529.56 sq. mil
- Location
 - North - Shan State
 - East - Thai land
 - South - Kayah State
 - West - Shan State & Bago Division
- Total - 305082
- Urban - 86392
- Rural - 218690
- Male - 151940
- Female - 153142
- Sex Ratio (M:F) - 1 : 1.01
- <1 yr - 6679
- <5 yr - 32487
- <15yr - 92536
- AN - 6987
- WCBA(15-45 yr) - 83493

Kayah State Public Health Department



ကယားပြည်နယ်၊ ပြည်သူ့ကျန်းမာရေးဦးစီးဌာနဆရာဝန်များ ခွင့်ပြု၊ ခန့်ထား၊ လစ်လပ်

စဉ်	ရာထူး	စာရင်း	ခွင့်ပြု	ခန့်ထား	လစ်လပ်
၁။	ညွှန်ကြားရေးမှူး/ပြည်နယ် ပြည်သူ့ကျန်းမာရေးဦးစီးဌာနမှူး	၃၇၄၀၀၀-၄၀၀၀၀-၃၉၄၀၀၀	၁	၁	-
၂။	ဒုတိယညွှန်ကြားရေးမှူး/ဒုပြည်နယ်ပြည်သူ့ကျန်းမာရေး ဦးစီးဌာနမှူး/ ခရိုင်ပြည်သူ့ကျန်းမာရေးဦးစီးဌာနမှူး	၃၄၀၀၀၀-၄၀၀၀၀-၃၆၀၀၀၀	၅	၂	၃
၃။	-လ/ထညွှန်ကြားရေးမှူး -ဒု-ခရိုင်ပြည်သူ့ကျန်းမာရေးဦးစီးဌာနမှူး -မြို့နယ်ပြည်သူ့ကျန်းမာရေးဦးစီးဌာနမှူး	၃၀၈၀၀၀-၄၀၀၀၀-၃၂၈၀၀၀	၂၃	၄	၁၉
၄။	-လက်ထောက်ဆရာဝန်/အဖွဲ့ခေါင်းဆောင်ဆရာဝန် - ဒုတိယမြို့နယ်ပြည်သူ့ကျန်းမာရေးဦးစီးဌာနမှူး	၂၇၅၀၀၀-၄၀၀၀၀-၂၉၅၀၀၀	၈၈	၆	၆၄
၅။	လက်ထောက်ဆရာဝန် (သွား) ဦးစီးအရာရှိ (သွားကျန်းမာ)	။	၂၀	၂	၁၈
	ပြည်နယ်စုစု		၁၃၇	၁၅	၁၂၂

Kayah State Public Health Department

ကယားပြည်နယ်၊ ပြည်သူ့ကျန်းမာရေးဦးစီးဌာန(လက်ရှိ) ခွင့်ပြု၊ ခန့်ထား၊ လစ်လပ် စာရင်း

ရာထူး	ခွင့်ပြု	ခန့်ထား	လစ်လပ်	မှတ်ချက်
မြို့နယ်ကျန်းမာရေးမှူး	၄	-	၄	
ကျန်းမာရေးမှူး (၁)	၁၆	၅	၁၁	
လက်ထောက်ကျန်းမာရေးမှူး	၇၀	၂၃	၄၇	
ကျန်းမာရေးကြီးကြပ်(၁)	၄၅	၂၁	၂၄	
ကျန်းမာရေးကြီးကြပ်(၂)	၁၉၈	၁၆၃	၃၅	
ဘက်စုံကျောက်ထိုး	၁၇	-	၁၇	

Kayah State Public Health Department

ကယားပြည်နယ်၊ ပြည်သူ့ကျန်းမာရေးဦးစီးဌာန ခွင့်ပြု၊ ခန့်ထား၊ လစ်လပ် စာရင်း

ရာထူး	ခွင့်ပြု	ခန့်ထား	လစ်လပ်
လက်ထောက်ညွှန်ကြားရေးမှူး(သူနာပြု)	၁	၁	-
ဦးစီးအရာရှိ(သူနာပြု)	၁	၁	-
မြို့နယ်သူနာပြု(၁)	၂၂	၁၃	၉
သူနာပြု(၂)	၂၂	-	၂၂
အထက်တန်းသူနာပြု	၄	၄	-
သူနာပြု	၂၃	၁၂	၁၁
သူနာပြု(သွား)	၂၁	၁	၂၀
အမျိုးသမီးကျန်းမာရေးဆရာမ (LHV)	၅၆	၄၁	၁၅
သားဖွားဆရာမ	၂၀၀	၂၀၀	-

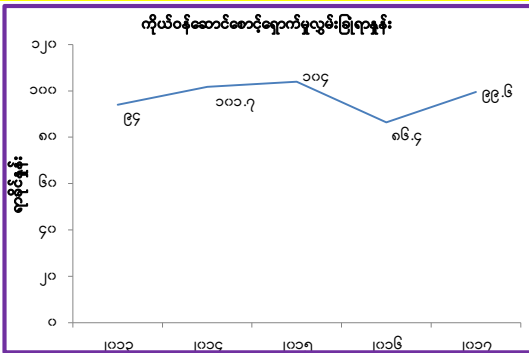
Kayah State Public Health Department

၅- နှစ်အတွင်း မိသားစုကျန်းမာရေးလုပ်ငန်း စီမံချက် ဆောင်ရွက်မှုအခြေအနေ

စဉ်	အကြောင်းအရာ	၂၀၁၂	၂၀၁၃	၂၀၁၄	၂၀၁၅	၂၀၁၆	၂၀၁၇
၁	ကိုယ်ဝန်ဆောင်စောင့်ရှောက်မှု လွှမ်းခြုံမှုရာခိုင်နှုန်း	၈၇.၆	၉၄	၁၀၀	၁၀၄	၉၈.၆	၉၉.၆
၂	အိမ်တိုင်ရာရောက်မွေးဖွားမှုနှုန်း	၆၇.၄	၇၂	၄၁.၃	၃၅	၂၉.၇	၂၂.၁
၃	အထက်အဆင့်သို့လွှဲပြောင်းမှု ရာနှုန်း	၇.၉	၁၄	၁၆.၂	၂၇.၅	၃၂.၈	၃၅.၂
၄	မွေးပြီးမိခင်စောင့်ရှောက်သည့် ပျမ်းမျှအကြိမ်ပေါင်း	၃.၆	၃.၂	၃	၃.၄	၄.၅	၃.၅
၅	ကျွမ်းကျင်သူနှင့်မွေးဖွားနှုန်း	၆၇.၄	၇၂	၇၂.၈	၇၄	၇၈.၁၅	၈၀.၀

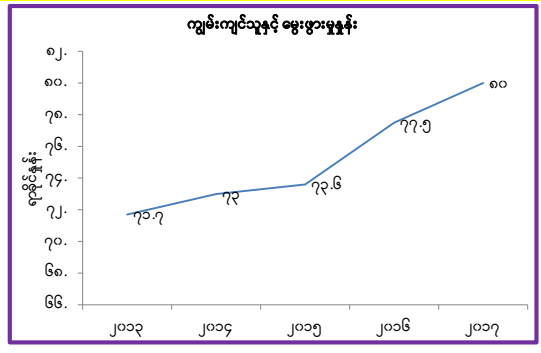
Kayah State Public Health Department

ကိုယ်ဝန်ဆောင်စောင့်ရှောက်မှု လွှမ်းခြုံရာရာခိုင်နှုန်း



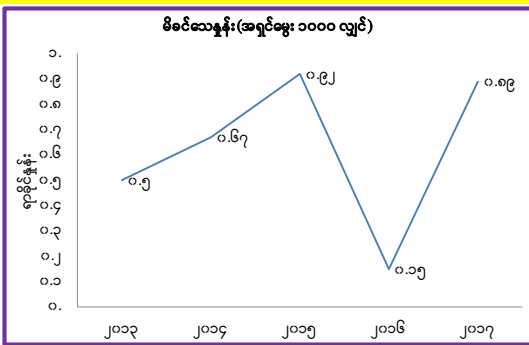
Kayah State Public Health Department

ကျွမ်းကျင်သူနှင့်မွေးဖွားမှုနှုန်း



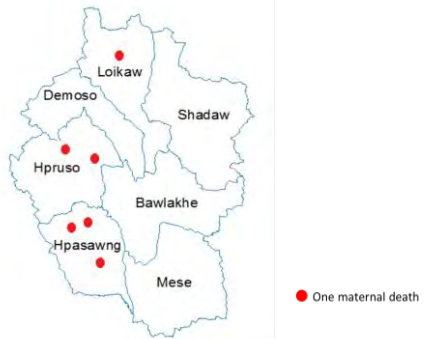
Kayah State Public Health Department

မိခင်ဆေးနှုန်း (အရှင်မွေး ၁၀၀၀ တွင်)

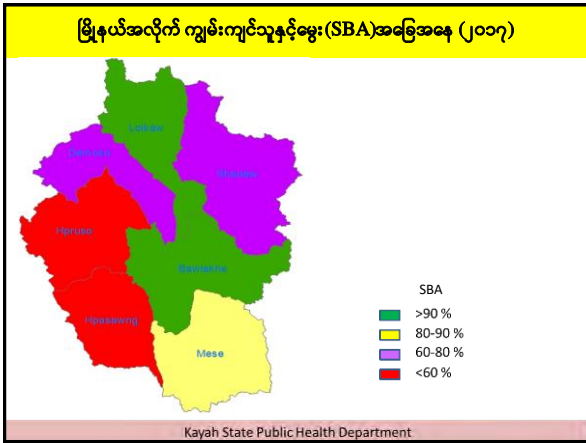
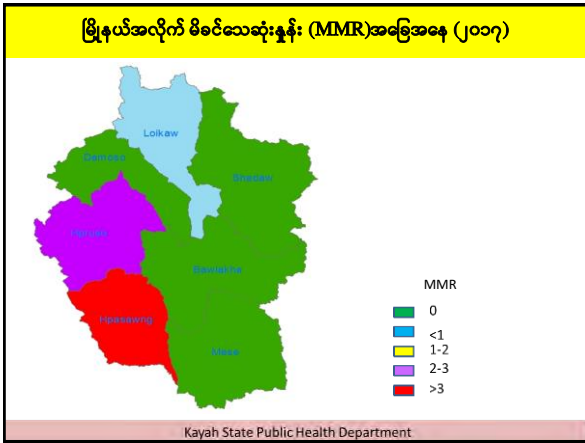


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မြို့နယ်အလိုက် မိခင်ဆေးဆုံးရှုံးမှုအခြေအနေ (၂၀၁၇)



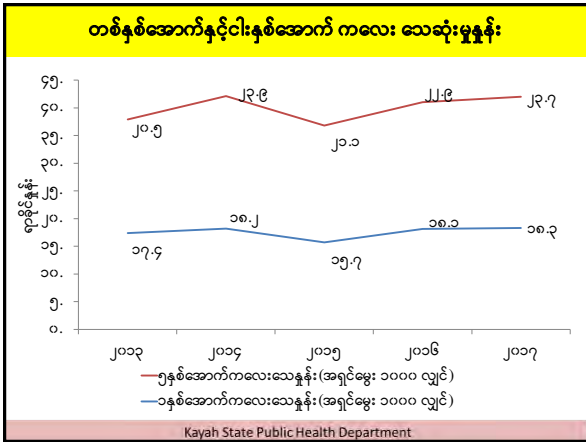
Kayah State Public Health Department



မိခင်သေဆုံးရသည့် အကြောင်းအရင်းများ (၂၀၁၇)

စဉ်	သေဆုံးရသည့်အကြောင်းအရင်း	ဦးရေ	ရာခိုင်နှုန်း
၁	သားအိမ်ကွဲခြင်း	၁	၁၆.၇
၂	ကိုယ်ဝန်ဆိပ်တက်ခြင်း	၃	၅၀.၀
၃	သားဖျက်ချခြင်း	၁	၁၆.၇
၄	ဝမ်းလျော့၍ သွေးဆိပ်တက်ခြင်း	၁	၁၆.၇

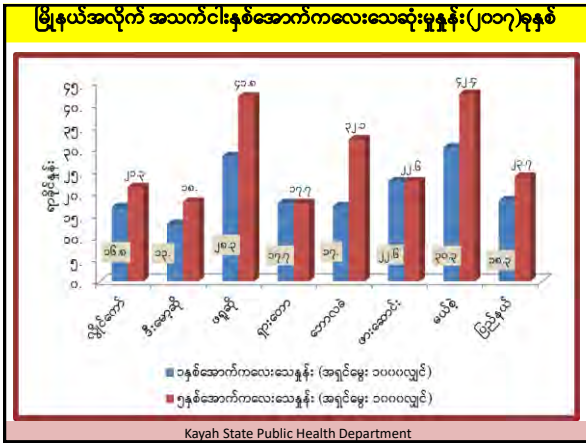
Kayah State Public Health Department



မြို့နယ်အလိုက်အသက်ငါးနှစ်အောက်ကလေးသေဆုံးမှုဦးရေ(၂၀၁၇)ခုနှစ်

စဉ်	မြို့နယ်	(၀-၇)ရက်	(၇-၂၈)ရက်	၂၈-၁နှစ်	(၁-၅)နှစ်	စုစုပေါင်း
၁	လွိုင်ကော်	၂၂	၉	၁၄	၁၂	၅၇
၂	ဒီးမော့ဆို	၁၆	၂	၁၁	၁၀	၃၉
၃	ဖရူဆို	၇	၂	၁၆	၁၂	၃၇
၄	ရှားတော	၂	၀	၁	၀	၃
၅	ဘောလခဲ	၂	၂	၂	၁	၇
၆	ဖားဆောင်း	၆	၃	၁	၀	၁၀
၇	မယ်စုံ	၂	၁	၂	၂	၇
ပြည်နယ်အချုပ်		၅၇	၁၉	၄၇	၃၇	၁၆၀

Kayah State Public Health Department



ဗွားသေစာရင်းအင်း

စဉ်	အညွှန်းကိန်းများ	၂၀၁၃	၂၀၁၄	၂၀၁၅	၂၀၁၆	၂၀၁၇
၁	မွေးနှုန်းကြမ်း (လူဦးရေ-၁၀၀၀လျှင်)	၂၂.၂	၂၁.၂၃	၂၂.၄၉	၂၂.၆	၂၂
၂	သေနှုန်းကြမ်း(လူဦးရေ-၁၀၀၀လျှင်)	၄.၅	၄.၆၄	၄.၈၅	၄.၉	၄.၉
၃	ပျံ့နှံ့သောမွေးဖွားနှုန်း	၁၃.၇	၁၈.၁	၁၉	၂၀	၂၄.၉
၄	အသေမွေးဖွားနှုန်း	၃	၃.၇	၁၁.၃၇	၁၄.၃	၁၃.၄
၅	ကိုယ်ဝန်ပျက်စရာနှုန်း	၃	၃.၇	၃.၉၈	၃.၆	၃.၉

Kayah State Public Health Department

Community Clinic (၂၀၁၇)ခုနှစ် လုပ်ငန်းဆောင်ရွက်ချက်များ

Kayah State ,		Community Clinic			RHC with Community Clinic - 6/28			
		Total MCH/RHC - 6/28			Total			
No	Month	MCH Clinic	<5 Elderly Clinic	Total Patient	Health Education	Total Refer	Others including Immunization	
1	January	3412	2481	1358	7251	283	273	2983
2	February	4519	3190	1560	9269	342	329	3107
3	March	4203	2756	1492	8451	362	313	3302
4	April	3427	2592	1032	7051	260	333	3318
5	May	446	2666	1520	8632	410	317	3235
6	June	3337	2592	1465	7506	448	346	3116
7	July	4628	3094	1581	9303	677	431	4230
8	August	4696	9676	1677	16049	2889	416	3198
9	September	3555	2714	1320	7589	628	340	3432
10	October	3416	1907	1047	6370	424	296	2989
11	November	3232	2148	1083	6463	605	328	3649
12	December	3375	2644	1154	7173	597	338	2025
Total		42246	38460	16289	101107	7925	4060	38584

Kayah State Public Health Department

အဟာရပျို့ပြုံးရေးစီမံချက် ဆောင်ရွက်မှုအခြေအနေ

စဉ်	အကြောင်းအရာ	၂၀၁၂	၂၀၁၃	၂၀၁၄	၂၀၁၅	၂၀၁၆	၂၀၁၇
၁	ကိုယ်အလေးချိန်မပြည့်သည့် မွေးစကလေးရောနှုန်း	၃.၃	၄.၁	၅.၂	၉.၇	၂.၂	၂.၄
၂	ဝါးနှစ်အောက်ကလေးအသင့်အတင့် အဟာရချို့တဲ့မှုရောနှုန်း	၁၀.၂	၇.၅၆	၇.၉	၆.၃	၄.၈	၃.၉
၃	ဝါးနှစ်အောက်ကလေးအပြင်း အထန်အဟာရချို့တဲ့မှုရောနှုန်း	၀.၅	၀.၂	၀.၅	၀.၄	၀.၅	၀.၅
၄	ဝါးနှစ်အောက်ကလေး အဟာရ ချို့တဲ့မှုရောနှုန်း	၉.၆	၈.၃	၈.၄	၆.၆	၅.၃	၄.၄
၅	အရည်အသွေးပြည့်အောင်အောင်ဆေး စားသုံးမှုစီမံသည့်ကျေးရွာ/ ရပ်ကွက်ရောနှုန်း	၉၅.၇	၉၈.၆	၉၈.၇	၉၈.၈	၉၈.၄	၉၉.၅

Kayah State Public Health Department

တိုးချက်ကွယ်ဆေးထိုးစီမံချက် ဆောင်ရွက်မှုအခြေအနေ (ရရှိနိုင်မှုနှုန်း)

စဉ်	အကြောင်းအရာ	၂၀၁၂	၂၀၁၃	၂၀၁၄	၂၀၁၅	၂၀၁၆	၂၀၁၇
၁	BCG	၉၀	၉၉.၉၇	၁၀၃.၅	၉၈	၉၆.၆၆	၉၇
၂	Penta 1	၁၈.၁	၉၈.၇၄	၁၀၂.၈	၉၉	၉၅.၉၉	၉၆
၃	Penta 2	-	၉၉.၇၅	၁၀၁.၆	၁၀၀	၉၆.၃၆	၉၅
၄	Penta 3	-	၈၄.၄၂	၉၉.၂	၉၈	၉၄.၀၅	၉၆
၅	OPV 1	၈၁	၁၀၁.၆	၁၀၃.၁	၉၉	၉၆.၀၄	၉၆
၆	OPV 2	၈၆	၁၀၂.၉	၁၀၁.၆	၁၀၀	၉၆.၂၉	၉၅
၇	OPV 3	၈၆	၈၉.၇	၉၉.၁	၉၈	၉၄.၀၆	၉၅
၈	Measle 1	၇၁	၉၅.၂	၉၅.၈	၇၉	၉၄.၄၉	၈၈
၉	Measle 2	၅၆	၇၆.၃	၈၂.၃	၇၀	၈၈.၅၅	၈၄
၁၀	TT 1	၇၄	၈၆.၂	၉၀.၆	၉၄	၉၁.၂၂	၉၂
၁၁	TT 2	၇၃	၆၁.၈	၈၄.၄	၉၀	၈၇.၀၀	၈၇

Kayah State Public Health Department

အမျိုးသားတီဘီရောဂါတိုက်ဖျက်ရေးစီမံချက်

စဉ်	သလိပ်ပိုးတွေ့တီဘီလူနာအရေရေ	၂၀၁၂	၂၀၁၃	၂၀၁၄	၂၀၁၅	၂၀၁၆	၂၀၁၇
၁	သလိပ်ပိုးတွေ့ တီဘီလူနာအရေရေ (CDR)	၃၁	၅၀	၅၆	၅၄	၄၆	၇၀
၂	ရောဂါပျောက်ကင်းနှုန်း (CR)	၇၈	၇၅	၇၁	၆၇	၆၅	၇၅
၃	ဆေးကုသမှုအောင်မြင်နှုန်း (TSR)	၈၆	၈၄	၈၀	၈၈	၈၈	၈၆

Kayah State Public Health Department

ငှက်ဖျားရောဂါတိုက်ဖျက်ရေးစီမံချက် ဆောင်ရွက်မှုအခြေအနေ

စဉ်	အကြောင်းအရာ	၂၀၁၂	၂၀၁၃	၂၀၁၄	၂၀၁၅	၂၀၁၆	၂၀၁၇
၁	ဆေးခန်းလာရောက်သူများအနက် ငှက်ဖျား ရောဂါဖြစ်ပွားမှုရောနှုန်း (ပြင်ပလူနာ)	၈.၈	၃.၄	၀.၉	၀.၅	၀.၄	၀.၃
၂	ဆေးရုံတက်လူနာများအနက် ငှက်ဖျား ရောဂါဖြင့် ဆေးရုံတက်သူရောနှုန်း	၆.၄	၄.၉	၂.၀	၁.၂	၁.၀	၀.၉
၃	ငှက်ဖျားရောဂါဖြစ်ပွားသူများအနက် သေဆုံးမှုရောနှုန်း (CFR)	၀.၆	၀.၆	၀.၀	၀.၀	၀.၀	၀.၀

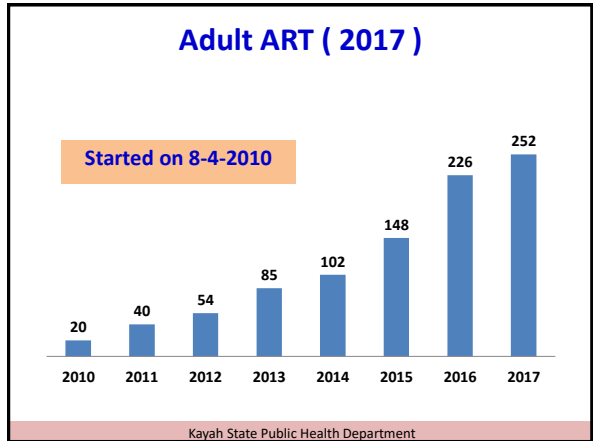
Kayah State Public Health Department

DHF Cases and Deaths, 2013-2017

KAYAH STATE

Sr	Townships	2013		2014		2015		2016		2017		Total	
		C	D	C	D	C	D	C	D	C	D	C	D
1	Loikaw	193	0	22	0	132	0	64	1	812	2	1223	3
2	Demoso	19	0	0	0	113	0	3	0	61	0	196	0
3	Phruso	2	0	0	0	15	0	0	0	10	0	27	0
4	Shadaw	0	0	0	0	1	0	0	0	84	0	85	0
5	Bawlake	3	0	0	0	1	0	1	0	55	0	60	0
6	Phasaung	3	0	0	0	13	0	1	0	67	0	84	0
7	Mese	0	0	1	0	0	0	1	0	14	0	16	0
	Other	35	0	3	0	0	0	0	0	0	0	38	0
	Total	255	0	26	0	275	0	70	1	1103	2	1729	3

Kayah State Public Health Department



အနာကြီးရောဂါတိုက်ဖျက်ရေးစီမံချက်

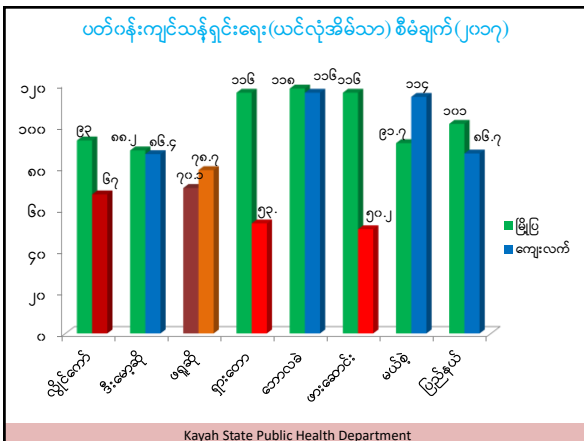
စဉ်	အညွှန်းကိန်း	၂၀၁၂	၂၀၁၃	၂၀၁၄	၂၀၁၅	၂၀၁၆	၂၀၁၇
၁	လူနာသစ်ရှာဖွေထုတ်နိုင်မှုနှုန်း (လူဦးရေ ၁၀၀၀၀၀လျှင်)	၂.၃၁	၂.၄၂	၂.၁၆	၁.၄	၂.၄၁	၂.၃
၂	လူနာသစ်များအနက် အသက် (၁၅)နှစ် အောက်ရှိသူရာနှုန်း	၁၄	၀	၀	၀	၀	၁၄.၃
၃	လူနာသစ်များအနက် အမျိုးသမီး လူနာရာနှုန်း	၂၅	၂၅	၃၃	၀	၂၉	၂၈.၆
၄	လူနာသစ်များအနက် ကိုယ်အင်္ဂါချို့ယွင်းမှု အဆင့် (၂)ရှိသူရာနှုန်း	-	၁၄	၃၃	၂၅	၄၃	၀
၅	စံချိန်ပြည့်၍ ဆေးစားပျက်ကွက်သူပေါင်း	၁၀	၅	၇	၂	၅	၅
၆	ဆေးစားပျက်ကွက်သူပေါင်း	၀	၀	၀	၀	၀	၀
၇	နှစ်ကုန်မှတ်ပုံတင် အနာကြီးရောဂါ လူနာဖြစ်ပွားမှုနှုန်း (လူဦးရေ ၁၀၀၀၀ လျှင်)	၀.၁၃	၀.၂၄	၀.၂၅	၀.၁	၀.၂၄	၀.၂၂

Kayah State Public Health Department

ကျောင်းကျန်းမာရေးစီမံချက်

စဉ်	အညွှန်းကိန်းများ	၂၀၁၂	၂၀၁၃	၂၀၁၄	၂၀၁၅	၂၀၁၆	၂၀၁၇
၁	စစ်ဆေးပြီးသောကျောင်းရာနှုန်း	၉၃	၉၄	၈၈.၉	၁၀၀	၁၀၀	၁၀၀
၂	ယင်လုံအိမ်သာစံပြည့် (၅၀:၁)ရှိကျောင်းရာနှုန်း	၈၀	၈၉	၈၂.၄	၉၀.၂	၉၃	၉၅.၉
၃	အာဟာရဖွံ့ဖြိုးရေးလုပ်ဆောင်သောကျောင်းရာနှုန်း	၄၇.၅	၅၃.၈	၄၀.၈	၅၁.၂	၆၀.၅	၈၃.၆
၄	စစ်ဆေးပေးသောကျောင်းသားရာနှုန်း	၈၂	၉၇	၉၀.၇	၁၀၀	၁၀၀	၁၀၀

Kayah State Public Health Department



အဖြစ်များသောရောဂါများ (၂၀၁၇)

စဉ်	ရောဂါအမည်	အရေအတွက်
၁	ဝမ်းပျက်ဝမ်းလျှော	၉၀၉၉
၂	ARI (Pneumonia)	၂၆၁၆
၃	ဝမ်းကိုက်ရောဂါ	၁၈၉၄
၄	ငှက်ဖျားရောဂါ	၄၅၄
၅	တီဘီ	၄၉၁

အသေးများသောရောဂါများ (၂၀၁၇)

စဉ်	ရောဂါအမည်	အရေအတွက်
၁	ARI (Pneumonia)	၇
၂	ဝမ်းပျက်ဝမ်းလျှော	၂၀
၃	တီဘီ	၇
၄	အသံရောင်အသားဝါ	၁

Kayah State Public Health Department

၂၀၁၆-၂၀၁၇၊ ၂၀၁၇-၂၀၁၈၊ ၂၀၁၈-၂၀၁၉ ခုနှစ်များမှ လုပ်ငန်းဆောင်ရွက်ခဲ့သည့် ဆောက်လုပ်ရေးလုပ်ငန်းစာရင်းများ

စဉ်	ဌာနအမျိုးအစား	အဆောက်အအုံ အရေအတွက်	
		၁၆-၁၇	၁၇-၁၈
၁	ပြည်နယ်ပြည်သူ့ကျန်းမာရေးဦးစီးဌာနမှူးရုံး	-	၁
၂	ခရိုင်ပြည်သူ့ကျန်းမာရေးဦးစီးဌာနမှူးရုံး (လွိုင်ကော်)	၁	-
၃	မြို့နယ်ပြည်သူ့ကျန်းမာရေးဦးစီးဌာနမှူးရုံး (လွိုင်ကော်)	-	၁
၄	(၆)ခန်းတွဲ (၂)ထပ်ဝန်ထမ်းအိမ်ယာ (လွိုင်ကော်ပြည်နယ်ရုံး)	-	၁
၅	ပြည်နယ်ရုံး ဧည့်ရိပ်သာ အကြီးစားပြင်ဆင်	-	၁
၆	မိခင်ကလေးကျန်းမာရေးဌာန	၁	-
၇	တိုက်နယ်ကျန်းမာရေးဌာန	၁	၆
၈	ကျေးလက်ကျန်းမာရေးဌာန	-	၄
၉	ကျေးလက်ကျန်းမာရေးဌာနခွဲ	၁၀	၁၁

Kayah State Public Health Department

INGO / NGO များ၏ လုပ်ငန်းဆောင်ရွက်မှု

စဉ်	အမည်	လုပ်ငန်းဆောင်ရွက်မှု	အကောင်အထည်ဖော်သည့်မြို့နယ်
၁။	JICA	ကျန်းမာရေးစနစ်မြှင့်တင်ရေးလုပ်ငန်း	မြို့နယ်အားလုံး
၂။	IRC	မိခင်နှင့်ကလေးကျန်းမာရေးလုပ်ငန်း	မြို့နယ်အားလုံး
၃။	KMSS	ကရုဏာဆေးခန်းလုပ်ငန်း	မြို့နယ်အားလုံး
၄။	CPI	ငှက်ဖျား၊ တီဘီတိုက်ဖျက်ရေးလုပ်ငန်း	မြို့နယ်အားလုံး
၅။	KBC	ငှက်ဖျား၊ တီဘီတိုက်ဖျက်ရေးလုပ်ငန်း	မြို့နယ်အားလုံး

Kayah State Public Health Department

INGO / NGO များ၏ လုပ်ငန်းဆောင်ရွက်မှု

စဉ်	အမည်	လုပ်ငန်းဆောင်ရွက်မှု	အကောင်အထည်ဖော်သည့်မြို့နယ်
၆။	ACF	အာဟာရမြှင့်မြှိုးရေးလုပ်ငန်း	ဖရူဆိုမြို့နယ်
၇။	CHDN	မိခင်နှင့်ကလေးကျန်းမာရေးလုပ်ငန်း ငှက်ဖျားတိုက်ဖျက်ရေးလုပ်ငန်း	မြို့နယ်အားလုံး
၈။	MAM	ငှက်ဖျားတိုက်ဖျက်ရေးလုပ်ငန်း၊ တီဘီရောဂါ တိုက်ဖျက်ရေးလုပ်ငန်း၊ လူနာညွှန်းပို့ခြင်း	ဒီးမော့ဆို၊ ဖရူဆို၊ ဘောလခဲ၊ ဖားဆောင်း
၉။	World Vision	တီဘီရောဂါတိုက်ဖျက်ရေးလုပ်ငန်း	လွိုင်ကော်၊ ဒီးမော့ဆို

Kayah State Public Health Department

- အခက်အခဲများ**
- လုံခြုံရေးအခြေအနေ သွားလာရေးခက်ခဲသော ဒေသများ
 - ရှားတောမြို့နယ်တွင် ကျေးရွာ(၈)ခု
 - ဖားဆောင်းမြို့နယ်တွင် ကျေးရွာ (၃၆)ခု
 - နယ်မြေဒေသအခြေအနေအရ သွားလာရခက်ခဲသော ဒေသများ
 - ဘောလခဲမြို့နယ်တွင် ကျေးရွာ(၃)ခု
 - ဖရူဆိုမြို့နယ်တွင် ကျေးရွာ (၁၈)
 - ရွှေပြောင်းလုပ်သားများရှိသောဒေသ
 - ဖားဆောင်းမြို့နယ်ရှိ မော်ချီးသတ္တုတွင်းဒေသ
 - ရေရှားပါးဒေသများ
 - ဖရူဆိုမြို့နယ်၊ ဒီးမော့ဆိုမြို့နယ်



ပြည်နယ်ဝန်ကြီးချုပ်နှင့် ဇနီး မှ ပြည်နယ်အခြေစိုက် ပြည်သူ့ကျန်းမာရေး ကြီးကြပ်(၂) သင်တန်းဆင်းပွဲ မိန့်ခွန်းဖြန့်ဖြူးခြင်း(၁၅-၁၂-၂၀၁၇)



ပြည်နယ်ဝန်ကြီးချုပ်နှင့် ဇနီး မှ ပြည်နယ်အခြေစိုက် ပြည်သူ့ကျန်းမာရေး ကြီးကြပ်(၂) ပထမဆူရ သင်တန်းသူနှင့် အမှတ်တရမှတ်တမ်းခါတ်ပုံ



အားကစားဝန်ကြီးဌာနပြခန်း၊ ပြည်နယ်ဝန်ကြီးချုပ်နှင့် အဖွဲ့ဝင်များ လာရောက်စဉ် ပြည်နယ်ကုသရေးနှင့် ပြည်သူ့ကျန်းမာရေးဦးစီးဌာနမှူးမှ လက်ထပ်ကိုင်ခြင်း (၁၈-၁၂-၂၀၁၇)



စည်ပင်သာယာရေးနှင့်လူမှုရေးဝန်ကြီးမှ ကျန်းမာရေးအသိပညာပေး Mobile Application (အချစ်ပူဇော်အဖြေရှာ) မိတ်ဆက်ခြင်းအခမ်းအနား အဖွင့်မိန့်ခွန်း ဖြန့်ဖြူးခြင်း (၈-၁-၂၀၁၈)



စည်ပင်သာယာရေးနှင့်လူမှုရေးဝန်ကြီးမှ ကျန်းမာရေးဆိုင်ရာ စံပြုအချက်အလက်များ စာအုပ်မိတ်ဆက်ခြင်း အခမ်းအနားအဖွင့်မိန့်ခွန်း ဖြန့်ဖြူးခြင်း(၉-၁-၂၀၁၈)



မယ်စုမြို့နယ်၊ မယ်ဆည်နယ်ကျေးလက်ကျန်းမာရေးဌာနအဆောက်အအုံသစ်ဖွင့်ပွဲ (ဂပန်မ ဆောက်လုပ်လှူဒါန်းသည်)



ပြည်နယ်ဝန်ကြီးချုပ်နှင့် ဝန်ကြီးများ ဖရူဆိုမြို့နယ်၊ ကေကော
ကျေးလက်ကျန်းမာရေး ဌာန ဖွင့်ပွဲခမ်းအနား မှတ်တမ်း (ဂျပန်မှ
ဆောက်လုပ်လှူဒါန်းသည်)



လွိုင်ကော်မြို့နယ်၊ လွိုင်ကော်ခရိုင်ပြည်သူ့ကျန်းမာရေးဦးစီးဌာနမှူးရုံး
ဆောက်လုပ်ရေးလုပ်ငန်း (၂၀၁၆-၂၀၁၇)

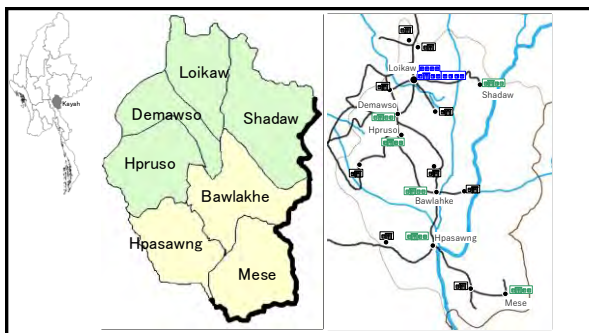
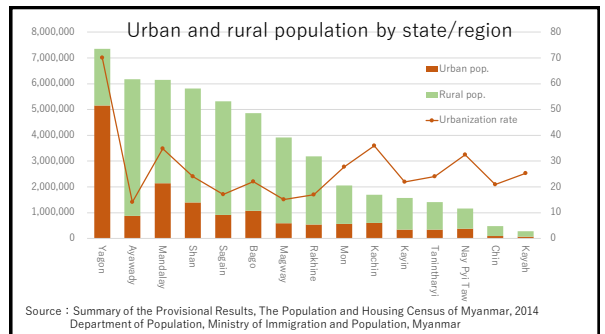
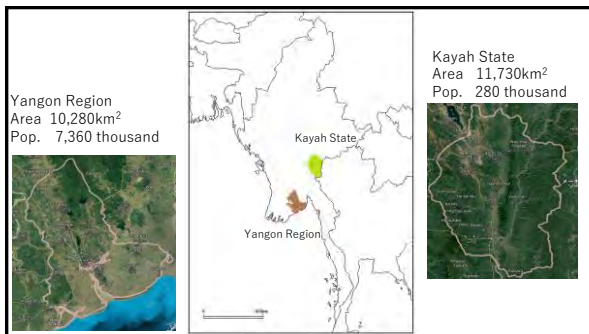


aus;Zl;wifygonf

5-2 Presentation of the Introduction of the MJHSSP_Kayah

**Introduction of
MJHSSP_Kayah**
 MOHS/JICA Health System Strengthening Project
 May 2018.
 Kazunori IJIMA
 Sub team leader
 Dr. Kyaw Thu Htet
 Chief technical Officer

Where is Kayah?

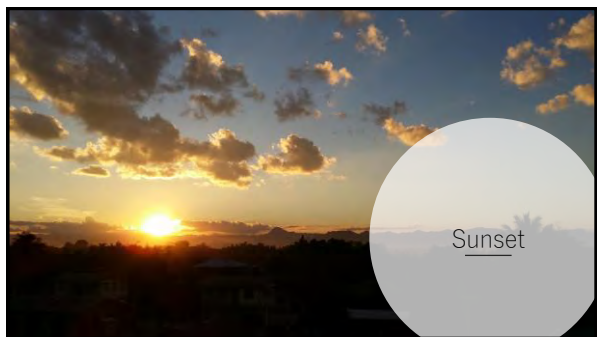
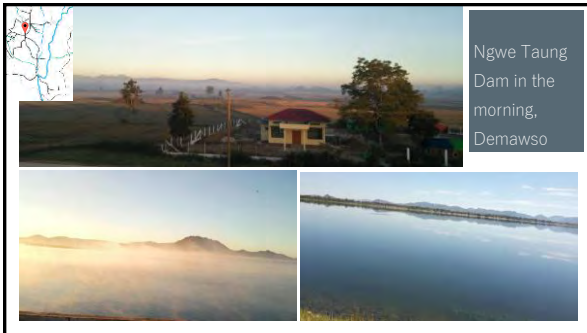


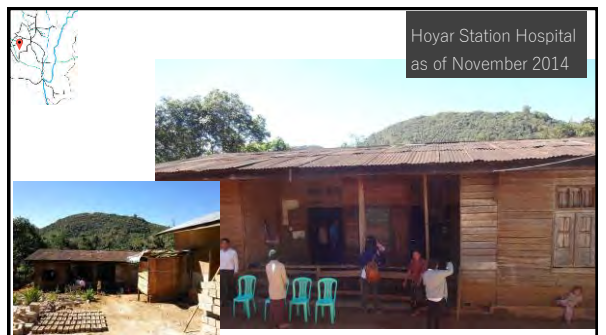
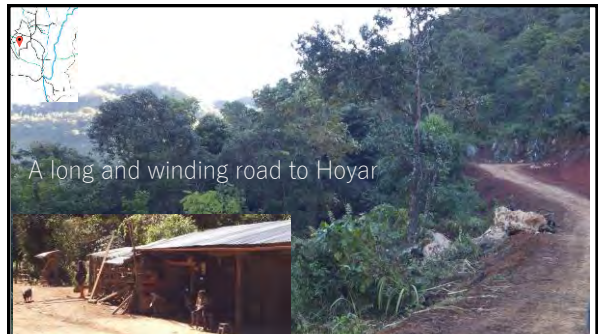
Population by district and by township

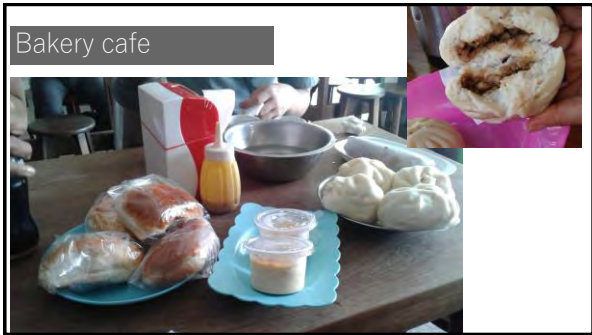
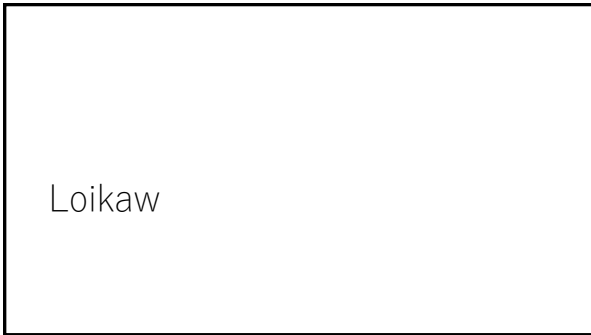
District	Township	Population
Loikaw	Loikaw	128,401
	Demawso	79,201
	Phruso	29,374
	Sadaw	6,742
Bawlakhe	Bawlakhe	8,480
	Pasaung	25,594
	Mese	6,319
	Ywathit (Sub-Tsp)	2,516
Total		286,627

Source : Summary of the Provisional Results, The Population and Housing Census of Myanmar, 2014
 Department of Population, Ministry of Immigration and Population, Myanmar

Welcome to Kayah







Hybrid pan



Kayah traditional dish



Market



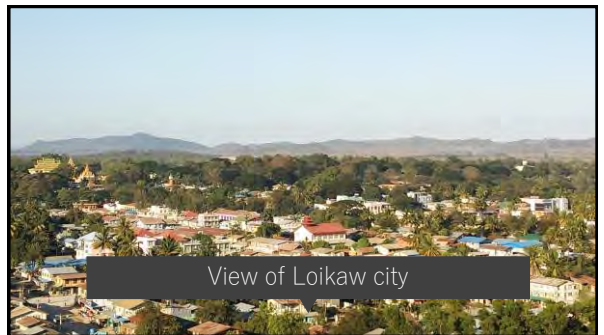
Kerenni and Kerenna

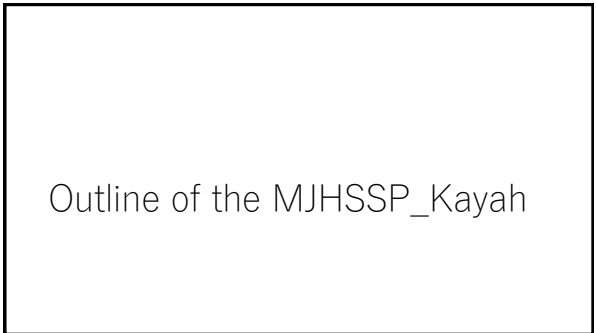
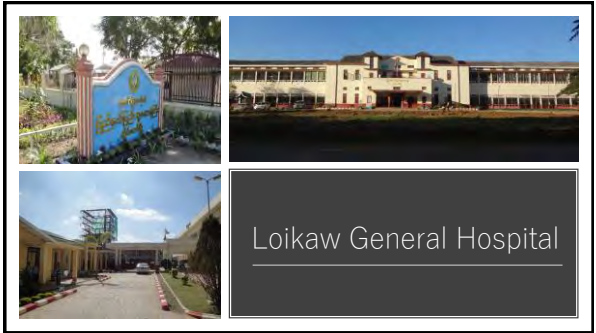


Weaving shop



View of Loikaw city





MOHS/JICA Health System Strengthening Project
(MJHSSP_Kayah)

Project type: Technical Cooperation Project by JICA
Who we are: JICA expert team (Japanese/Burmese members) located in Loikaw
What we do: Technical Transfer regarding
- Capacity Development on Cycle Management,
- Improvement of service delivery
Target level: State level
Duration : Nov. 2014 to Nov. 2018

Purpose of the MJHSSP_Kayah

- To strengthen the capacities in health plan management at the state level, (**Special Effort**) and
- To integrate activities on improving health service delivery into well-managed health plan.

Technical Transfer

- **Visioning** of SMSD, LGH
- Management of Special Effort 2017/2018
Plan, Do, Check, Action (PDCA) cycle management
- Implementing activities of Special Effort
Effective IPC, practice of **warm welcome**, introduction of **Enter-Education**, promotion of **5S-CQI-TQM**, **improved clinical experience for AS**, attractive **CNE** and so on.

What is the “Special Effort” ?

The Special Effort;

- is a document describing a set of activities at state level to improve quality of health services within a period of six months.
- complies statements of **mission**, **vision** and **core values** of the organization and **activities** to achieve those principles.



Background of the Special Effort

In 2015,

- DoH was divided into Department of Public Health and Department of Medical Services

In 2016,

- Central MoHS instructed all state/regional Public Health Department and Medical Services Department to make 100 days plan and 6 months plan.

Background of the Special Effort

- MJHSSP_Kayah supported Kayah SMSD to develop its mission, vision and core values to clarify departments' identity first.
- Prioritized activities were selected and compiled as Special Effort.
- User's Guide was developed for managing the Special Effort.
- The activities are being implemented and monitored with using the M&E tools.

Background of the Special Effort

- We use the Special Effort as a practical tool to Strengthen the capacity of plan management

Plan, Do, Check, Action (PDCA) cycle



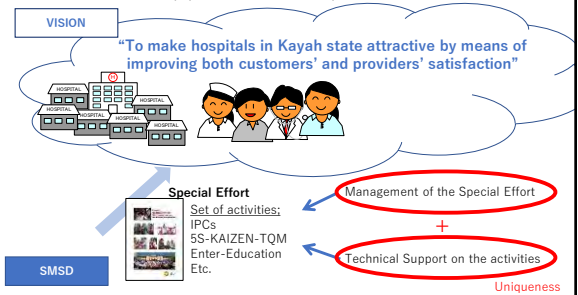
Tools of the Special Effort

Planning tool		M&E tool	

A "plan" has to clarify
 what to do
 why to do
 who does to whom
 when to do
 where to do
 how to do
 how much to do



Our support to the Special Effort



History of the Special Effort

Timeline from 2017 Jan to 2018 Jul, divided into SE 2017 Phase1, SE 2017 Phase2, and SE 2018 Phase1.

- 2017 Jan (Plan):**
 - ✓ IPC
 - ✓ Receptionist training
 - ✓ Enter-education
 - ✓ Clinical visits
 - ✓ Hospital map
 - ✓ Provision of hospital diet
 - ✓ Improvement of staff house
 - ✓ Promotion of 5S
 - ✓ Vitalization of AS training
 - ✓ Strengthening CNE
 - ✓ Training for supportive staff
- 2017 Jul (Implementation):**
 - ✓ Setting priority
 - ✓ Needs assessment
 - ✓ Utilizing tool
 - ✓ Monitoring periodically
 - are recommended
- 2018 Jan (Evaluation):**
 - ✓ Utilizing the result of survey
 - ✓ Developing capacity of M&E
 - ✓ Sharing the result of
 - ✓ Monitoring periodically
 - ✓ Choosing only the activities of SMSD
 - are recommended
- 2018 Jul (Implementation):**
 - ✓ Information sharing with TH/SH
 - ✓ Developing skills of leadership, management and communication.
 - ✓ Introducing 5S activities to all THs.
 - ✓ Supporting LGH to develop its mission vision and core values.

History of the Special Effort

Timeline from 2017 Jan to 2018 Jul, divided into SE 2017 Phase1, SE 2017 Phase2, and SE 2018 Phase1.

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 - ✓ Introducing 5S activities to all THs.
 - ✓ Supporting LGH to develop its mission vision and core values.

Findings from the Special Effort exercise

- Organizations' direction and principles have to be determined.
 - ← Develop Mission, Vision, Core values
- Practice is the only way to improve "Management".
 - ← More PDCA cycle, better management.
- Considering local context.
 - ← Avoid "looks good on paper, but doesn't work"




Thank You Very Much

MJHSSP_KAYAH

5-3 Presentation of Introduction of the Loikaw General Hospital

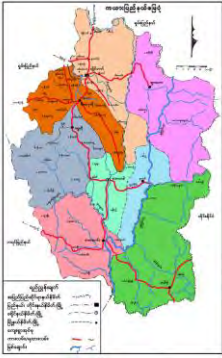
INTRODUCTION OF THE LOIKAW GENERAL HOSPITAL



23 MAY, 2018
DR. YE MYINT AUNG
MEDICAL SUPERINTENDENT OF THE LOIKAW GENERAL HOSPITAL

THE LOIKAW GENERAL HOSPITAL
We belong to the state, we serve the state, we grow with the state.

General Information of Kayah




- the smallest state in Myanmar
- population = 0.29 million
- 2 Districts, 7 Townships
- Kayah ethnic groups – mainly 9 groups
- Also Bamar, Shan, Karen ethnic groups
- 2950 feet above sea level
- 150 miles away from NayPyiTaw (6 hours drive)
- 1 State General Hospital (500 Bedded)
- 6 Township Hospitals (50 Bedded:1) (25 Bedded: 5)
- 10 Station Hospitals (16 Bedded)

THE LOIKAW GENERAL HOSPITAL
We belong to the state, we serve the state, we grow with the state.

Outline of the Loikaw General Hospital

- Established in 1964
- Total size : 30.798 ac (124,635m²)
- Sanctioned bed number : 500 (actual: 360)
- Sanctioned bed and population ratio : 1 : 590



THE LOIKAW GENERAL HOSPITAL
We belong to the state, we serve the state, we grow with the state.

Outline of the Loikaw General Hospital

Human resources

Designation	Sanction (A)	Appointed (B)	Vacant (C)= (A) – (B)
Senior Medical Superintendent	1	1	-
Administrative Officers	24	10	14
Office Staffs	42	26	16
Specialists	108	13	95
Medical Officers	103	45	58
Dental Surgeons	3	1	2
Nurses	384	256	128
Technicians	66	45	21
Others	151	127	24
TOTAL	882	524	358

THE LOIKAW GENERAL HOSPITAL
We belong to the state, we serve the state, we grow with the state.

Outline of the Loikaw General Hospital

Available Services

- 24hr Emergency service
- Obstetrics and Gynecological care
- Neonate and pediatric care
- Medical care
- Surgical care
- Orthopedic and traumatic care
- Rehabilitation
- Eye care
- Ear, Nose, Throat care
- Psychiatric care
- Skin care
- Dental care
- Hemodialysis (FOC)
- Specialist OPD
- Specialist Tour
- Laboratory
- X-ray and CT(FOC)
- Endoscopy
- Support Basic medicine
- FOC medicines for poor patient
- Hospital Diet
- Help and warmly welcome with OPD
- Continuous cleaning of the hospital area
- Home visit for elderly and debilitated patient

THE LOIKAW GENERAL HOSPITAL
We belong to the state, we serve the state, we grow with the state.

Outline of the Loikaw General Hospital

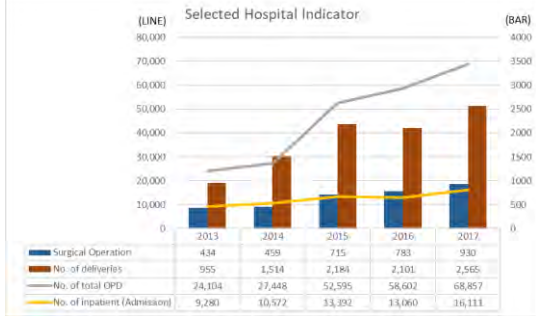
Hospital Performance Indicator

	2013	2014	2015	2016	2017	2018 (Jan – Apr)
Sanctioned Bed	200	200	200	500	500	500
Available bed	220	230	230	320	320	360
No. of total OPD	24,104	27,448	52,595	58,602	68,857	36317
No. of inpatient (Admission)	9,280	10,572	13,392	13,060	16,111	5683
Discharge	9,104	10,388	13,230	12,874	15,872	5594
Deaths	167	143	153	201	197	73
Surgical Operation	434	459	715	783	930	374
No. of deliveries	955	1,514	2,184	2,101	2,565	940
General Anaesthesia	462	430	507	563	764	234

THE LOIKAW GENERAL HOSPITAL
We belong to the state, we serve the state, we grow with the state.

Outline of the Loikaw General Hospital

Hospital Performance Indicator



THE LOIKAW GENERAL HOSPITAL
 ၂၁၁၊ ဘုရားတော်လမ်း၊ လှိုင်သာယာမြို့နယ်၊ ယင်းပြည်နယ်၊ မြန်မာနိုင်ငံတော်

Our Mission, Vision and Core Values



THE LOIKAW GENERAL HOSPITAL
 ၂၁၁၊ ဘုရားတော်လမ်း၊ လှိုင်သာယာမြို့နယ်၊ ယင်းပြည်နယ်၊ မြန်မာနိုင်ငံတော်

Our Mission

- Purpose and reason of existence of the hospital -

“We are dedicated to improving the quality of life of the people in the state through providing competent medical services and cooperating concerned stakeholders.”

THE LOIKAW GENERAL HOSPITAL
 ၂၁၁၊ ဘုရားတော်လမ်း၊ လှိုင်သာယာမြို့နယ်၊ ယင်းပြည်နယ်၊ မြန်မာနိုင်ငံတော်

Our Vision

- Inspirational hope for the future of the hospital -

“To become a national-showcase hospital which enjoys desirable level of both customers’ and providers’ satisfaction.”

THE LOIKAW GENERAL HOSPITAL
 ၂၁၁၊ ဘုရားတော်လမ်း၊ လှိုင်သာယာမြို့နယ်၊ ယင်းပြည်နယ်၊ မြန်မာနိုင်ငံတော်

Our Core values

- Philosophy, Principals and soul of the hospital -

Humanity

We keep mind of kindness, hospitality, compassion and empathy



Mutual respect

We cultivate mutual respect with all regardless of race, birth, religion, official position, status, sex and wealth

Passion

We keep passion for works, sustain good practices and pursue further improvement

THE LOIKAW GENERAL HOSPITAL
 ၂၁၁၊ ဘုရားတော်လမ်း၊ လှိုင်သာယာမြို့နယ်၊ ယင်းပြည်နယ်၊ မြန်မာနိုင်ငံတော်

Our Motto

- Philosophy, Principals and soul of the hospital -

We belong to the state, we serve the state, we grow with the state

THE LOIKAW GENERAL HOSPITAL
 ၂၁၁၊ ဘုရားတော်လမ်း၊ လှိုင်သာယာမြို့နယ်၊ ယင်းပြည်နယ်၊ မြန်မာနိုင်ငံတော်

Unique Activities in the Loikaw general Hospital



5S-CQI-TQM



Effective IPC



Warm welcome



Enter-Education



Mobile clinic



Hospital diet



Attractive learning



Clinical experience for AS

Challenges of the Loikaw General Hospital


- **Doctors' attrition**
- **Lack of some essential specialties for the Kayah State**
(Eg. ENT, Mental, Forensic, Medical Oncology)
- **Insufficient budget allocation for drugs**
(especially hemodialysis drugs)

Way forward to achieve our mission and vision


- **We are going to;**
 - disseminate our Mission, Vision, and core values to all the staff of LGH.
 - review the result of the Customers' and Providers' satisfaction survey.
 - develop an action plan (Special Effort) to achieve our Mission and Vision.

Thank you very much for your attention!

5-4 Presentation of Introduction of the Special Effort of State Medical Services Department



Introduction of the Special Effort




**State Medical Services Department,
Kayah State**

Dr. Pya Mye Kyaw
Medical Officer

The Special Effort;

- is a document describing a set of activities at state level to improve quality of health services within a period of six months.
- complies statements of mission, vision and core values of the organization and shows the detailed activities.



2

Why do we do the Special Effort?


1. To improve medical services in the state with cooperation of all the hospital staff.
2. To strengthen the activities which capture the local needs.
3. To strengthen the capacity of the department to effectively and efficiently manage activities.

3

Back ground of the Special Effort

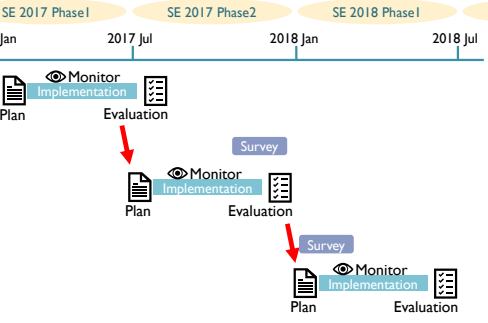
- We use the Special Effort as a practical tool to Strengthen the capacity of plan management .

Plan, Do, Check, Action (PDCA) cycle



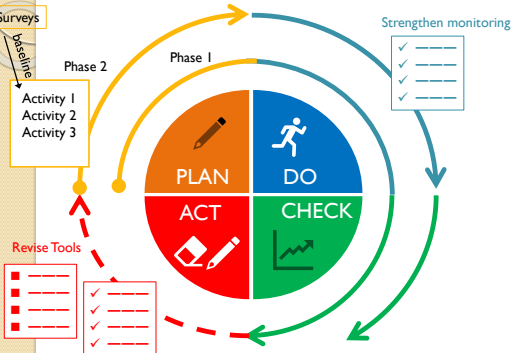
4

Schedule of the Special Effort



5

PDCA Cycle Management



6

Management tools

Planning tool

Year	Quarter	Activity	Indicator	Target	Actual

M&E tool

Year	Quarter	Activity	Indicator	Target	Actual

A "plan" has to clarify

- what to do
- why to do
- who does to whom
- when to do
- where to do
- how to do
- how much to do



SMSD - Mission Vision Core Values



Mission

(Purpose and reason of existence of the Department)

- ◆ To coordinate with stakeholders and to provide good guidance to hospitals in Kayah State and to facilitate collaboration among the hospitals for provision of quality medical services



Vision

(Inspirational hope for the future of the Department)

- ◆ To make hospitals in Kayah State attractive by means of improving both customers' satisfaction and providers' satisfaction



Core Values

(Philosophy of the Department)

- ◆Hospital for all
- ◆Equity
- ◆Mutual respect
- ◆Kindness
- ◆Accountability
- ◆Professionalism
- ◆Friendly working environment
- ◆Interactiveness among hospital staffs
- ◆Sustainability



- When State Medical Service Department started implementing the special effort, the department and the Loikaw General Hospital were under the same leadership.
- And also the human resource in SMSD is not enough to implement activities in all township hospitals.
- So, the activities in the previous special efforts (2017) were mostly implemented in the Loikaw General Hospital.

Now, we would like to introduce some Special Effort activities which have been implemented in the Loikaw General hospital.

Activities

Infection Prevention and Control

is promoted through setting up the management structure, developing the check list and conducting the regular hospital supervision.



13

Activities

Activities on Work Environment Improvement

is strengthened through 5S (sort-set-shine-standardise-sustain) approach. Also, Infection control activities are systematically implemented.



14

Activities

Warm welcome

By the hospital staff is essential to improve the clients' satisfaction. Based on this idea, the project supported a training for the receptionists.



15

Activities

Enter-Education

is a health education in style of entertainment. Which was introduced into LGH for better communication between Clients and providers.



16

Activities

Capacity building for the hospital staff

is also a key not only to improve the services provided, but also to motivate the staff to work in the state.

Improved clinical experience for AS

Effective CNE



17

Activities

Observation Visit to the Project Site

was conducted with inviting health delegates from Rhkine state. Also, our activities were introduced to the central MoHS officials.



18

Research / Survey

Clients' and Providers' Satisfaction Survey

was conducted in LGH and all the township hospitals to measure how far we are to realize SMSD's vision.



19

Research / Survey

Findings from the Clients' Satisfaction Survey

1. Level of satisfaction was **almost "good"**.
2. Four elements to improve level of satisfaction
 - **Treatment and care provided**
 - **General cleanness**
 - **Waiting time for consultation (LGH)**
 - **Staff attitude (THs)**

20

Research / Survey

Findings from the Providers' Satisfaction Survey

Hospital staff care about;

1. Human resource management
staffing, promotion, staff housing, acknowledgement and staff awarding system
2. Communication and attitude
constructive feedback, family type communication, team spirit.
3. Learning opportunity: CME and CNE

21

➤ Regarding to the result of the survey, we developed the special effort (Phase 1, 2018)

➤ Only the activities of the SMSD were selected from the current Special Effort.

22

Special effort 2018 (April – September)

Activity 1: To establish better information sharing system with township and station hospitals through regular meeting.

Activity 2: To build capacity of hospital staff in the state on leadership, management and communication.

Activity 3: To introduce 5S activities to all township hospitals.

Activity 4: To support Loikaw General Hospital to develop its mission, vision and core values as well as Special Effort.

Activity 5: To strengthen M&E capacity through implementation of the Special Effort 2018 (Phase 1).

23

THANK YOU FOR YOUR TIME....



24

5-5 Presentation of Introduction of 5S-KAIZEN-TQM approach

Introduction of 5S-KAIZEN Activity At Loikaw General Hospital

23rd May, 2018
Presented by
Daw Khin Thida Win
(Sister, Emergency Department)

1

WHAT IS 5S ?

- The 5S method was developed in the mid-1980s by the automobile industry in Japan.

5S သည် ၁၉၈၀ ခုနှစ်ဝန်းကျင် တွင် ဂျပန်ကားကုမ္ပဏီများမှ အစပြုခဲ့ခြင်းဖြစ်သည်။

- 5S is a philosophy and a way of organizing and managing the workspace and work flow with the intent to improve efficiency by eliminating waste, improving flow and reducing process unreasonableness.

5S ဆိုသည်မှာ အလုပ်နေရာများ စီမံခြင်းနှင့် မလိုအပ်သည့်အရာများ ဖယ်ထုတ်ခြင်း၊ လုပ်ငန်းလည်ပတ်မှု မြှင့်တင်ခြင်း နှင့် လုပ်ငန်းအဆင်မပြေမှုများကို လျော့ချခြင်း အားဖြင့် လုပ်ငန်း၏ ထိရောက်မှုကို မြှင့်တင်သည့် အယူအဆဖြစ်သည်။

→ Improve Working Environment (လုပ်ငန်းခွင်ကိုမြှင့်တင်ခြင်း)

2

WHAT IS 5S?

	Japanese	English	Myanmar
S-1	Seiri	Sort	စီစစ်
S-2	Seiton	Set	စီစဉ်
S-3	Seiso	Shine	စင်ကြယ်
S-4	Seiketsu	Standardize	စနစ်ကျ
S-5	Sitsuke	Sustain	စွဲမြဲ

3



WHY 5S IS IMPLEMENTED IN LOIKAW??

- JICA supported 5S in many hospitals in Africa like Uganda.
- It greatly improves the status of the hospital like cleanliness, patient satisfaction and provider satisfaction.
- 5S doesn't cost a fortune to apply.

BEFORE 5S

➔

AFTER 5S

5

WHAT CAN 5S DO?

- Preventing;**
 - errors and accidents related to medical procedures,
 - decreasing troubles of medical equipment,
 - occupational diseases and injuries, etc.
- ကာကွယ်တားဆီးခြင်း**
 - ဆေးရုံ၏လုပ်ငန်းဆောင်တာများနှင့်ပတ်သက်ပြီးအမှားများနှင့် မတော်တဆမှုများကိုလျော့ချခြင်း
 - ဆေးရုံ စက်ပစ္စည်းများ ၏ ပြဿနာများကို လျော့ချခြင်း
 - အလုပ်အကိုင်နှင့်ဆိုင်သော ထိခိုက်နစ်နာမှုများကိုလျော့ချခြင်း အစရှိသဖြင့်

6

WHAT CAN 5S DO?

- **Promoting** healthy and safer work environment
ပိုမို ကောင်းမွန်၍ ပိုမိုလုံခြုံသော အလုပ်ပတ်ဝန်းကျင်အား ဖန်တီးခြင်း
- **Improving** the quality of medical services and patients' satisfaction
ကျန်းမာရေးဝန်ဆောင်မှု အရည်အသွေးမြှင့်တင်ခြင်းနှင့် လူနာများ၏စိတ်ကျေနပ်မှုရရှိခြင်း
- **Improving** communication among staff members
ဝန်ထမ်းများ အချင်းချင်း ဆက်ဆံရေး တိုးတက်လာခြင်း

1. SORTING (စီစဉ်)

- **Remove unused stuff from your venue of work and reduce clutter. (Removal / organization)**
- မလိုအပ်သော ပစ္စည်းများအား လုပ်ငန်းခွင်မှ ဖယ်ရှားခြင်း နှင့် ရှုပ်ပွနေမှုများအားလျှော့ချခြင်း။

1. SORTING (စီစဉ်)

Remove unnecessary item

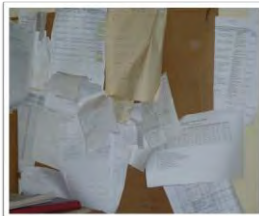
- မလိုအပ်သော ပစ္စည်းများကို ဖယ်ရှားခြင်း



1. SORTING (စီစဉ်)

Remove unnecessary item

- မလိုအပ်သော မှာကြားချက်များနှင့် Poster များအား ဖယ်ရှားခြင်း



2. Setting (စီစဉ်)

- Organize everything needed in proper order for easy operation. (orderliness)
- လိုအပ်သောပစ္စည်းများအား အလွယ်တကူ ယူငင်အသုံးပြုနိုင်ရန် စနစ်တကျ အစီအစဉ်လိုက် ထားရှိခြင်း (အစီအစဉ်တကျ ဖြစ်စေခြင်း)
- Putting labels, sign, color-coding and mapping တံဆိပ်ကပ်ခြင်း၊ အရောင်ခွဲခြင်း နှင့် လမ်းညွှန်မြေပုံများပြုလုပ်ခြင်း။

for easy "Find, Use, Return"

2. Setting (စီစဉ်)

Dumping site of the solid disposal BEFORE 5S



After 5S



Keep Improving



2. Setting (စီစဉ်)

Simple segregation system of clinical disposals

အမှိုက်များကို ခွဲထားခင်

အမှိုက်များကို ခွဲပြီးချိန်



Using existing resource with simple colour coding

2. Setting (စီစဉ်)

Clinical record Storage

BEFORE 5S

AFTER 5S



Unused Information... It was a mess.



S2: အကရာ (သို့) နံပါတ် အစီစဉ်လိုက် ခွဲထားခြင်း

2. Setting (စီစဉ်)

S2: ORDERLINESS

"Easy to see, easy to take out and easy to return"



2. Setting (စီစဉ်)

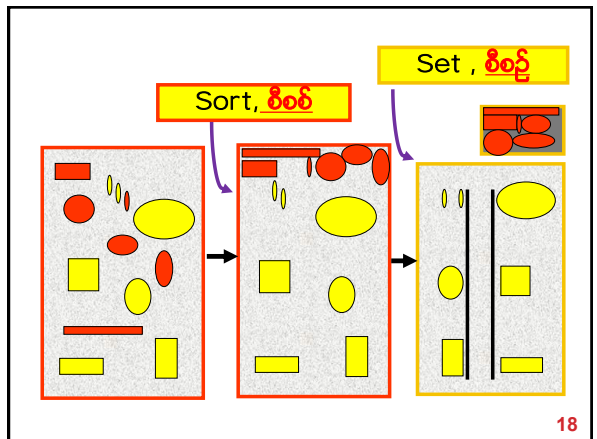
S2: အရောင်လိုက်ခွဲထားခြင်း

For easy differentiation



2. Setting (စီစဉ်)

- အသုံးပြုရလွယ်ကူစေရန် instruction များကို ရှင်းလင်းစွာ ကပ်ထားခြင်း



3. SHINING (စင်ကြယ်)

S3: Proper cleaning tools



3. SHINING (စင်ကြယ်)

S3: EVERYONE'S PARTICIPATION
(အားလုံးပူးပေါင်းလုပ်ဆောင်ရန်လိုအပ်ပါသည်။)

- ပုံမှန်သန့်ရှင်းရေး ပြုလုပ်ရန် တာဝန်ခွဲထားခြင်း



4. STANDARDIZING (စနစ်ကျ)

- Set up the above three Ss as a part of the routine at every section in your place. (Sort, Set and Shine as a system)
- လုပ်ငန်းခွင်နေရာတိုင်းတွင် အထက်ဖော်ပြပါ 3S (စီစစ်၊ စီစဉ်၊ စင်ကြယ်) များကို စနစ်တကျ ပုံမှန်လုပ်ဆောင်ရန်။

4. STANDARDIZING (စနစ်ကျ)

“sort”, “set”, “shine” တို့ကို Standard သတ်မှတ်ခြင်း

Checklist for S1 – S3					
Area: Pharmacy	Supervisor: Rosamary M.			July 2017	
	1W 03/07	2W /	3W /	4W /	5W /
Supervisor's signature	[Signature]				
S1-1. Empty boxes are not remained.	✓				
S1-2. Old notices are removed from the notice board.	✓				
S2-1. Drug containers/boxes on the table are all seen.	✓				
S2-2. Labels of ALL the drugs are stuck to the shelves.					
S2-3. FIFO principle is observed when new ones are supplied.	✓				
S3-3. Daily self-arrangement is practiced	✓				

S4: Checklist

4. STANDARDIZING (စနစ်ကျ)

S4: Self-monitoring



4. STANDARDIZING (စနစ်ကျ)

S4: Self-monitoring



5 SUSTAINING (စွဲမြဲ)

- Train and maintain discipline of the personnel engaged to establish teamwork and environment for improving quality of care.

ကျန်းမာရေး စောင့်ရှောက်မှု အရည်အသွေး တိုးတက်ရန် ပါဝင်ပါတ်သက်သူများကို လေ့ကျင့်ပေးခြင်း နှင့် စည်းကမ်းများကို ဆက်လက်ထိန်းသိမ်းခြင်း။

5 SUSTAINING (စွဲမြဲ)

S5: Continuous learning opportunities



5 SUSTAINING (စွဲမြဲ)

S5: Continuous learning opportunities

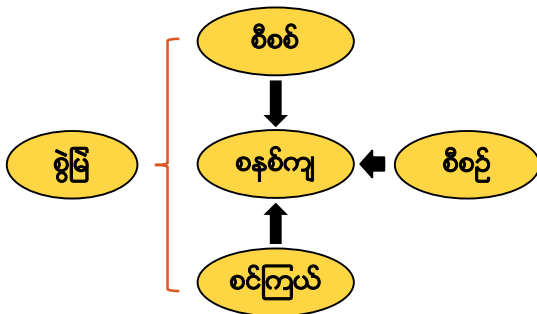


5 SUSTAINING (စွဲမြဲ)

S5: Daily briefing



FORMS OF 5S IMPLEMENTATION



Key Point of 5S Activity

- 5S activity has **no ending**. 5Sတွင် အဆုံးမရှိပါ။
- 5S is a trigger for making people healthier and happy!

Now, what have we done each Pilot Area?

- Medical Ward
- OPD and Emergency Department
- Pediatrics Ward
- Medical Record Department
- Kitchen

LET'S SEE
OUR ACTIVITY!!

31

HISTORY OF 5S IN LGH

5S Introductory Seminar in December 2017

- Most of the LGH staffs attended the seminar.
- After the seminar, 5S team members were appointed.



32

WE ARE 5S TEAM !!



33

HISTORY OF 5S IN LGH

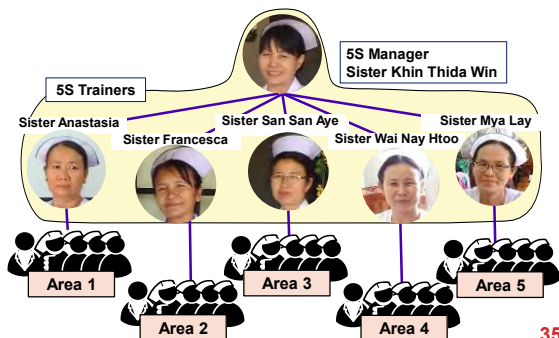
5S Training of Trainers in March 2018

- After being appointed as 5S Team, we attended 5S TOT.



34

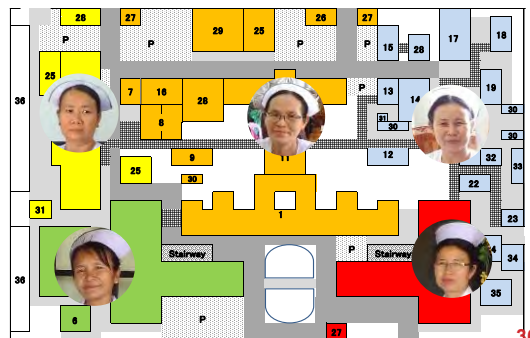
WE ARE 5S TEAM !!



35

WE ARE 5S TEAM !!

We divided Loikaw General Hospital into 5 areas.



36

HISTORY OF 5S IN LGH

Regular meeting with MJHSSP members

- We prepared Flip Chart for explaining 5S each area.



37

HISTORY OF 5S IN LGH

Introduction of 5S activities to the staffs by trainers

- After explaining S, we decided a showcase as a starting point with the staffs.



38

HISTORY OF 5S IN LGH

Regular 5S ward round

- We encourage what they improved.
- We suggest next improvement target to the staffs.
- We share good practice each other.



39

PILOT AREAS' PHOTOS

(BEFORE & AFTER)

EMERGENCY DEPARTMENT

Before 5S



After starting 5S



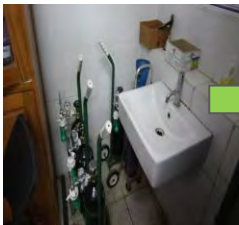
40

PILOT AREAS' PHOTOS

(BEFORE & AFTER)

EMERGENCY DEPARTMENT

Before 5S



After starting 5S



41

PILOT AREAS' PHOTOS

(BEFORE & AFTER)

MEDICAL WARD

Before 5S



After starting 5S



42

**PILOT AREAS' PHOTOS
(BEFORE & AFTER)
PAEDIATRICS WARD**

Before 5S



After starting 5S



43

**PILOT AREAS' PHOTOS
(BEFORE & AFTER)
MEDICAL RECORD DEPARTMENT**

Before 5S



After starting 5S



44

**PILOT AREAS' PHOTOS
(BEFORE & AFTER)
KITCHEN**

Before 5S



After starting 5S



45

LET'S TRY 5S ACTIVITY!

When you try, please remember to;

- Start from what we can do (လုပ်နိုင်တဲ့ အသေးလေးတွေနှင့် စကြမယ်)
- Involve all (အားလုံး ပါဝင်ဆောင်ရွက်မယ်)
- Take "before" picture (မပြင်ရသေးတဲ့ ပုံလေးတွေရိုက်ထားကြမယ်။)
- Enjoy the change! (အပြောင်းအလဲကိုစားကြမယ်)

We can be a showcase of 5S in Myanmar!
(မြန်မာပြည်မှာ 5S စံပြဆေးရုံဖြစ်အောင် ကြိုးစားကြပါစို့။)



46



Thank you for your attention!

47

**AGAIN...
WE ARE 5S TEAM !!**



**Let's go around
pilot areas together!!**

48

Record of the Observation Visit on Activities of the Health System Strengthening Project in Kayah State



Loikaw, June 2018

MoHS/JICA Health System Strengthening Project in Kayah

Contents

1.	Introduction.....	- 1 -
2.	Delegates and other participants	- 2 -
3.	Members of Kayah State.....	- 2 -
4.	Contents of observation visit.....	- 3 -
5.	Comments from the visitors	- 6 -
6.	Conclusion	- 6 -

Annex 1: List of the participants

Annex 2: List of members of the Project

Annex 3: Schedule

Annex 4: Photos of the visit

Annex 5: Presentations prepared by hosts

1. Introduction

It is one of the prerequisites of further health development in Myanmar to strengthen the capacity at the state/regional level to practise the national policy most positively and effectively. The universal health coverage cannot be realized without quality health care reaching people in remote, hard-to-reach or hope-conflict areas. With this regard, local conditions considerably vary by state/region, accordingly local health administrations need a capacity to manage their health plan with a good grip of the situation in their catchment. This is the stand point of the JICA expert team to support the capacity building at the state-level in Kayah regarding the management of health plan through the practices of cycle management: plan, do, check and action.

A great progress was a launch of the Special Effort by the State Department of Medical Services in early 2017. It was a list of important activities mainly to be conducted in the Loikaw General Hospital. It was developed with their mission, vision and core values following the guidance on six-month plan by the Department of Medical Services of the Ministry of Health and Sports in Nay Pyi Taw which showed the importance on the customer friendliness, infections control at health facilities, improved work environments, and useful notices for patients to be showed in hospitals. Most activities of the Special Effort are oriented to practices of patient-centred care, mitigation of psychological distances between health staff and local people, and improvements of work environments by hospital staff. Before its first phase was drafted, the JICA expert team introduced some of the Japanese current and past experiences for the references. A copy of Japanese system, however, was not listed at all. Indeed, the introduced Japanese approaches met the Myanmar people's way of thinking, but they determined their own way taking up suggestions from precedents in Japan. Accordingly, the sites of those experiments are full of innovative ideas which can be another suggestion for members of other states/regions to find their way to proceed. In fact, the members from Rakhine, visited the project sites at Loikaw in August 2017, were interested and encouraged much more than expected.

Effects of health plan management, the Special Effort, and approaches of 5S-KAIZEN-TQM were highly appreciated by the Union Minister of Health and Sports, DG (DPH/DMS) and DyDGs at the visitation of the Loikaw General Hospital in October 2017. At that time, it was discussed and basically agreed between MOHS and JICA to invite key members of other hospitals in the country for on-site observation visits to Loikaw during the period of MJHSSP.

In March 2017, JICA sent MoHS an invitation for observation visit on activities of MJHSSP_Kayah, and MoHS selected delegates from Tanintharyi, Ayeyarwaddy and Nay Pyi Taw replying to the invitation. Also, the members of the Hospital Administration Society (HAS), Myanmar Medical Association (MMA) were invited to participate in the visit. The observation visit was conducted from 19 to 20 June to meet the concerned members of Kayah state departments of public health and medical services, and to observe the activities in the Loikaw General Hospital and Demawso Township Hospital.

This paper is a record of the good experiences shared by the visitors, hosts and all other concerned members.

2. Delegates and other participants

JICA proposed to invite ten members from:

- Medical Care Division of DMS, MoHS
- Regional Department of Medical Services in Tanintharyi and Ayeyarwaddy
- Region/district general hospitals in Tanintharyi and Ayeyarwaddy

Replying to the invitation from JICA, MoHS selected the following eleven delegates:

- Regional Health Director, Tanintharyi Regional Department of Health
- Director, Ayeyarwaddy Regional Department of Medical Services
- Medical Superintendent, Dawei General Hospital
- Medical Superintendent, Myeik General Hospital
- Medical Superintendent, Kaw Thaug General Hospital
- Medical Superintendent, Laputta General Hospital
- Regional Medical Officer, Ayeyarwaddy Regional Department of Health
- Consultant (Paediatrics), Pathein General Hospital
- Matron, Pathein General Hospital
- Deputy Director, Medical Care Division, Department of Medical Services
- Assistant Director, Medical Services Supporting Division, Department of Medical Services

Following are the other participants from HAS, MMA:

- Vice President, HAS, MMA
- Secretary, HAS, MMA
- Member, HAS, MMA (Deputy Medical Superintendent, Yangon Mental Health Hospital)
- Member, HAS, MMA (Deputy Medical Superintendent, Hlaing Thar Yar General Hospital)

(See Annex 1)

3. Members of Kayah State

The participants met the concerned members of Kayah state departments of public health and medical services, Hospitals in the state and the JICA expert team.

- Director, Kayah State Departments of Public Health and Medical Services
- Deputy Director, Kayah State Department of Public Health
- Assistant Director, Kayah State Department of Medical Services
- State Medical Officer, Kayah State Department of Medical Services
- State Nursing Officer, Kayah State Department of Medical Services
- Medical Superintendent, Loikaw General Hospital
- Deputy Medical Superintendent, Loikaw General Hospital
- Assistant Medical Superintendent, Loikaw General Hospital
- Senior Consultant (OG), Loikaw General Hospital

- Senior Consultant (Paediatric), Loikaw General Hospital
- Nursing Superintendent, Loikaw General Hospital
- Matron, Loikaw General Hospital
- 5S manager and 5S sisters, Loikaw General Hospital
- Township Medical Officer, Demawso Township Hospital
- Members of MJHSSP (JICA Headquarters, Nay Pyi Taw team and Kayah Team)

(See Annex 2)

4. Contents of observation visit

4.1 Meeting and observation on the first day

Firstly, the Director of Kayah state Departments of Public Health and Medical Services gave welcome remarks to the visitors. Followingly, the Deputy Director of Kayah state Department of Public Health made a presentation about the health status of Kayah and activities of the department.

(See Annex 5.1)

After that, the State medical Officer of Kayah State Department of Medical Services introduced the mission and vision of the department as well as the activities implemented to achieve these mission and vision. Also, he introduced the current "Special Effort", which a list of important activities to be implemented in six months.

[Mission/Vision statement of State Department of Medical Services]

Mission: To coordinate with stake holders and to provide good guidance to hospitals in Kayah State and to facilitate collaboration among the hospitals for provision of quality medical services

Vision: To make hospitals in Kayah State attractive by means of improving both customers' and providers' satisfaction.

[Special Effort 2018]

Activity 1: To improve communication and collaboration with township and station hospitals through the establishment of biannual meeting.

Activity 2: To strengthen the capacity of hospital staff in the state on leadership, management and communication.

Activity 3: To introduce 5S activities to all township hospitals.

Activity 4: To support Loikaw General Hospital to develop its mission, vision and core values as well as Special Effort.

Activity 5: To strengthen M&E capacity through implementation of the Special Effort 2018.

(See Annex 5.2)

Lastly, the Senior Deputy Director of JICA Headquarters introduced the outline of JICA’s supports to health sector in Myanmar.

(See Annex 5.3)

After the presentation session, the participants visited Demawso Township Hospital to see the activities which the Kayah state Medical Services Department has implemented at the hospital.

4.2 Meeting and observation on the second day

The participants visited the Loikaw General Hospital on the second day. Once the participants arrived at the hospital, they firstly watched the introduction movie of mission, vision and core values of the hospital. Followingly, they observed the pictures of hospital activities. The Director of Kayah state Departments of Public Health and Medical Services, the Medical Superintendent of Loikaw General Hospital explained the pictures and detail of activities to the participants. After that, the visitors signed on the hospital banner, on which hospital motto was printed and all the hospital staff had already signed. Through this programme, the visitors fostered better understanding of the principles of the hospital and the support that MJHSSP_Kayah has provided.

After that, the presentation session was conducted. Firstly, the Medical Superintendent of Loikaw General Hospital introduced the outline of the hospital, as well as hospital principles.

Mission:	We are dedicated to improving the quality of life of the people in the state through providing competent medical services and cooperating concerned stakeholders
Vision:	To become a national-showcase hospital which enjoys desirable level of both customers’ and providers’ satisfaction
Core values:	HUMANITY: We keep mind of kindness, hospitality, compassion and empathy MUTUAL RESPECT: We cultivate mutual respect with all regardless of race, birth, religion, PASSION: We keep passion for work, sustain good practices and pursue further
Motto:	We belong to the state, we serve the state and we grow with the state

The Medical Superintendent emphasised that, not only development of the hospital principles, but also sharing these statements with all hospital staff is essential for creating truly “inclusive” team spirit. Also, he stated the importance of taking real actions to achieve their mission and vision.

(See Annex 5.4)

Followingly, the following project activities were introduced by the focal persons of the hospital.

- Introduction of 5S-CQI-TQM approach / 5S Manager (See Annex 5.5)
- Infection Prevention and Control (IPC) / IPC Sister (See Annex 5.6)
- Improved Clinical Experience for AS / Deputy Medical Superintendent (See Annex 5.7)
- Effective Health Education / Assistant Medical Superintendent (See Annex 5.8)

After the presentation session, hospital tour was conducted. The participants observed the new hospital building which was built by the grant aid project of Japanese government and other departments which MJHSSP_Kaytah mainly worked with.

5. Comments from the visitors

Several comments and suggestions on the project activities were received from the participants while the visitation. Most of their comments could be summarised as follows.

- The concept of the Special Effort is unique and effective to implement the activities which are really needed based on the local situation.
- Activities are well selected and planned to fit the available resource of the hospital.
- Both the Loikaw General Hospital and the Demawso Township Hospital are very clean and comfortable.
- The hospital staff seem to be happy to be involved in the project activities. I found very high ownership among them.
- Activities such as 5S, hospital infection control and ensuring the quality of clinical experience for newly and 2nd post doctor are very good.
- 5S activities and infection prevention control activities are very important and effective to secure productivity and safety.
- Project activities can contribute to; 1) improve both clients' and providers' safety, 2) Improve quality of care, 3) become patient friendly hospital and, 4) achieve UHC.
- Low incentive for the provides is the hindering factor for improving the providers' satisfaction. This should be tackled by the central government level.
- Securing the sustainability of the project activities is most important.

6. Conclusion

The observation visit was successfully completed with the great hospitality and effort of the Kayah state Departments of Public Health / Medical Services and hospitals in the state. The objective of the observation visit, which is to introduce the effective management of the health plan and its activities in Kayah, was achieved. Through the observation visit, concerned staff of the Kayah state also gained many findings and lesson learned by communication with the participants. The participants mentioned that they were going to introduce some of the activities which they observed in Kayah state, especially development of mission and vision of the hospital, and 5S-KAIZEN-TQM approach attracted the attention. The word "Sustainability" was heard several times from the participants. Needless to say, the counterparts of Kayah state are required to continue the momentum to achieve their own mission and vision. With this regard, MJHSSP_Kayah aims to provide necessary support to establish a mechanism (or simply said "culture") in the counterparts' daily duties for a sustainable development. Lastly, MJHSSP_Kayah would like to express sincere appreciation to all the concerned personals who supported the achievement of the observation visit.

Annex 1: List of Participants

Delegates from Napy Pyi Taw, Tanintharyi and Ayeyarwaddy

Name	Title	Organization
Dr. Zin Mar Soe	Deputy Director	Medical Care Division, DMS
Dr. Min Min	Assistant Director	Medical Services Supporting Division, DMS
Dr. Zaw Min Htun	Regional Health Director	Tanintharyi Regional Department of Health
Dr. Swe Swe Aung	Medical Superintendent	Dawei General Hospital
Dr. San San Thi	Medical Superintendent	Myeik General Hospital
Dr. Khin Zaw	Medical Superintendent	Kaw Thaug General Hospital
Dr. Aung Kyaw Htwe	Director	Ayeyarwaddy Regional Department of Medical Services
Dr. Myo Thiha	Regional Medical Officer	
Dr. Hnit San Oo	Medical Superintendent	Ayeyarwaddy Regional Department of Health
Dr. Thura Zaw	Consultant (Paediatrics)	Laputta General Hospital
Daw Naw Mar Si	Matron	Pathein General Hospital

Other participants from HAS, MMA and JICA Headquarters

Name	Title	Organization
Dr. Aung Wynn	Vice President	Pathein General Hospital
Dr. Tin Nyo Nyo Latt	Secretary	Hospital Administration Society, MMA
Dr. Yin Yin Tun	Deputy Medical Superintendent	Yangon Mental Health Hospital
Dr. Thant Thant Tint	Deputy Medical Superintendent	Hlaing Thar Yar General Hospital

Annex 2: List of members concerned of the Project

Name	Title	Organization
Dr. Khin Maung Yin	Director	Kayah State Departments of Public Health and Medical Services
Dr. Tin Wan	Deputy Director	Kayah State Department of Public Health
Dr. Myat Thu Win	Assistant Director	Kayah State Department of Medical Services
Dr. Pyae Phyo Kyaw	State Medical Officer	Kayah State Department of Medical Services
Daw Cho Cho Myint	State Nursing Officer	Kayah State Department of Medical Services
Dr. Ye Myint Aung	Medical Superintendent	Loikaw General Hospital
Dr. Zaw Min Thike	Deputy Medical Superintendent	Loikaw General Hospital
Dr. Zaw Min	Assistant Medical Superintendent	Loikaw General Hospital
Dr. Ahmar	SC (OG)	Loikaw General Hospital
Dr. Ni Ni Than	SC (Paediatric)	Loikaw General Hospital
Daw Soe Soe Win	Nursing Superintendent	Loikaw General Hospital
Daw Rebecca	Matron	Loikaw General Hospital
Daw Agatha	IPC Sister	Loikaw General Hospital
Daw Khin Thida Win	5S Manager	Loikaw General Hospital
Daw Mya Lay	5S Trainer	Loikaw General Hospital
Daw Way Nay Htoo	5S Trainer	Loikaw General Hospital
Daw San San Aye	5S Trainer	Loikaw General Hospital
Daw Francesca	5S Trainer	Loikaw General Hospital
Daw Anasthasia	5S Trainer	Loikaw General Hospital
Ms. Tomoni Ibi	Senior Deputy Director, Human Development Department	JICA Headquarters
Mr. Kazunori Iijima	Sub Leader	MJHSSP, Kayah
Mr. Naoki Take	JICA Expert	MJHSSP, Kayah
Ms. Hanae Aida	JICA Expert	MJHSSP, Kayah
Mr. Koji Aoki	JICA Expert	MJHSSP, Kayah
Dr. Kyaw Thu Htet	Chief Technical Officer	MJHSSP, Kayah
Dr. Thinn Myat Mon	Technical Officer	MJHSSP, Kayah
Ms. Wai Sein Htoo	Administrative Assistant	MJHSSP, Kayah
Ms. War Lar Thing	Administrative Assistant	MJHSSP, Kayah
Ms. Naoko Ito	JICA Project Coordinator	MJHSSP, Nay Pyi Taw
Dr. Nyan Lin Thu	Program Officer	MJHSSP, Nay Pyi Taw

Annex 3: Schedule

19 June, Tue	Orientation of observation visit by JICA expert team
	Visiting Kayah State Department of Public Health <ul style="list-style-type: none"> - Introduction of the health status of Kayah - Introduction of the Special Effort 2018 (SMSD) - Introduction of JICA
	Lunch
	Observe Demawso township
20 June, Wed	Visiting Loikaw General Hospital <ul style="list-style-type: none"> - Introduction of the Loikaw General Hospital - Introduction of the 5S-CQI-TQM Approach - Infection Prevention and Control (IPC) - Improved Clinical Experience for AS - Effective Health Education
	Lunch
	Hospital tour in LGH
	Knowledge Sharing Session
	Observe Loikaw township
21 June, Thu	Departure from Loikaw

Annex 4: Photos of the visit

Day 1: 19 June 2018 (Kayah State Department of Public Health)



Opening remarks by the Director of Kayah state
DPH/DMS



Presentation by the Deputy Director of Kayah state
DPH



Presentation by the State Medical Officer, Kayah
SMSD



Presentation by the Deputy Director,
JICA Headquarters



Hospital tour in Demawso TH



Hospital tour in Demawso TH

Day 2 : 20 June 2018 (Loikaw General Hospital)



Introduction movie of the mission, vision and core value of LGH



Picture presentation of the hospital-based activities



Picture presentation of the hospital-based activities



Sighing on the hospital banner



Sighing on the hospital banner



Group photo



Introduction of LGH
by MS, LGH



Introduction of 5S-KAIZEN-TQM
by 5S Manager, LGH



Introduction of infection prevention control
by IPC Sister, LGH



Introduction of Improved Clinical Experiences for AS
by DMS, LGH



Introduction of Effective Health Education
by AMS, LGH



Discussion



Discussion



Discussion



Observation at Paediatrics ward, LGH



Observation at Paediatrics ward, LGH



Observation at Medicine ward, LGH



Observation at OBGY ward, LGH



Observation at OBGY ward, LGH



Observation at OBGY ward, LGH



Movie of ANC roleplay at OBGY, LGH



Movie of ANC roleplay at OBGY, LGH



Introducing the LGH introduction board



Observation at OPD, LGH



Observation at MRT room, LGH



Scenes of the hospital tour



Scenes of the hospital tour



Scenes of the hospital tour



Scenes of the hospital tour



Group photo

Annex 5: Presentations prepared by hosts

5-1 Health status in Kayah

**ကယားပြည်နယ်
ပြည်သူ့ကျန်းမာရေးဦးစီးဌာန**

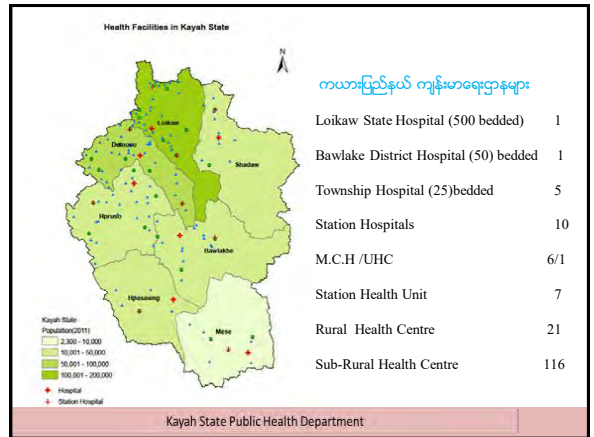
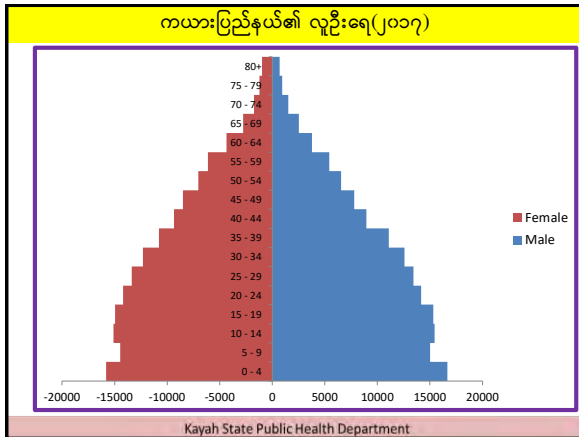
ဒေါက်တာ တင်ဝင်း
ပြည်သူ့ကျန်းမာရေးဦးစီးဌာနမှူး

Kayah State Public Health Department

Kayah State Health Profile

- District - 2
- Township - 7
- Geography Area - 4529.56 sq. mil
- Location - North - Shan State
- East - Thai land
- South - Kayah State
- West - Shan State & Bago Division
- Total - 305082
- Urban - 86392
- Rural - 218690
- Male - 151940
- Female - 153142
- Sex Ratio (M:F) - 1 : 1.01
- <1 yr - 6679
- <5 yr - 32487
- <15yr - 92536
- AN - 6987
- WCBA (15-45 yr) - 83493

Kayah State Public Health Department



ကယားပြည်နယ်၊ ပြည်သူ့ကျန်းမာရေးဦးစီးဌာနဆရာဝန်များ ခွင့်ပြု၊ ခန့်ထား၊ လစ်လပ်

စဉ်	ရာထူး	စာရင်း	လစာနန်း	ခွင့်ပြု	ခန့်ထား	လစ်လပ်
၁။	ညွှန်ကြားရေးမှူး၊ ပြည်နယ် ပြည်သူ့ကျန်းမာရေးဦးစီးဌာနမှူး	၂	၃၇၄၀၀၀-၄၀၀၀၀-၃၉၄၀၀၀	၁	၁	-
၂။	ဒုတိယညွှန်ကြားရေးမှူး၊ ပြည်နယ် ပြည်သူ့ကျန်းမာရေးဦးစီးဌာနမှူး / ခရိုင်ပြည်သူ့ကျန်းမာရေးဦးစီးဌာနမှူး	၃	၃၄၀၀၀၀-၄၀၀၀၀-၃၂၀၀၀၀	၅	၂	၃
၃။	လ/ထညွှန်ကြားရေးမှူး၊ ဒု-ခရိုင်ပြည်သူ့ကျန်းမာရေးဦးစီးဌာနမှူး၊ မြို့နယ်ပြည်သူ့ကျန်းမာရေးဦးစီးဌာနမှူး	၃၀	၃၀၈၀၀၀-၄၀၀၀၀-၃၂၀၀၀၀	၂၃	၄	၁၃
၄။	လက်ထောက်ဆရာဝန်/အဖွဲ့ခေါင်းဆောင်ဆရာဝန် - ဒုတိယမြို့နယ်ပြည်သူ့ကျန်းမာရေးဦးစီးဌာနမှူး	၂၇၅	၂၇၅၀၀၀-၄၀၀၀၀-၂၉၅၀၀၀	၈၈	၆	၆၄
၅။	လက်ထောက်ဆရာဝန် (သွား)၊ ဦးစီးအရာရှိ (သွားကျန်းမာ)	၂	၂၅၀၀၀၀	၂၀	၂	၁၈
	ပြည်နယ်စုစုပေါင်း			၁၃၇	၁၅	၁၂၂

Kayah State Public Health Department

ကယားပြည်နယ်၊ ပြည်သူ့ကျန်းမာရေးဦးစီးဌာန (လက်ရှိ) ခွင့်ပြု၊ ခန့်ထား၊ လစ်လပ် စာရင်း

ရာထူး	ခွင့်ပြု	ခန့်ထား	လစ်လပ်	မှတ်ချက်
မြို့နယ်ကျန်းမာရေးမှူး	၄	-	၄	
ကျန်းမာရေးမှူး (၁)	၁၆	၅	၁၁	
လက်ထောက်ကျန်းမာရေးမှူး	၇၀	၂၃	၄၇	
ကျန်းမာရေးကြီးကြပ်(၁)	၄၅	၂၁	၂၄	
ကျန်းမာရေးကြီးကြပ်(၂)	၁၉၈	၁၆၃	၃၅	
ဘက်စုံကျောက်ထိုး	၁၇	-	၁၇	

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ကယားပြည်နယ်၊ ပြည်သူ့ကျန်းမာရေးဦးစီးဌာန ခွင့်ပြု၊ ခန့်ထား၊ လစ်လပ် စာရင်း

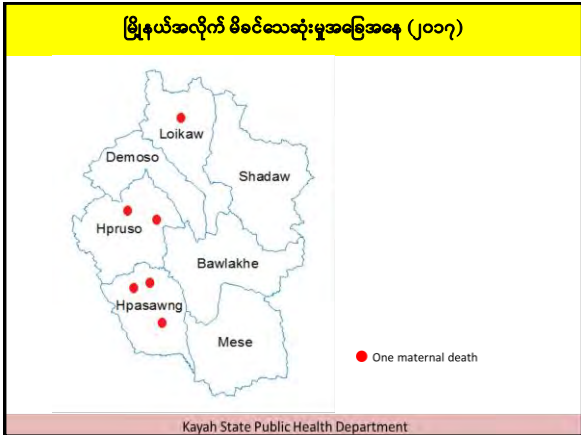
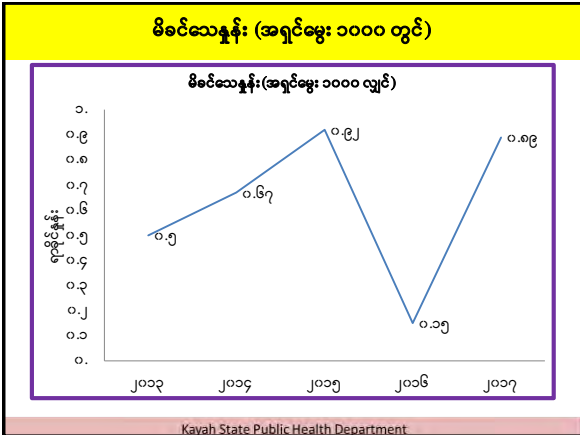
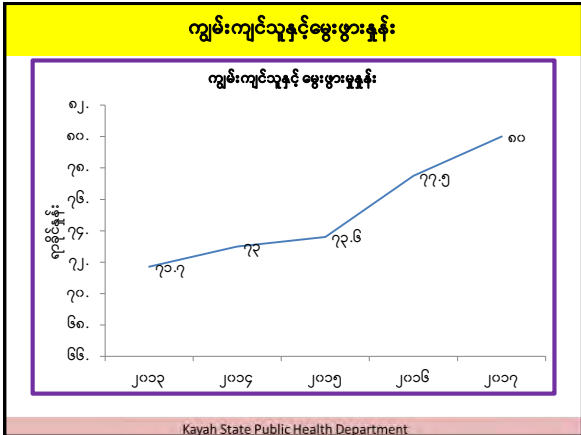
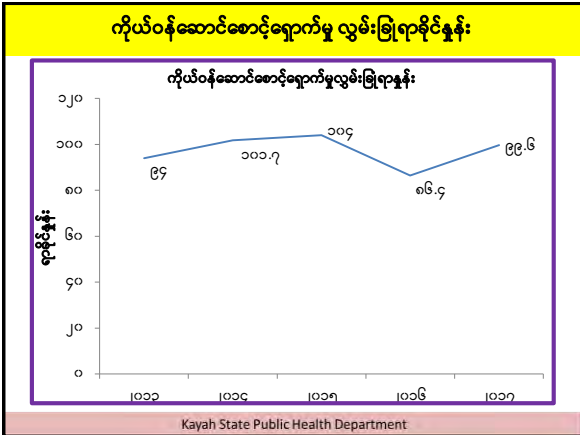
ရာထူး	ခွင့်ပြု	ခန့်ထား	လစ်လပ်
လက်ထောက်ညွှန်ကြားရေးမှူး(သူနာပြု)	၁	၁	-
ဦးစီးအရာရှိ(သူနာပြု)	၁	၁	-
မြို့နယ်သူနာပြု(၁)	၂၂	၁၃	၉
သူနာပြု(၂)	၂၂	-	၂၂
အထက်တန်းသူနာပြု	၄	၄	-
သူနာပြု	၂၃	၁၂	၁၁
သူနာပြု(သွား)	၂၁	၁	၂၀
အမျိုးသမီးကျန်းမာရေးဆရာမ (LHV)	၅၆	၄၁	၁၅
သားဖွားဆရာမ	၂၀၀	၂၀၀	-

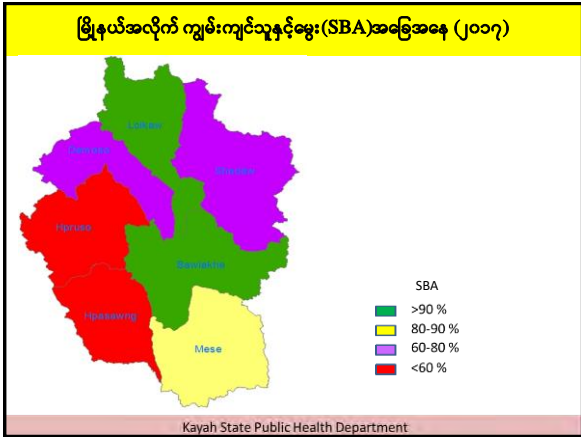
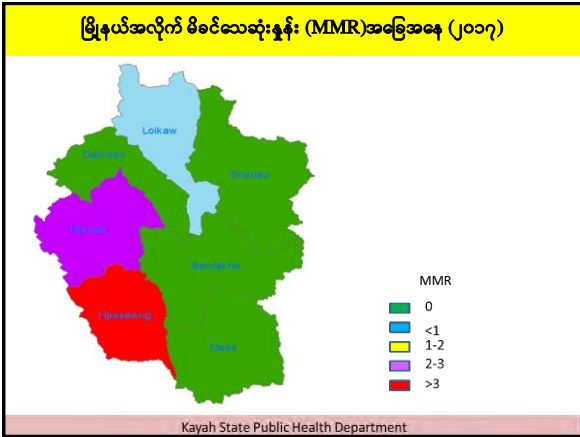
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၅-နှစ်အတွင်း မိသားစုကျန်းမာရေးလုပ်ငန်း စီမံချက် ဆောင်ရွက်မှုအခြေအနေ

စဉ်	အကြောင်းအရာ	၂၀၁၂	၂၀၁၃	၂၀၁၄	၂၀၁၅	၂၀၁၆	၂၀၁၇
၁	ကိုယ်ဝန်ဆောင်စောင့်ရှောက်မှု လွှမ်းမိုးမြို့ရာခိုင်နှုန်း	၈၇.၆	၉၄	၁၀၀	၁၀၄	၉၈.၆	၉၉.၆
၂	အိမ်ထိုင်ရာရောက်မွေးဖွားမှုနှုန်း	၆၇.၄	၇၂	၄၁.၃	၃၅	၂၉.၇	၂၂.၁
၃	အထက်အဆင့်သို့လွှဲပြောင်းမှု ရာနှုန်း	၇.၉	၁၄	၁၆.၂	၂၇.၅	၃၂.၈	၃၅.၂
၄	မွေးပြီးမိခင်စောင့်ရှောက်သည့် ပျမ်းမျှအကြိမ်ပေါင်း	၃.၆	၃.၂	၃	၃.၄	၄.၅	၃.၅
၅	ကျွမ်းကျင်သူနှင့်မွေးဖွားမှုနှုန်း	၆၇.၄	၇၂	၇၂.၈	၇၄	၇၈.၁၅	၈၀.၀

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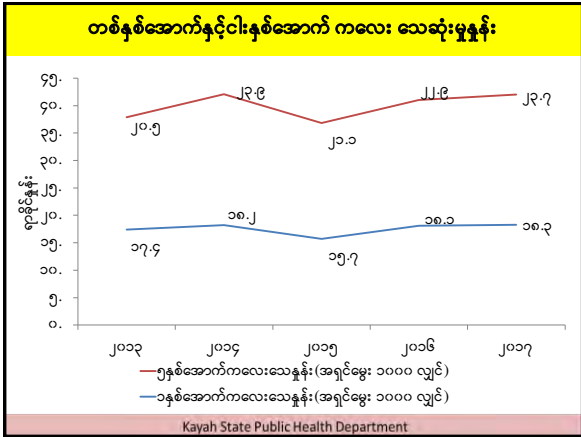




မိခင်သေဆုံးရသည့် အကြောင်းအရင်းများ (၂၀၁၇)

စဉ်	သေဆုံးရသည့်အကြောင်းအရင်း	ဦးရေ	ရာခိုင်နှုန်း
၁	သားအိမ်ကွဲခြင်း	၁	၁၆.၇
၂	ကိုယ်ဝန်ဆိပ်တက်ခြင်း	၃	၅၀.၀
၃	သားဖျက်ချခြင်း	၁	၁၆.၇
၄	ဝမ်းလျော့၍ သွေးဆိပ်တက်ခြင်း	၁	၁၆.၇

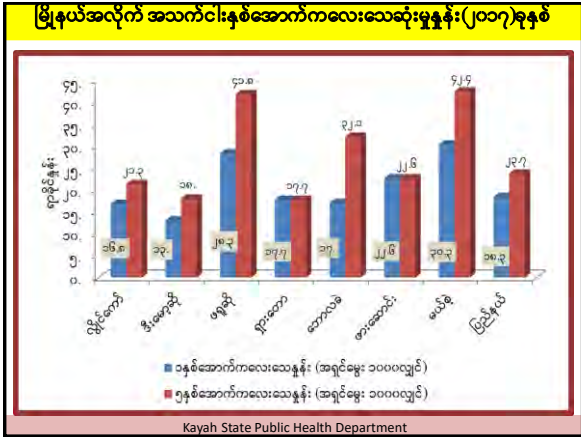
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မြို့နယ်အလိုက်အသက်ငါးနှစ်အောက်ကလေးသေဆုံးမှုဦးရေ(၂၀၁၇)ခုနှစ်

စဉ်	မြို့နယ်	(၀-၇)ရက်	(၇-၂၈)ရက်	၂၈-၁နှစ်	(၁-၅)နှစ်	စုစုပေါင်း
၁	လွိုင်ကော်	၂၂	၉	၁၄	၁၂	၅၇
၂	ဒီးမော့ဆို	၁၆	၂	၁၁	၁၀	၃၉
၃	ဖရူဆို	၇	၂	၁၆	၁၂	၃၇
၄	ရှားတော	၂	၀	၁	၀	၃
၅	ဘောလခဲ	၂	၂	၂	၁	၇
၆	ဖားဆောင်း	၆	၃	၁	၀	၁၀
၇	မယ်စုံ	၂	၁	၂	၂	၇
ပြည်နယ်အချုပ်		၅၇	၁၉	၄၇	၃၇	၁၆၀

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ဗွားစသတရင်းအင်း

စဉ်	အညွှန်းကိန်းများ	၂၀၁၃	၂၀၁၄	၂၀၁၅	၂၀၁၆	၂၀၁၇
၁	မွေးနှုန်းကြမ်း (လူဦးရေ ၁၀၀၀လျှင်)	၂၂.၂	၂၁.၂၃	၂၂.၄၉	၂၂.၆	၂၂
၂	သေနှုန်းကြမ်း(လူဦးရေ ၁၀၀၀လျှင်)	၄.၅	၄.၆၄	၄.၈၅	၄.၉	၄.၉
၃	ပျို့ရွယ်သူမွေးဖွားနှုန်း	၁၃.၇	၁၈.၁	၁၉	၂၀	၂၄.၉
၄	အသေမွေးဖွားနှုန်း	၃	၃.၇	၁၁.၃၇	၁၄.၃	၁၃.၄
၅	ကိုယ်ဝန်ဖျက်ရာနှုန်း	၃	၃.၇	၃.၉၈	၃.၆	၃.၉

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Community Clinic (၂၀၁၇)ခုနှစ် လုပ်ငန်းဆောင်ရွက်ချက်များ

Kayah State ,		Community Clinic			RHC with Community Clinic -6/28			
		Total MCH/RHC - 6/28			Total MCH/RHC - 6/28			
No	Month	MCH Clinic	<5 Elderly Clinic	Total Patient	Health Education	Total Refer	Others including Immunization	
1	January	3412	2481	1358	7251	283	273	2983
2	February	4519	3190	1560	9269	342	329	3107
3	March	4203	2756	1492	8451	362	313	3302
4	April	3427	2592	1032	7051	260	333	3318
5	May	446	2666	1520	8632	410	317	3235
6	June	3337	2592	1465	7506	448	346	3116
7	July	4628	3094	1581	9303	677	431	4230
8	August	4696	9676	1677	16049	2889	416	3198
9	September	3555	2714	1320	7589	628	340	3432
10	October	3416	1907	1047	6370	424	296	2989
11	November	3232	2148	1083	6463	605	328	3649
12	December	3375	2644	1154	7173	597	338	2025
Total		42246	38460	16289	101107	7925	4060	38584

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အာဟာရဖွံ့ဖြိုးရေးစီမံချက် ဆောင်ရွက်မှုအခြေအနေ

စဉ်	အကြောင်းအရာ	၂၀၁၂	၂၀၁၃	၂၀၁၄	၂၀၁၅	၂၀၁၆	၂၀၁၇
၁	ကိုယ်အလေးချိန်မပြည့်သည့် မွေးစကလေးရာနှုန်း	၃.၃	၄.၁	၅.၂	၉.၇	၂.၂	၂.၄
၂	မိန်းကလေးအားကစားအသင့်အတင့် အာဟာရချို့တဲ့မှုရာနှုန်း	၁၀.၂	၇.၅၆	၇.၉	၆.၃	၄.၈	၃.၉
၃	မိန်းကလေးအားကစားအသင့်အတင့် အထွေအာဟာရချို့တဲ့မှုရာနှုန်း	၀.၅	၀.၂	၀.၅	၀.၄	၀.၅	၀.၅
၄	မိန်းကလေးအားကစား အာဟာရ ချို့တဲ့မှုရာနှုန်း	၉.၆	၈.၃	၈.၄	၆.၆	၅.၃	၄.၄
၅	အရည်အသွေးပြည့်အိုင်အိုင်အိုင်ဆား စားသုံးမှုစီမံသည့်ကျေးရွာ/ ရပ်ကွက်ရာနှုန်း	၉၅.၇	၉၈.၆	၉၈.၇	၉၈.၈	၉၈.၄	၉၉.၅

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တိုးချက်ကွယ်ဆေးထိုးစီမံချက် ဆောင်ရွက်မှုအခြေအနေ (ရာခိုင်နှုန်း)

စဉ်	အကြောင်းအရာ	၂၀၁၂	၂၀၁၃	၂၀၁၄	၂၀၁၅	၂၀၁၆	၂၀၁၇
၁	BCG	၉၀	၉၉.၉၇	၁၀၃.၅	၉၈	၉၆.၆၆	၉၇
၂	Penta 1	၁၈.၁	၉၈.၇၄	၁၀၂.၈	၉၉	၉၅.၉၉	၉၆
၃	Penta 2	-	၉၉.၇၅	၁၀၁.၆	၁၀၀	၉၆.၃၆	၉၅
၄	Penta 3	-	၈၄.၄၂	၉၉.၂	၉၈	၉၄.၀၅	၉၆
၅	OPV 1	၈၁	၁၀၁.၆	၁၀၃.၁	၉၉	၉၆.၀၄	၉၆
၆	OPV 2	၈၆	၁၀၂.၉	၁၀၁.၆	၁၀၀	၉၆.၂၉	၉၅
၇	OPV 3	၈၆	၈၉.၇	၉၉.၁	၉၈	၉၄.၀၆	၉၅
၈	Measle 1	၇၁	၉၅.၂	၉၅.၈	၇၉	၉၄.၄၉	၈၈
၉	Measle 2	၅၆	၇၆.၃	၈၂.၃	၇၁	၈၈.၅၅	၈၄
၁၀	TT 1	၇၄	၈၆.၂	၉၀.၆	၉၄	၉၁.၂	၉၂
၁၁	TT 2	၇၃	၆၁.၈	၈၄.၄	၉၀	၈၇.၀၀	၈၇

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အမျိုးသားတီဘီရောဂါတိုက်ဖျက်ရေးစီမံချက်

စဉ်	သလိပ်ပိုးတွေ့တီဘီလူနာသစ် တွေရရှိနှုန်း	၂၀၁၂	၂၀၁၃	၂၀၁၄	၂၀၁၅	၂၀၁၆	၂၀၁၇
၁	သလိပ်ပိုးတွေ့ တီဘီလူနာသစ် ရှာဖွေ တွေ့ရှိနှုန်း (CDR)	၃၁	၅၀	၅၆	၅၄	၄၆	၇၀
၂	ရောဂါပျောက်ကင်းနှုန်း (CR)	၇၈	၇၅	၇၁	၆၇	၆၅	၇၅
၃	ဆေးကုသမှုအောင်မြင်နှုန်း (TSR)	၈၆	၈၄	၈၀	၈၈	၈၈	၈၆

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ငှက်ဖျားရောဂါတိုက်ဖျက်ရေးစီမံချက် ဆောင်ရွက်မှုအခြေအနေ

စဉ်	အကြောင်းအရာ	၂၀၁၂	၂၀၁၃	၂၀၁၄	၂၀၁၅	၂၀၁၆	၂၀၁၇
၁	ဆေးခန်းလာရာသစ်များအနက် ငှက်ဖျား ရောဂါဖြစ်ပွားမှုရာနှုန်း (ပြင်ပလူနာ)	၈.၈	၃.၄	၀.၉	၀.၅	၀.၄	၀.၃
၂	ဆေးရုံတက်လူနာများအနက် ငှက်ဖျား ရောဂါဖြင့် ဆေးရုံတက်သူရာနှုန်း	၆.၄	၄.၉	၂.၀	၁.၂	၁.၀	၀.၉
၃	ငှက်ဖျားရောဂါဖြစ်ပွားသူများအနက် သေဆုံးမှုရာနှုန်း (CFR)	၀.၆	၀.၆	၀.၀	၀.၀	၀.၀	၀.၀

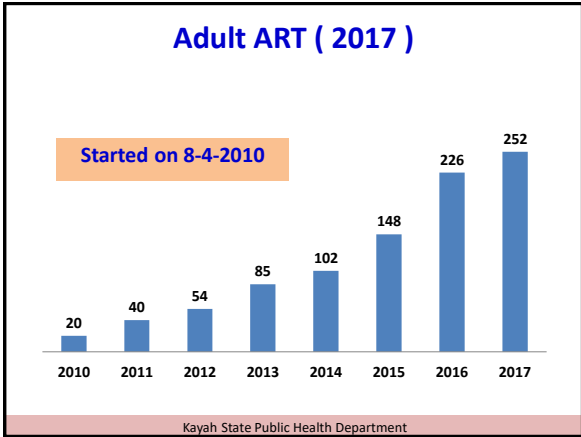
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DHF Cases and Deaths, 2013-2017

KAYAH STATE

Sr	Townships	2013		2014		2015		2016		2017		Total	
		C	D	C	D	C	D	C	D	C	D	C	D
1	Loikaw	193	0	22	0	132	0	64	1	812	2	1223	3
2	Demoso	19	0	0	0	113	0	3	0	61	0	196	0
3	Phruso	2	0	0	0	15	0	0	0	10	0	27	0
4	Shadaw	0	0	0	0	1	0	0	0	84	0	85	0
5	Bawlake	3	0	0	0	1	0	1	0	55	0	60	0
6	Phasaung	3	0	0	0	13	0	1	0	67	0	84	0
7	Mese	0	0	1	0	0	0	1	0	14	0	16	0
	Other	35	0	3	0	0	0	0	0	0	0	38	0
	Total	255	0	26	0	275	0	70	1	1103	2	1729	3

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အနာကြီးရောဂါတိုက်ဖျက်ရေးစီမံချက်

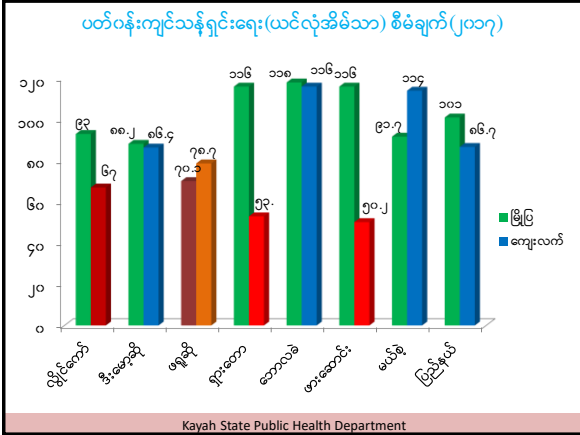
စဉ်	အညွှန်းကိန်း	၂၀၁၂	၂၀၁၃	၂၀၁၄	၂၀၁၅	၂၀၁၆	၂၀၁၇
၁	လူနာသစ်ရာဇာဓိကရောဂါ (လူဦးရေ ၁၀၀၀၀၀ လျှင်)	၂.၃၁	၂.၄၂	၂.၁၆	၁.၄	၂.၄၁	၂.၃
၂	လူနာသစ်များအနက် အသက် (၁၅)နှစ် အောက်ရှိသူရာနှုန်း	၁၄	၀	၀	၀	၀	၁၄.၃
၃	လူနာသစ်များအနက် အမျိုးသမီး လူနာရာနှုန်း	၂၅	၂၅	၃၃	၀	၂၉	၂၈.၆
၄	လူနာသစ်များအနက် ကိုယ်အင်္ဂါချို့ယွင်းမှု အဆင့် (၂)ရှိသူရာနှုန်း	-	၁၄	၃၃	၂၅	၄၃	၀
၅	စံချိန်ပြည့်၍ ဆေးစားရပ်နားသူပေါင်း	၁၀	၅	၇	၂	၅	၅
၆	ဆေးစားပျက်ကွက်သူပေါင်း	၀	၀	၀	၀	၀	၀
၇	နှစ်ကုန်မှတ်ပုံတင် အနာကြီးရောဂါ လူနာဖြစ်ပွားမှုနှုန်း (လူဦးရေ ၁၀၀၀၀ လျှင်)	၀.၁၃	၀.၂၄	၀.၂၅	၀.၁	၀.၂၄	၀.၂၂

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ကျောင်းကျန်းမာရေးစီမံချက်

စဉ်	အညွှန်းကိန်းများ	၂၀၁၂	၂၀၁၃	၂၀၁၄	၂၀၁၅	၂၀၁၆	၂၀၁၇
၁	စစ်ဆေးပြီးသောကျောင်း ရာနှုန်း	၉၃	၉၄	၈၈.၉	၁၀၀	၁၀၀	၁၀၀
၂	ယင်လုံအိမ်သာစံပြည့် (၅၀:၁)ရှိကျောင်းရာနှုန်း	၈၀	၈၉	၈၂.၄	၉၀.၂	၉၃	၉၅.၉
၃	အာဟာရဖွံ့ဖြိုးရေးလုပ်ဆောင် သောကျောင်းရာနှုန်း	၄၇.၅	၅၃.၈	၄၀.၈	၅၁.၂	၆၀.၅	၈၃.၆
၄	စစ်ဆေးပေးသောကျောင်းသား ရာနှုန်း	၈၂	၉၇	၉၀.၇	၁၀၀	၁၀၀	၁၀၀

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အဖြစ်များသောရောဂါများ(၂၀၁၇)

စဉ်	ရောဂါအမည်	အရေအတွက်
၁	ဝမ်းပျက်ဝမ်းလျှော	၉၀၉၉
၂	ARI (Pneumonia)	၂၆၁၆
၃	ဝမ်းကိုက်ရောဂါ	၁၈၉၄
၄	ငှက်ဖျားရောဂါ	၄၅၄
၅	တီဘီ	၄၉၁

အသေးများသောရောဂါများ(၂၀၁၇)

စဉ်	ရောဂါအမည်	အရေအတွက်
၁	ARI (Pneumonia)	၇
၂	ဝမ်းပျက်ဝမ်းလျှော	၂၀
၃	တီဘီ	၇
၄	အသံရောင်အသားဝါ	၁

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၂၀၀၈-၂၀၁၇ ခုနှစ်အတွင်း ကျန်းမာရေးစီမံကိန်းများ ပြည်ထောင်စုအဆင့် ဆောင်ရွက်ရေးလုပ်ငန်းစာရင်းများ

စဉ်	ဌာနအမျိုးအစား	အဆောက်အအုံ အရေအတွက်	
		၁၆-၁၇	၁၇-၁၈
၁	ပြည်နယ်ပြည်သူ့ကျန်းမာရေးဦးစီးဌာနမှူးရုံး	-	၁
၂	ခရိုင်ပြည်သူ့ကျန်းမာရေးဦးစီးဌာနမှူးရုံး (လွိုင်ကော်)	၁	-
၃	မြို့နယ်ပြည်သူ့ကျန်းမာရေးဦးစီးဌာနမှူးရုံး (လွိုင်ကော်)	-	၁
၄	(၆)ခန်းတွဲ (၂)ထပ်ဝန်ထမ်းအိမ်ယာ (လွိုင်ကော်ပြည်နယ်ရုံး)	-	၁
၅	ပြည်နယ်ရုံး စည်ရိပ်သာ အကြီးစားပြင်ဆင်	-	၁
၆	မိခင်ကလေးကျန်းမာရေးဌာန	၁	-
၇	တိုက်နယ်ကျန်းမာရေးဌာန	၁	၆
၈	ကျေးလက်ကျန်းမာရေးဌာန	-	၄
၉	ကျေးလက်ကျန်းမာရေးဌာနခွဲ	၁၀	၁၁

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INGO / NGO များ၏ လုပ်ငန်းဆောင်ရွက်မှု

စဉ်	အမည်	လုပ်ငန်းဆောင်ရွက်မှု	အကောင်အထည်ဖော်သည့်မြို့နယ်
၁။	JICA	ကျန်းမာရေးစနစ်မြှင့်တင်ရေးလုပ်ငန်း	မြို့နယ်အားလုံး
၂။	IRC	မိခင်နှင့်ကလေးကျန်းမာရေးလုပ်ငန်း	မြို့နယ်အားလုံး
၃။	KMSS	ကရုဏာဆေးခန်းလုပ်ငန်း	မြို့နယ်အားလုံး
၄။	CPI	ငှက်ဖျား၊ တီဘီတိုက်ဖျက်ရေးလုပ်ငန်း	မြို့နယ်အားလုံး
၅။	KBC	ငှက်ဖျား၊ တီဘီတိုက်ဖျက်ရေးလုပ်ငန်း	မြို့နယ်အားလုံး

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INGO / NGO များ၏ လုပ်ငန်းဆောင်ရွက်မှု

စဉ်	အမည်	လုပ်ငန်းဆောင်ရွက်မှု	အကောင်အထည်ဖော်သည့်မြို့နယ်
၆။	ACF	အာဟာရဖွံ့ဖြိုးရေးလုပ်ငန်း	ဖရူဆိုမြို့နယ်
၇။	CHDN	မိခင်နှင့်ကလေးကျန်းမာရေးလုပ်ငန်း ငှက်ဖျားတိုက်ဖျက်ရေးလုပ်ငန်း	မြို့နယ်အားလုံး
၈။	MAM	ငှက်ဖျားတိုက်ဖျက်ရေးလုပ်ငန်း၊ တီဘီရောဂါ တိုက်ဖျက်ရေးလုပ်ငန်း၊ လူနာညွှန်းပို့ခြင်း	ဒီးမော့ဆို၊ ဖရူဆို၊ ဘောလခဲ၊ ဖားဆောင်း
၉။	World Vision	တီဘီရောဂါတိုက်ဖျက်ရေးလုပ်ငန်း	လွိုင်ကော်၊ ဒီးမော့ဆို

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- အခက်အခဲများ**
- လုံခြုံရေးအခြေအနေ သွားလာရေးခက်ခဲသော ဒေသများ
 - ရှားတောမြို့နယ်တွင် ကျေးရွာ (၈) ခု
 - ဖားဆောင်းမြို့နယ်တွင် ကျေးရွာ (၃၆) ခု
 - နယ်မြေဒေသအခြေအနေအရ သွားလာရေးခက်ခဲသော ဒေသများ
 - ဘောလခဲမြို့နယ်တွင် ကျေးရွာ (၃) ခု
 - ဖရူဆိုမြို့နယ်တွင် ကျေးရွာ (၁၈) ခု
 - ရွှေပြောင်းလုပ်သားများရှိသောဒေသ
 - ဖားဆောင်းမြို့နယ်ရှိ မော်ချီးသတ္တုတွင်းဒေသ
 - ရေရှားပါးဒေသများ
 - ဖရူဆိုမြို့နယ်၊ ဒီးမော့ဆိုမြို့နယ်



ပြည်နယ်ဝန်ကြီးချုပ်နှင့် ဇနီး မှ ပြည်နယ်အခြေစိုက် ပြည်သူ့ကျန်းမာရေး ကြီးကြပ်(၂) သင်တန်းဆင်းပွဲ မိန့်ခွန်းဖြတ်ကြားခြင်း(၁၅-၁၂-၂၀၁၇)



ပြည်နယ်ဝန်ကြီးချုပ်နှင့် ဇနီး မှ ပြည်နယ်အခြေစိုက် ပြည်သူ့ကျန်းမာရေး ကြီးကြပ်(၂) ပထမဆူရ သင်တန်းသူနှင့် အမှတ်တရမှတ်တမ်းခါတ်ပုံ



အားကစားဝန်ကြီးဌာနခြေခန်း၊ ပြည်နယ်ဝန်ကြီးချုပ်နှင့် အဖွဲ့ဝင်များ လာရောက်စဉ် ပြည်နယ်ကုသရေးနှင့် ပြည်သူ့ကျန်းမာရေးဦးစီးဌာနမှူးမှ လက်လှမ်းကိုင်ခြင်း (၁၈-၁၂-၂၀၁၇)



စည်ပင်သာယာရေးနှင့်လူမှုရေးဝန်ကြီးမှ ကျန်းမာရေးအသိပညာပေး Mobile Application (အချစ်ပစ္စာအဖြေရှာ) မိတ်ဆက်ခြင်းအခမ်းအနား အဖွင့်မိန့်ခွန်း ဖြတ်ကြားခြင်း (၈-၁-၂၀၁၈)



စည်ပင်သာယာရေးနှင့်လူမှုရေးဝန်ကြီးမှ ကျန်းမာရေးဆိုင်ရာ စံပြုအချက်အလက်များ စာအုပ်မိတ်ဆက်ခြင်း အခမ်းအနားအဖွင့်မိန့်ခွန်း ဖြတ်ကြားခြင်း(၉-၁-၂၀၁၈)



မယ်စုမြို့နယ်၊ မယ်ဆည်နယ်ကျေးလက်ကျန်းမာရေးဌာနအဆောက်အအုံသစ်ဖွင့်ပွဲ (ဂျပန်မှ ဆောက်လုပ်လှူဒါန်းသည်)



ပြည်နယ်ဝန်ကြီးချုပ်နှင့် ဝန်ကြီးများ ဖရူဆိုမြို့နယ်၊ ကေကော
ကျေးလက်ကျန်းမာရေး ဌာန ဖွင့်ပွဲခမ်းအနား မှတ်တမ်း (ဂျပန်မှ
ဆောက်လုပ်လှူဒါန်းသည်)

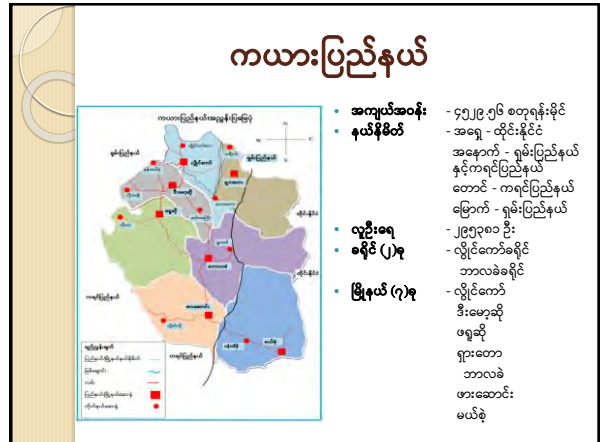


လွိုင်ကော်မြို့နယ်၊ လွိုင်ကော်ခရိုင်ပြည်သူ့ကျန်းမာရေးဦးစီးဌာနမှူးရုံး
ဆောက်လုပ်ရေးလုပ်ငန်း (၂၀၁၆-၂၀၁၇)



aus;Zl;wifygonf

5-2 Introduction of the Special effort 2018



မြို့နယ်အလိုက်လူဦးရေစာရင်း

စဉ်	မြို့နယ်	လူဦးရေ
၁	လှိုင်ကော်	၁၃၃၀၈၈
၂	ဒီးမော့ဆို	၈၆၇၉၀
၃	ဖရဆို	၃၂၀၆၁
၄	ဂှားတော	၇၃၈၆
၅	ဘာလခဲ	၁၀၁၇၀
၆	ဖားဆောင်း	၁၉၂၆၃
၇	မယ်စုံ	၆၆၂၃
	လူဦးရေစုစုပေါင်း	၂၉၅၃၈၁

ဆေးရုံခုတင်အလိုက် ဖွဲ့စည်းပုံ

စဉ်	ဝင်ဆံ့ ခုတင်	လှိုင်ကော်ခရိုင်				ဘာလခဲခရိုင်			မြည် နယ် အချုပ်
		လှိုင်ကော်	ဒီးမော့ဆို	ဖရဆို	ဂှားတော	ဘာလခဲ	ဖားဆောင်း	မယ်စုံ	
၁	၅၀၀	၁						၁	
၂	၅၀					၁		၁	
၃	၂၅		၁	၁	၁	-	၁	၅	
၄	၁၆	၂	၃	၁	၁	၁	၁	၁၀	
								စုစုပေါင်း ၁၇	

ဝန်ထမ်းအင်အားဖွဲ့စည်းပုံ (၂၀၁၈၊ မေလအထိ)

စဉ်	ရာထူးအမည်	စွမ်းပြု	ခန့်ထား	လစ်လပ်
၁	ပြည်နယ်ကုသရေးနှင့်ပြည်သူ့ကျန်းမာရေးဦးစီးဌာနမှူး	၁	၁	-
၂	ဆေးရုံအုပ်ကြီး	၁	၁	-
၃	အထူးကုဆရာဝန်ကြီး	၃၄	၉	၂၅
၄	လက်ထောက်ညွှန်ကြားရေးမှူး	၉	၁	၈
၅	အထူးကုဆရာဝန်	၈၁	၄	၇၇
၆	မြို့နယ်ကုသရေးနှင့်ပြည်သူ့ကျန်းမာရေးဦးစီးဌာနမှူး	၆	၆	-
၇	ထိုက်နယ်ဆရာဝန်	၁၀	၅	၅
၈	လက်ထောက်ဆရာဝန်	၁၄၁	၅၅	၈၆
၉	သွားဘက်ဆိုင်ရာဆရာဝန်	၉	၆	၃
၁၀	သူနာပြု	၅၉၀	၄၁၆	၁၇၄
၁၁	ကျွမ်းကျင်ဝန်ထမ်းနှင့်အခြားဝန်ထမ်းများ	၇၁၈	၄၆၉	၂၄၉
	စုစုပေါင်း	၁၆၀၀	၉၇၄	၆၂၆

ဆေးရုံလုပ်ငန်းဆောင်ရွက်မှုအညွှန်းကိန်းများ

(၁) လှိုင်ကော်ပြည်သူ့ဆေးရုံကြီး

No.	Descriptions	2014	2015	2016	2017	2018
1	Average no. of out-patients per day	113.0	213.8	239.2	285.7	286.2
2	Average no. of in-patients per day	194.3	228.4	221.3	247.7	258.5
3	Average duration of stay (in days)	6.7	6.2	6.2	5.6	5.5
4	% of occupancy based on available beds	88.3	99.3	69.2	77.4	73.7
5	% of occupancy based on sanctioned beds	97.1	114.2	44.3	49.5	51.7
6	Average turn-over of patients per bed per year	47.9	58.2	40.9	50.2	16.1
7	Average turn-over interval (in days)	0.9	0.0	2.8	1.6	2.0
8	Hospital Death Rate	1.4	1.1	1.5	1.2	1.3

ဆေးရုံလုပ်ငန်းဆောင်ရွက်မှုအညွှန်းကိန်းများ

(၂) လွိုင်လင်လေးတိုက်နယ်ဆေးရုံ

No.	Descriptions	2014	2015	2016	2017	2018
1	Average no. of out-patients per day	22.5	29.6	43.0	43.2	55.7
2	Average no. of in-patients per day	7.8	29.3	30.6	30.5	31.1
3	Average duration of stay (in days)	5.2	6.9	6.7	5.7	5.9
4	% of occupancy based on available beds	49.1	117.3	122.6	122.2	124.3
5	% of occupancy based on sanctioned beds	49.1	183.3	191.5	190.9	194.2
6	Average turn-over of patients per bed per year	22.0	61.8	67.2	78.0	25.3
7	Average turn-over interval (in days)	11.4	-1.0	-1.2	-1.0	-1.2
8	Hospital Death Rate	0.5	0.2	0.0	0.0	0.2

ဆေးရုံလုပ်ငန်းဆောင်ရွက်မှုအညွှန်းကိန်းများ

(၃) လောဓလေးတိုက်နယ်ဆေးရုံ

No.	Descriptions	2014	2015	2016	2017	2018
1	Average no. of out-patients per day	16.4	16.7	23.7	30.1	32.7
2	Average no. of in-patients per day	2.6	2.9	3.6	2.8	2.3
3	Average duration of stay (in days)	3.7	2.8	2.4	5.8	3.1
4	% of occupancy based on available beds	16.0	18.4	22.6	17.7	14.4
5	% of occupancy based on sanctioned beds	16.0	18.4	22.6	17.7	14.4
6	Average turn-over of patients per bed per year	15.8	23.6	34.4	11.2	5.6
7	Average turn-over interval (in days)	19.5	12.6	8.2	26.8	18.3
8	Hospital Death Rate	0.8	0.0	0.0	1.1	0.0

ဆေးရုံလုပ်ငန်းဆောင်ရွက်မှုအညွှန်းကိန်းများ

(၄) ဒီးမော့ဆိုမြို့နယ်ဆေးရုံ

No.	Descriptions	2014	2015	2016	2017	2018
1	Average no. of out-patients per day	26.7	44.3	46.5	38.3	38.2
2	Average no. of in-patients per day	13.1	16.7	16.2	16.3	16.6
3	Average duration of stay (in days)	4.6	3.9	3.7	3.2	3.1
4	% of occupancy based on available beds	52.2	66.7	64.6	65.0	66.4
5	% of occupancy based on sanctioned beds	52.2	66.7	64.6	65.0	66.4
6	Average turn-over of patients per bed per year	41.9	62.0	63.6	73.5	25.5
7	Average turn-over interval (in days)	42.2	2.0	2.0	1.7	1.6
8	Hospital Death Rate	0.3	0.2	0.4	0.4	0.0

ဆေးရုံလုပ်ငန်းဆောင်ရွက်မှုအညွှန်းကိန်းများ

(၅) နန်းမယ်ခုံတိုက်နယ်ဆေးရုံ

No.	Descriptions	2014	2015	2016	2017	2018
1	Average no. of out-patients per day	8.7	29.2	30.3	33.7	29.7
2	Average no. of in-patients per day	6.9	9.3	9.0	11.1	13.2
3	Average duration of stay (in days)	3.1	2.8	2.9	3.0	3.3
4	% of occupancy based on available beds	43.4	58.2	56.5	69.3	52.7
5	% of occupancy based on sanctioned beds	43.4	58.2	56.5	69.3	82.3
6	Average turn-over of patients per bed per year	51.9	74.7	71.7	85.2	19.4
7	Average turn-over interval (in days)	4.0	4.0	4.2	1.3	2.9
8	Hospital Death Rate	0.4	0.6	0.3	0.1	0.0

ဆေးရုံလုပ်ငန်းဆောင်ရွက်မှုအညွှန်းကိန်းများ

(၆) ဒေါတမကြီးတိုက်နယ်ဆေးရုံ

No.	Descriptions	2014	2015	2016	2017	2018
1	Average no. of out-patients per day	3.7	20.2	18.5	23.8	25.4
2	Average no. of in-patients per day	0.5	3.7	3.8	3.1	0.8
3	Average duration of stay (in days)	5.6	4.2	4.2	3.9	1.2
4	% of occupancy based on available beds	3.1	23.1	23.5	19.5	4.9
5	% of occupancy based on sanctioned beds	3.1	23.1	23.5	19.5	4.9
6	Average turn-over of patients per bed per year	2.0	20.2	20.4	18.1	4.8
7	Average turn-over interval (in days)	176.9	13.9	13.7	16.3	23.7
8	Hospital Death Rate	0	0	0.6	0	0

ဆေးရုံလုပ်ငန်းဆောင်ရွက်မှုအညွှန်းကိန်းများ

(၇) လိုဘာခိုတိုက်နယ်ဆေးရုံ

No.	Descriptions	2014	2015	2016	2017	2018
1	Average no. of out-patients per day	-	-	-	8.1	10.3
2	Average no. of in-patients per day	-	-	-	1.0	1.8
3	Average duration of stay (in days)	-	-	-	3.3	2.6
4	% of occupancy based on available beds	-	-	-	6.4	12.7
5	% of occupancy based on sanctioned beds	-	-	-	6.4	11.1
6	Average turn-over of patients per bed per year	-	-	-	7.1	5.9
7	Average turn-over interval (in days)	-	-	-	47.9	17.7
8	Hospital Death Rate	-	-	-	0	0

ဆေးရုံလုပ်ငန်းဆောင်ရွက်မှုအညွှန်းကိန်းများ

(၈) ဖရူဆိုမြို့နယ်ဆေးရုံ

No.	Descriptions	2014	2015	2016	2017	2018
1	Average no. of out-patients per day	9.5	13.9	20.2	26.2	37.1
2	Average no. of in-patients per day	5.9	5.0	10.2	10.4	8.4
3	Average duration of stay (in days)	4.2	3.2	3.3	3.8	3.4
4	% of occupancy based on available beds	32.5	27.5	56.5	57.8	46.6
5	% of occupancy based on sanctioned beds	23.4	19.8	40.7	41.6	33.6
6	Average turn-over of patients per bed per year	28.2	31.5	62.3	55.3	16.5
7	Average turn-over interval (in days)	8.7	8.4	2.6	2.8	3.9
8	Hospital Death Rate	0.6	0.5	0.8	0.3	0.3

ဆေးရုံလုပ်ငန်းဆောင်ရွက်မှုအညွှန်းကိန်းများ

(၉) ဟိုသာတိုက်နယ်ဆေးရုံ

No.	Descriptions	2014	2015	2016	2017	2018
1	Average no. of out-patients per day	4.9	4.7	5.8	5.0	5.9
2	Average no. of in-patients per day	2.9	1.0	1.0	0.7	1.8
3	Average duration of stay (in days)	2.8	2.3	2.7	2.1	2.6
4	% of occupancy based on available beds	41.4	14.7	14.2	9.8	11.3
5	% of occupancy based on sanctioned beds	18.1	6.4	6.2	4.3	11.3
6	Average turn-over of patients per bed per year	53.5	22.9	19.4	17.3	5.1
7	Average turn-over interval (in days)	4.0	13.6	16.2	19.8	20.8
8	Hospital Death Rate	0	0	0	0	0

ဆေးရုံလုပ်ငန်းဆောင်ရွက်မှုအညွှန်းကိန်းများ

(၁၀) ရှားတောမြို့နယ်ဆေးရုံ

No.	Descriptions	2014	2015	2016	2017	2018
1	Average no. of out-patients per day	25.0	16.1	21.7	24.0	28.0
2	Average no. of in-patients per day	2.9	2.4	4.4	4.5	7.1
3	Average duration of stay (in days)	5.0	4.3	4.7	5.4	7.5
4	% of occupancy based on available beds	11.6	9.5	17.6	18.2	28.2
5	% of occupancy based on sanctioned beds	11.6	9.5	17.6	18.2	28.2
6	Average turn-over of patients per bed per year	8.5	8.1	13.8	12.2	4.5
7	Average turn-over interval (in days)	37.9	40.9	21.8	24.5	19.1
8	Hospital Death Rate	2.8	1.5	0.3	0.0	0.0

ဆေးရုံလုပ်ငန်းဆောင်ရွက်မှုအညွှန်းကိန်းများ

(၁၁) သရီးဒါးတိုက်နယ်ဆေးရုံ

No.	Descriptions	2014	2015	2016	2017	2018
1	Average no. of out-patients per day	-	3.3	6.7	9.9	13.0
2	Average no. of in-patients per day	-	0.1	0.3	1.1	1.6
3	Average duration of stay (in days)	-	4.5	4.6	4.2	5.4
4	% of occupancy based on available beds	-	0.9	4.1	7.0	10.1
5	% of occupancy based on sanctioned beds	-	0.9	4.1	7.0	10.1
6	Average turn-over of patients per bed per year	-	0.7	4.9	6.1	2.3
7	Average turn-over interval (in days)	-	526.4	122.0	55.4	48.0
8	Hospital Death Rate	-	0	0	0	0

ဆေးရုံလုပ်ငန်းဆောင်ရွက်မှုအညွှန်းကိန်းများ

(၁၂) ဘောလခဲမြို့နယ်ဆေးရုံ

No.	Descriptions	2014	2015	2016	2017	2018
1	Average no. of out-patients per day	5.1	34.3	37.7	34.8	29.4
2	Average no. of in-patients per day	5.4	9.0	9.1	12.5	11.7
3	Average duration of stay (in days)	4.0	5.6	5.0	4.9	5.4
4	% of occupancy based on available beds	10.7	18.0	18.3	25.0	23.5
5	% of occupancy based on sanctioned beds	10.7	18.0	18.3	25.0	23.5
6	Average turn-over of patients per bed per year	9.8	11.7	13.4	18.6	5.2
7	Average turn-over interval (in days)	33.3	25.5	22.3	14.7	17.6
8	Hospital Death Rate	1.0	1.4	0.6	0.2	1.1

ဆေးရုံလုပ်ငန်းဆောင်ရွက်မှုအညွှန်းကိန်းများ

(၁၃) ရွာသစ်တိုက်နယ်ဆေးရုံ

No.	Descriptions	2014	2015	2016	2017	2018
1	Average no. of out-patients per day	8.1	6.6	9.0	10.0	12.5
2	Average no. of in-patients per day	0.3	0.3	0.8	0.4	1.1
3	Average duration of stay (in days)	4.4	2.8	3.7	2.2	2.5
4	% of occupancy based on available beds	1.9	2.2	5.4	2.2	6.6
5	% of occupancy based on sanctioned beds	1.9	2.2	5.4	2.2	6.6
6	Average turn-over of patients per bed per year	1.6	2.8	5.2	3.8	3.2
7	Average turn-over interval (in days)	229.2	127.0	66.9	95.2	35.2
8	Hospital Death Rate	4.0	2.2	0	0	0

ဆေးရုံလုပ်ငန်းဆောင်ရွက်မှုအညွှန်းကိန်းများ
(၁၄) ဖားဆောင်းမြို့နယ်ဆေးရုံ

No.	Descriptions	2014	2015	2016	2017	2018
1	Average no. of out-patients per day	32.3	18.6	30.8	34.2	28.9
2	Average no. of in-patients per day	9.0	5.0	7.4	11.1	17.5
3	Average duration of stay (in days)	3.0	3.5	3.6	3.4	6.1
4	% of occupancy based on available beds	35.9	19.8	29.5	44.4	69.9
5	% of occupancy based on sanctioned beds	35.9	19.8	29.5	44.4	69.9
6	Average turn-over of patients per bed per year	43.7	20.9	29.7	48.1	13.8
7	Average turn-over interval (in days)	5.4	14.0	8.7	4.2	4.6
8	Hospital Death Rate	0.9	0.6	1.8	0.8	0.3

ဆေးရုံလုပ်ငန်းဆောင်ရွက်မှုအညွှန်းကိန်းများ
(၁၅) လိုခါးလိုတိုက်နယ်ဆေးရုံ

No.	Descriptions	2014	2015	2016	2017	2018
1	Average no. of out-patients per day	-	10.9	21.1	33.0	18.7
2	Average no. of in-patients per day	-	1.7	4.6	7.7	4.4
3	Average duration of stay (in days)	-	3.3	4.6	4.0	3.4
4	% of occupancy based on available beds	-	10.7	28.7	48.0	27.7
5	% of occupancy based on sanctioned beds	-	10.7	28.7	48.0	27.7
6	Average turn-over of patients per bed per year	-	11.7	22.8	43.4	9.8
7	Average turn-over interval (in days)	-	27.9	11.4	4.4	8.9
8	Hospital Death Rate	-	2.1	0.8	1.6	1.3

ဆေးရုံလုပ်ငန်းဆောင်ရွက်မှုအညွှန်းကိန်းများ
(၁၆) မယ်စဲ့မြို့နယ်ဆေးရုံ

No.	Descriptions	2014	2015	2016	2017	2018
1	Average no. of out-patients per day	16.3	28.7	28.3	26.9	35.6
2	Average no. of in-patients per day	4.2	6.0	4.4	5.3	4.4
3	Average duration of stay (in days)	5.4	5.5	4.1	4.3	3.7
4	% of occupancy based on available beds	16.7	23.8	17.6	21.1	17.7
5	% of occupancy based on sanctioned beds	16.7	23.8	17.6	21.1	17.7
6	Average turn-over of patients per bed per year	11.3	15.9	15.6	18.1	5.8
7	Average turn-over interval (in days)	26.9	17.5	19.3	15.9	17.1
8	Hospital Death Rate	1.8	0.8	1.0	1.3	0.7

ဆေးရုံလုပ်ငန်းဆောင်ရွက်မှုအညွှန်းကိန်းများ
(၁၇) ပန်တိန်းတိုက်နယ်ဆေးရုံ

No.	Descriptions	2014	2015	2016	2017	2018
1	Average no. of out-patients per day	0.6	9.3	7.5	6.0	4.7
2	Average no. of in-patients per day	0.0	0.9	1.0	0.1	0.0
3	Average duration of stay (in days)	0.0	3.9	4.0	2.2	0.0
4	% of occupancy based on available beds	0.0	5.7	6.4	0.5	0.0
5	% of occupancy based on sanctioned beds	0.0	5.7	6.4	0.5	0.0
6	Average turn-over of patients per bed per year	0.0	5.3	5.8	0.8	0.0
7	Average turn-over interval (in days)	0.0	64.8	58.9	447.1	0.0
8	Hospital Death Rate	0	0	2.2	0	0

(၂၀၁၇)ခုနှစ်အတွင်း ဖြစ်ပွားမှုနှင့်သေဆုံးမှုအများဆုံး ရောဂါ(၁၀)မျိုး

စဉ်	ဖြစ်ပွားမှုအများဆုံး	Cases	သေဆုံးမှုအများဆုံး	Cases
1	Injury	3770	Heart Diseases	34
2	Gastroenteritis	3002	Injury	26
3	ARI	1425	Liver Diseases	21
4	AVI	1413	Stroke	17
5	Neonal Jaundice	1236	Prematurity/LBW	12
6	Hypertension	999	Ca Cases	7
7	Gastritis	711	Renal Diseases	7
8	DHF	605	DM	7
9	Skin Infection	589	Poisoning	7
10	Heart Diseases	539	TB	7

**Introduction
of
The Special Effort (2018)**

The Special Effort;

- is a document describing a set of activities at state level to improve quality of health services within a period of six months.
- complies statements of mission, vision and core values of the organization and shows the detailed activities.



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Why do we do the Special Effort?

1. To improve medical services in the state with cooperation of all the hospital staff.
2. To strengthen the activities which capture the local needs.
3. To strengthen the capacity of the department to effectively and efficiently manage activities.

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Back ground of the Special Effort

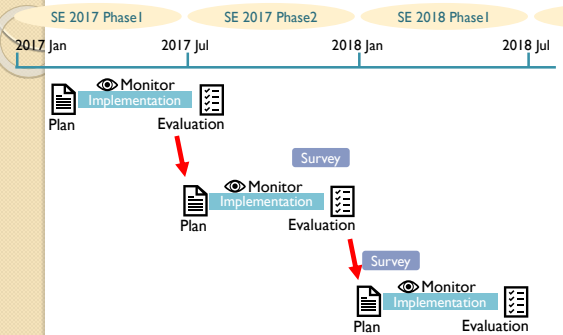
- We use the Special Effort as a practical tool to Strengthen the capacity of plan management .

Plan, Do, Check, Action (PDCA) cycle



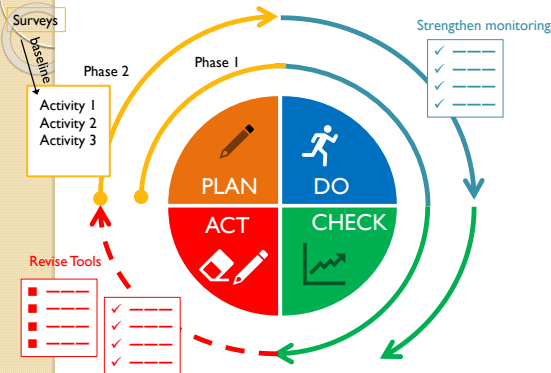
29

Schedule of the Special Effort



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PDCA Cycle Management



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Management tools

Planning tool

Activity	Responsible	Start Date	End Date	Status

M&E tool

Activity	Actual Progress	Cost/Resource	Quality

A "plan" has to clarify

- what to do
- why to do
- who does to whom
- when to do
- where to do
- how to do
- how much to do



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**SMSD -
Mission
Vision
Core Values**



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Mission

(Purpose and reason of existence of the Department)

- ◆ To coordinate with stakeholders and to provide good guidance to hospitals in Kayah State and to facilitate collaboration among the hospitals for provision of quality medical services



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Vision

(Inspirational hope for the future of the Department)

- ◆ To make hospitals in Kayah State attractive by means of improving both customers' satisfaction and providers' satisfaction



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Core Values

(Philosophy of the Department)

- ◆Hospital for all
- ◆Equity
- ◆Mutual respect
- ◆Kindness
- ◆Accountability
- ◆Professionalism
- ◆Friendly working environment
- ◆Interactiveness among hospital workers
- ◆Sustainability



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- When State Medical Service Department started implementing the special effort, the department and the Loikaw General Hospital were under the same leadership.
- And also the human resource in SMSD is not enough to implement activities in all township hospitals.
- So, the activities in the previous special efforts (2017) were mostly implemented in the Loikaw General Hospital.

Now, we would like to introduce some Special Effort activities which have been implemented in the Loikaw General hospital.

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Activities

Infection Prevention and Control

is promoted through setting up the management structure, developing the check list and conducting the regular hospital supervision.



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Activities

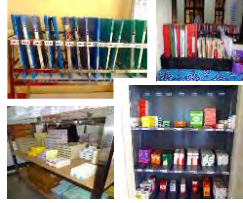
Activities on Work Environment Improvement

is strengthened through 5S (sort-set-shine-standardise-sustain) approach. Also, Infection control activities are systematically implemented.

BEFORE 5S



AFTER 5S



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Activities

Warm welcome

By the hospital staff is essential to improve the clients' satisfaction. Based on this idea, the project supported a training for the receptionists.



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Activities

Enter-Education

is a health education in style of entertainment. Which was introduced into LGH for better communication between Clients and providers.



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Activities

Capacity building for the hospital staff

is also a key not only to improve the services provided, but also to motivate the staff to work in the state.

Improved clinical experience for AS



Effective CNE



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Activities

Observation Visit to the Project Site

was conducted with inviting health delegates from Rhkin state. Also, our activities were introduced to the central MoHS officials.



Research / Survey

Clients' and Providers' Satisfaction Survey

was conducted in LGH and all the township hospitals to measure how far we are to realize SMSD's vision.



42

Research / Survey

Findings from the Clients' Satisfaction Survey

1. Level of satisfaction was **almost "good"**.
2. Four elements to improve level of satisfaction
 - **Treatment and care provided**
 - **General cleanness**
 - **Waiting time for consultation (LGH)**
 - **Staff attitude (THs)**

43

Research / Survey

Findings from the Providers' Satisfaction Survey

Hospital staff care about;

1. Human resource management
staffing, promotion, staff housing, acknowledgement and staff awarding system
2. Communication and attitude
constructive feedback, family type communication, team spirit.
3. Learning opportunity: CME and CNE

44

- Regarding to the result of the survey, we developed the special effort (Phase 1, 2018)
- Only the activities of the SMSD were selected from the current Special Effort.

45

Special effort 2018 (April – September)

Activity 1: To improve communication and collaboration with township and station hospitals through establishment of biannual meeting.

Activity 2: To strengthen the capacity of hospital staff in the state on leadership, management and communication.

Activity 3: To introduce 5S activities to all township hospitals.

Activity 4: To support Loikaw General Hospital to develop its mission, vision and core values as well as Special Effort.

Activity 5: To strengthen M&E capacity through implementation of the Special Effort 2018 (Phase 1).

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THANK YOU FOR YOUR TIME....



5-3 Introduction of JICA

Introduction of JICA's cooperation



19 June 2018
 Consultation mission on
 Health System Strengthening Project
 Japan International Cooperation Agency (JICA)

Outline

1. Background
2. JICA's health program in Myanmar
3. Cooperation scheme
4. Concept of JICA's cooperation
5. Expectation to M-JHSSP

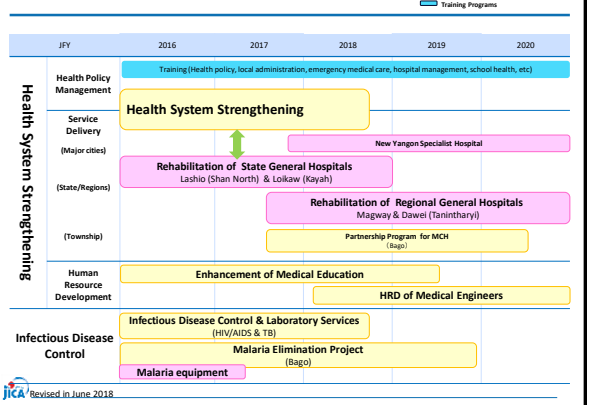
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Background

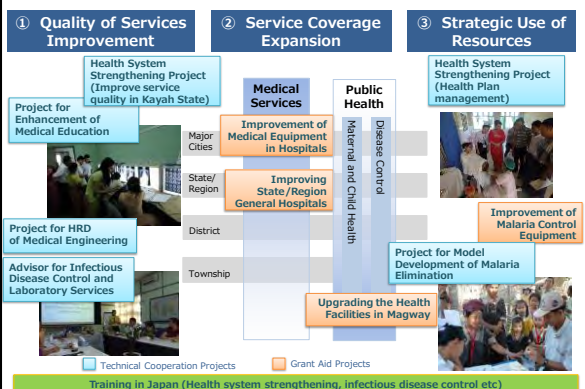
- Support Myanmar side's initiative toward **UHC by 2030**
- Support implementation of **National Health Plan 2017-2021**
- Improve health status and outcome by
 - Health system strengthening
 - Human resource development
 - Infectious disease control

3

JICA's cooperation in the Health Sector



Health Program in Myanmar: Building Foundation for UHC Providing People-centered Health Services

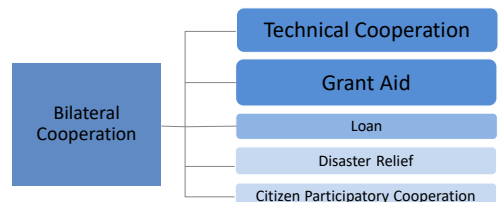


Cooperation scheme

Who we are: JICA

- implementation body of Japan's bi-lateral ODA

(Official Development Assistance)



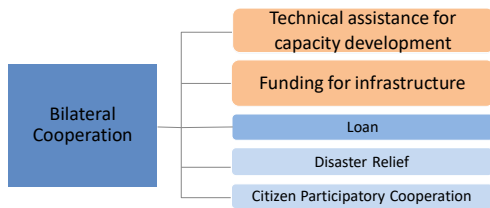
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Cooperation scheme

Who we are: JICA

- implementation body of Japan's bi-lateral ODA

(Official Development Assistance)



7

Concept of JICA's cooperation

■ Sustainability

Policy, budget and human resource

■ Institutionalization

Built-in system

■ Ownership

By Myanmar side for people in Myanmar

■ Co-operation

Japanese experts work side by side as a catalyst

8

Expectation to M-JHSSP

■ Sustainability

Improved management capacity and activities will be sustained in Kayah

9

Expectation to M-JHSSP


■ Institutionalization

Management system and activities be introduced in other States/Regions based on local situation

10

5-4 Introduction of the LGH

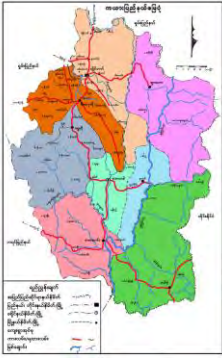
INTRODUCTION OF THE LOIKAW GENERAL HOSPITAL



JUNE, 2018
DR. YE MYINT AUNG
 MEDICAL SUPERINTENDENT OF THE LOIKAW GENERAL HOSPITAL

THE LOIKAW GENERAL HOSPITAL
 We belong to the state, we serve the state, we grow with the state.

General Information of Kayah




- the smallest state in Myanmar
- population = 0.29 million
- 2 Districts, 7 Townships
- Kayah ethnic groups – mainly 9 groups
- Also Bamar, Shan, Karen ethnic groups
- 2950 feet above sea level
- 150 miles away from NayPyiTaw (6 hours drive)
- 1 State General Hospital (500 Bedded)
- 6 Township Hospitals (50 Bedded:1) (25 Bedded: 5)
- 10 Station Hospitals (16 Bedded)

THE LOIKAW GENERAL HOSPITAL
 We belong to the state, we serve the state, we grow with the state.

Outline of the Loikaw General Hospital

- Established in 1964
- Total size : 30.798 ac (124,635m²)
- Sanctioned bed number : 500 (actual: 360)
- Sanctioned bed and population ratio : 1 : 590



THE LOIKAW GENERAL HOSPITAL
 We belong to the state, we serve the state, we grow with the state.

Outline of the Loikaw General Hospital

Human resources

Designation	Sanction (A)	Appointed (B)	Vacant (C)= (A) – (B)
Senior Medical Superintendent	1	1	-
Administrative Officers	24	10	14
Office Staffs	42	26	16
Specialists	108	13	95
Medical Officers	103	45	58
Dental Surgeons	3	1	2
Nurses	384	256	128
Technicians	66	45	21
Others	151	127	24
TOTAL	882	524	358

THE LOIKAW GENERAL HOSPITAL
 We belong to the state, we serve the state, we grow with the state.

Outline of the Loikaw General Hospital

Available Services

- 24hr Emergency service
- Obstetrics and Gynecological care
- Neonate and pediatric care
- Medical care
- Surgical care
- Orthopedic and traumatic care
- Rehabilitation
- Eye care
- Ear, Nose, Throat care
- Psychiatric care
- Skin care
- Dental care
- Hemodialysis (FOC)
- Specialist OPD
- Specialist Tour
- Laboratory
- X-ray and CT(FOC)
- Endoscopy
- Support Basic medicine
- FOC medicines for poor patient
- Hospital Diet
- Help and warmly welcome with OPD
- Continuous cleaning of the hospital area
- Home visit for elderly and debilitated patient

THE LOIKAW GENERAL HOSPITAL
 We belong to the state, we serve the state, we grow with the state.

Outline of the Loikaw General Hospital

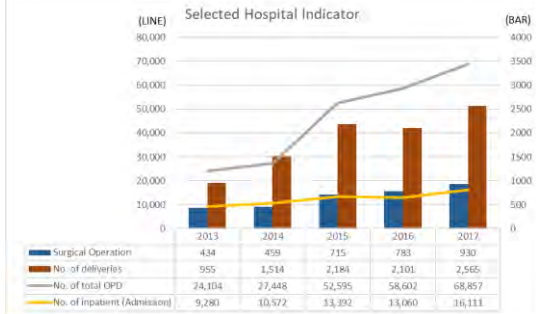
Hospital Performance Indicator

	2013	2014	2015	2016	2017	2018 (Jan – Apr)
Sanctioned Bed	200	200	200	500	500	500
Available bed	220	230	230	320	320	360
No. of total OPD	24,104	27,448	52,595	58,602	68,857	36317
No. of inpatient (Admission)	9,280	10,572	13,392	13,060	16,111	5683
Discharge	9,104	10,388	13,230	12,874	15,872	5594
Deaths	167	143	153	201	197	73
Surgical Operation	434	459	715	783	930	374
No. of deliveries	955	1,514	2,184	2,101	2,565	940
General Anaesthesia	462	430	507	563	764	234

THE LOIKAW GENERAL HOSPITAL
 We belong to the state, we serve the state, we grow with the state.

Outline of the Loikaw General Hospital

Hospital Performance Indicator



THE LOIKAW GENERAL HOSPITAL
 ၂၁၁ ဘူမိကမ္ဘာ့ဆေးကုရေးဦးစီးဌာန၊ လှိုင်လှိုင်လမ်း၊ ရန်ကင်းမြို့နယ်၊ ရန်ကင်းမြို့၊ ရန်ကင်းပြည်နယ်၊ မြန်မာနိုင်ငံတော်

Our Mission, Vision and Core Values



THE LOIKAW GENERAL HOSPITAL
 ၂၁၁ ဘူမိကမ္ဘာ့ဆေးကုရေးဦးစီးဌာန၊ လှိုင်လှိုင်လမ်း၊ ရန်ကင်းမြို့နယ်၊ ရန်ကင်းမြို့၊ ရန်ကင်းပြည်နယ်၊ မြန်မာနိုင်ငံတော်

Our Mission

- Purpose and reason of existence of the hospital -

“We are dedicated to improving the quality of life of the people in the state through providing competent medical services and cooperating concerned stakeholders.”

THE LOIKAW GENERAL HOSPITAL
 ၂၁၁ ဘူမိကမ္ဘာ့ဆေးကုရေးဦးစီးဌာန၊ လှိုင်လှိုင်လမ်း၊ ရန်ကင်းမြို့နယ်၊ ရန်ကင်းမြို့၊ ရန်ကင်းပြည်နယ်၊ မြန်မာနိုင်ငံတော်

Our Vision

- Inspirational hope for the future of the hospital -

“To become a national-showcase hospital which enjoys desirable level of both customers’ and providers’ satisfaction.”

THE LOIKAW GENERAL HOSPITAL
 ၂၁၁ ဘူမိကမ္ဘာ့ဆေးကုရေးဦးစီးဌာန၊ လှိုင်လှိုင်လမ်း၊ ရန်ကင်းမြို့နယ်၊ ရန်ကင်းမြို့၊ ရန်ကင်းပြည်နယ်၊ မြန်မာနိုင်ငံတော်

Our Core values

- Philosophy, Principals and soul of the hospital -

Humanity

We keep mind of kindness, hospitality, compassion and empathy



Mutual respect

We cultivate mutual respect with all regardless of race, birth, religion, official position, status, sex and wealth

Passion

We keep passion for works, sustain good practices and pursue further improvement

THE LOIKAW GENERAL HOSPITAL
 ၂၁၁ ဘူမိကမ္ဘာ့ဆေးကုရေးဦးစီးဌာန၊ လှိုင်လှိုင်လမ်း၊ ရန်ကင်းမြို့နယ်၊ ရန်ကင်းမြို့၊ ရန်ကင်းပြည်နယ်၊ မြန်မာနိုင်ငံတော်

Our Motto

- Philosophy, Principals and soul of the hospital -

We belong to the state, we serve the state, we grow with the state

THE LOIKAW GENERAL HOSPITAL
 ၂၁၁ ဘူမိကမ္ဘာ့ဆေးကုရေးဦးစီးဌာန၊ လှိုင်လှိုင်လမ်း၊ ရန်ကင်းမြို့နယ်၊ ရန်ကင်းမြို့၊ ရန်ကင်းပြည်နယ်၊ မြန်မာနိုင်ငံတော်

Unique Activities in the Loikaw general Hospital

5S-CQI-TQM

Effective IPC

Warm welcome

Enter-Education

Mobile clinic

Hospital diet

Attractive learning

Clinical experience for AS

THE LOIKAW GENERAL HOSPITAL
A Subsidiary of the Department of Health, Myanmar

Challenges of the Loikaw General Hospital

- **Doctors' attrition**
 - **Lack of some essential specialties for the Kayah State**
(Eg. ENT, Mental, Forensic, Medical Oncology)
 - **Insufficient budget allocation for drugs**
(especially hemodialysis drugs)
- THE LOIKAW GENERAL HOSPITAL
A Subsidiary of the Department of Health, Myanmar

Way forward to achieve our mission and vision

- **We are going to;**
 - disseminate our Mission, Vision, and core values to all the staff of LGH.
 - review the result of the Customers' and Providers' satisfaction survey.
 - develop an action plan (Special Effort) to achieve our Mission and Vision.
- THE LOIKAW GENERAL HOSPITAL
A Subsidiary of the Department of Health, Myanmar

Thank you very much for your attention!

THE LOIKAW GENERAL HOSPITAL
A Subsidiary of the Department of Health, Myanmar

Introduction of 5S-KAIZEN Activity At Loikaw General Hospital

20th June, 2018
Presented by
Daw Khin Thida Win
(Sister, Emergency Department)

1

WHAT IS 5S ?

- The 5S method was developed in the mid-1980s by the automobile industry in Japan.

5S သည် ၁၉၈၀ ခုနှစ်ဝန်းကျင် တွင် ဂျပန်ကားကုမ္ပဏီများမှ အခြေချခြင်းဖြစ်သည်။

- 5S is a philosophy and a way of organizing and managing the workspace and work flow with the intent to improve efficiency by eliminating waste, improving flow and reducing process unreasonableness.

5S ဆိုသည်မှာ အလုပ်နေရာများ စီမံခြင်းနှင့် မလိုအပ်သည့်အရာများ ဖယ်ထုတ်ခြင်း၊ လုပ်ငန်းလည်ပတ်မှု မြှင့်တင်ခြင်း နှင့် လုပ်ငန်းအဆင်မပြေမှုများကို လျော့ချခြင်း အားဖြင့် လုပ်ငန်း၏ ထိရောက်မှုကို မြှင့်တင်သည့် အယူအဆဖြစ်သည်။

→ Improve Working Environment (လုပ်ငန်းခွင်ကိုမြှင့်တင်ခြင်း)

2

WHAT IS 5S ?

	Japanese	English	Myanmar
S-1	Seiri	Sort	စီစစ်
S-2	Seiton	Set	စီစဉ်
S-3	Seiso	Shine	ဝင်ကြယ်
S-4	Seiketsu	Standardize	စနစ်ကျ
S-5	Sitsuke	Sustain	စွဲမြဲ

3

WHY 5S IS IMPLEMENTED IN LOIKAW??

- JICA has supported 5S in many hospitals in Asia & Africa.
- It greatly improves the status of the hospital like cleanliness, patient satisfaction and provider satisfaction.
- 5S activities don't cost a fortune to apply.**

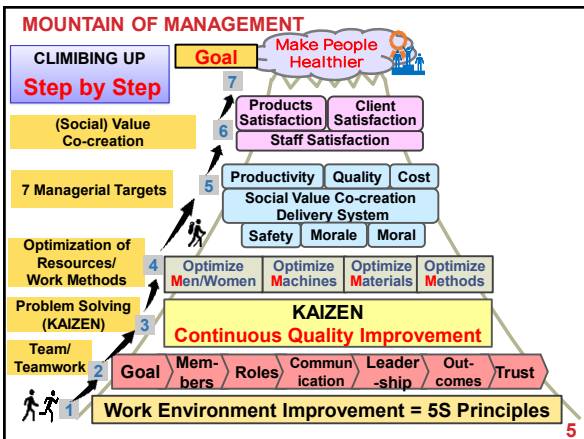


BEFORE 5S



AFTER 5S

4



5



6

WHAT CAN 5S DO?

- **Preventing;**
 - errors and accidents related to medical procedures,
 - decreasing troubles of medical equipment,
 - occupational diseases and injuries, etc.
- **ကာကွယ်တားဆီးခြင်း**
 - ဆေးရုံ၏လုပ်ငန်းဆောင်တာများနှင့်ပတ်သက်ပြီးအမှားများနှင့် မတော်တဆမှုများကိုလျော့ချခြင်း
 - ဆေးရုံ စက်ပစ္စည်းများ ၏ ပြဿနာများကို လျော့ချခြင်း
 - အလုပ်အကိုင်နှင့်ဆိုင်သော ထိခိုက်နစ်နာမှုများကိုလျော့ချခြင်း ခြင်း အစရှိသဖြင့်

WHAT CAN 5S DO?

- **Promoting** healthy and safer work environment
ပိုမို ကောင်းမွန်၍ ပိုမိုလုံခြုံသော အလုပ်ပတ်ဝန်းကျင်အား ဖန်တီးခြင်း
- **Improving** the quality of medical services and patients' satisfaction
ကျန်းမာရေးဝန်ဆောင်မှု အရည်အသွေးမြှင့်တင်ခြင်းနှင့် လူနာများ၏စိတ်ကျေနပ်မှုရရှိခြင်း
- **Improving** communication among staff members
ဝန်ထမ်းများ အချင်းချင်း ဆက်ဆံရေး တိုးတက်လာခြင်း

1. SORTING (စီစဉ်)

- Remove unused stuff from your venue of work and reduce clutter. (Removal / organization)
- မလိုအပ်သော ပစ္စည်းများအား လုပ်ငန်းခွင်မှ ဖယ်ရှားခြင်း နှင့် ရှုပ်ပွနေမှုများအားလျော့ချခြင်း။

1. SORTING (စီစဉ်)

S1: Remove unnecessary Item

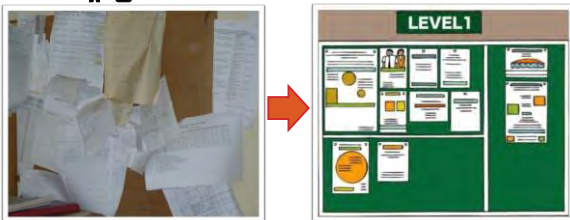
- မလိုအပ်သော ပစ္စည်းများကို ဖယ်ရှားခြင်း



1. SORTING (စီစဉ်)

S1: Remove unnecessary Item

- မလိုအပ်သော မှာကြားချက်များနှင့် Poster များအား ဖယ်ရှားခြင်း



2. Setting (စီစဉ်)

- Organize everything needed in proper order for easy operation. (orderliness)
လိုအပ်သောပစ္စည်းများအား အလွယ်တကူ ယူငင်အသုံးပြုနိုင်ရန် စနစ်တကျ အစီအစဉ်လိုက် ထားရှိခြင်း (အစီအစဉ်တကျ ဖြစ်စေခြင်း)
- Putting labels, sign, color-coding and mapping
တံဆိပ်ကပ်ခြင်း၊ အရောင်ခွဲခြင်း နှင့် လမ်းညွှန်မြေပုံများပြုလုပ်ခြင်း။

for easy "Find, Use, Return"

2. Setting (စီစဉ်)

Clinical record Storage

BEFORE 5S

AFTER 5S



Unused Information...
It was a mess.

S2: အကုသုတ္တရ (သို့) နံပါတ်
အစီစဉ်လိုက် ခွဲထားခြင်း

2. Setting (စီစဉ်)

S2: ORDERLINESS

"Easy to see, Easy to take out and Easy to return"



2. Setting (စီစဉ်)

Labeling? Orderliness? Easy to See?
Bad example of "setting".



2. Setting (စီစဉ်)

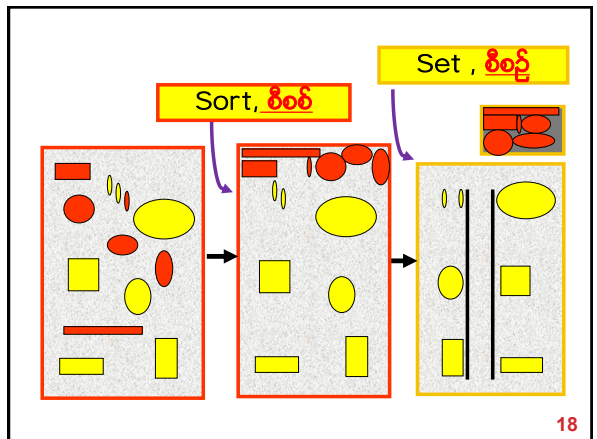
S2: အရောင်လိုက်ခွဲထားခြင်း

For easy differentiation



2. Setting (စီစဉ်)

- အသုံးပြုရလွယ်ကူစေရန် instruction များကို
ရှင်းလင်းစွာ ကပ်ထားခြင်း



3. SHINING (စင်ကြယ်)

S3: Proper cleaning tools



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3. SHINING (စင်ကြယ်)

S3: EVERYONE'S PARTICIPATION
(အားလုံးပူးပေါင်းလုပ်ဆောင်ရန်လိုအပ်ပါသည်။)



- ပုံမှန်သန့်ရှင်းရေး ပြုလုပ်ရန် တာဝန်ခွဲထားခြင်း

20

4. STANDARDIZING (စနစ်ကျ)

- Set up the above three Ss as a part of the routine at every section in your place. (Sort, Set and Shine as a system)
- လုပ်ငန်းခွင်နေရာတိုင်းတွင် အထက်ဖော်ပြပါ 3S (စီစစ်၊ စီစဉ်၊ စင်ကြယ်) များကို စနစ်တကျ ပုံမှန်လုပ်ဆောင်ရန်။

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4. STANDARDIZING (စနစ်ကျ)

S4: Checklist

“sort”, “set”, “shine” တို့ကို Standard သတ်မှတ်ခြင်း

Checklist for S1 – S3					
Area:	Supervisor: <i>Ranmying H.</i>		Date: 20/11		
Pharmacy	1W 05/07	2W /	3W /	4W /	5W /
Supervisor's signature					
S1-1. Empty boxes are not remained.	✓				
S1-2. Old notices are removed from the notice board.	✓				
S2-1. Drug containers/boxes on the table are all seen.	✓				
S2-2. Labels of ALL the drugs are stuck to the shelves.					
S2-3. FIFO principle is observed when new ones are supplied.	✓				
S3-3. Daily self-arrangement is practiced.	✓				

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4. STANDARDIZING (စနစ်ကျ)

S4: Self-monitoring



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5 SUSTAINING (စွဲမြဲ)

- Train and maintain discipline of the personnel engaged to establish teamwork and environment for improving quality of care.

ကျန်းမာရေး စောင့်ရှောက်မှု အရည်သွေး တိုးတက်ရန် ပါဝင်ပါတတ်သက်သူများကို လေ့ကျင့်ပေးခြင်း နှင့် စည်းကမ်းများကို ဆက်လက်ထိန်းသိမ်းခြင်း။

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5 SUSTAINING (စွဲမြဲ)

S5: Continuous learning opportunities



5 SUSTAINING (စွဲမြဲ)

S5: Continuous learning opportunities

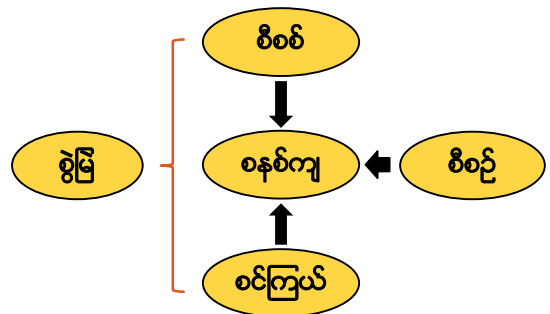


5 SUSTAINING (စွဲမြဲ)

S5: Daily briefing



FORMS OF 5S IMPLEMENTATION



LET'S SEE
OUR ACTIVITY!!

HISTORY OF 5S IN LGH

5S Introductory Seminar in December 2017

- Most of the LGH staffs attended the seminar.
- After the seminar, 5S team members were appointed.



HISTORY OF 5S IN LGH

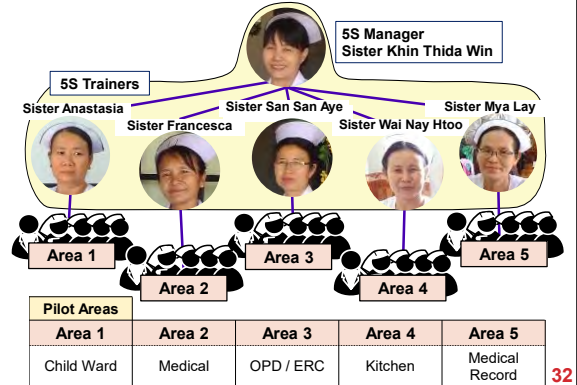
5S Training of Trainers in March 2018

- After being appointed as 5S Team, we attended 5S TOT.



31

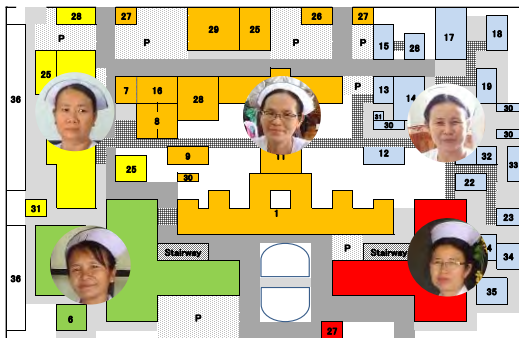
WE ARE 5S TEAM !!



32

WE ARE 5S TEAM !!

We divided Loikaw General Hospital into 5 areas.



33

HISTORY OF 5S IN LGH

Tools were developed in the regular meeting

- We prepared Flip Chart for explaining 5S each area.



34

HISTORY OF 5S IN LGH

Introduction of 5S activities to the staff by trainers

- After explaining 5S, we decided a showcase as a starting point with the staff.



35

HISTORY OF 5S IN LGH

Regular 5S ward round

- We encouraged what they improved.
- We suggested next improvement target to the staff.
- We shared good practice each other.



36

PILOT AREAS' PHOTOS
(BEFORE & AFTER)
EMERGENCY DEPARTMENT

Before 5S



After starting 5S



37

PILOT AREAS' PHOTOS
(BEFORE & AFTER)
EMERGENCY DEPARTMENT

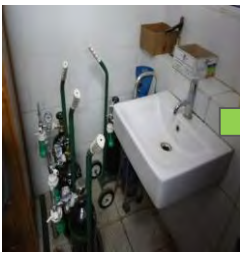
Continuous Improvement



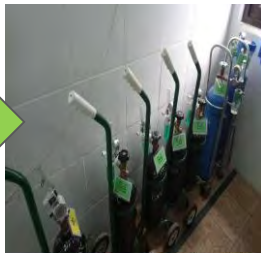
38

PILOT AREAS' PHOTOS
(BEFORE & AFTER)
EMERGENCY DEPARTMENT

Before 5S



After starting 5S



39

PILOT AREAS' PHOTOS
(BEFORE & AFTER)
MEDICAL WARD

Before 5S



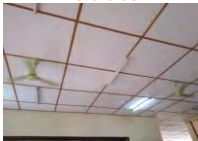
After starting 5S



40

PILOT AREAS' PHOTOS
(BEFORE & AFTER)
PAEDIATRICS WARD

Before 5S



After starting 5S



41

PILOT AREAS' PHOTOS
(BEFORE & AFTER)
KITCHEN

Before 5S



After starting 5S



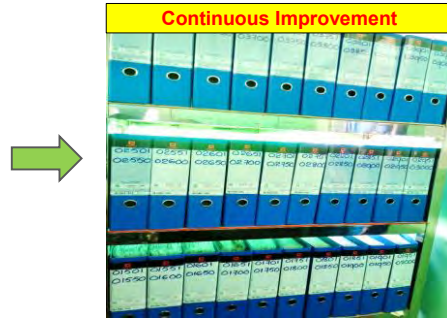
42

**PILOT AREAS' PHOTOS
(BEFORE & AFTER)
MEDICAL RECORD DEPARTMENT**



43

**PILOT AREAS' PHOTOS
(BEFORE & AFTER)
MEDICAL RECORD DEPARTMENT**



44

YOU MIGHT THINK THAT 5S ...

- Is difficult to start.
→ *No !!!* 5S Activities are easy to start.
- Needs a big budget to be started.
→ *No !!!* You can start 5S with available resources.
- Is hard to continue because you are busy.
→ *No ! 5S is not additional works.*
It can be implemented in routine work !

45

You can start 5S with available resources.



46

You can start 5S with available resources.



**Reuse
medicine's boxes**



**Reuse
glove's boxes**

47

LET'S TRY 5S ACTIVITY!

Tips to start 5S Activities;

- Starting with what you can do
- Commitment of managers
- To Enjoy the change! (Take "before" pictures)

5S activity has **no ending.**

Step by Step



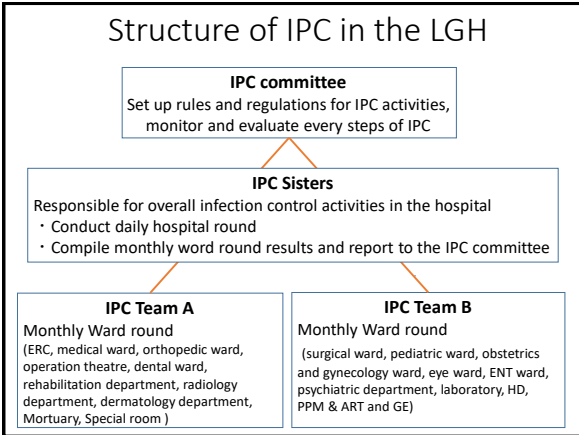
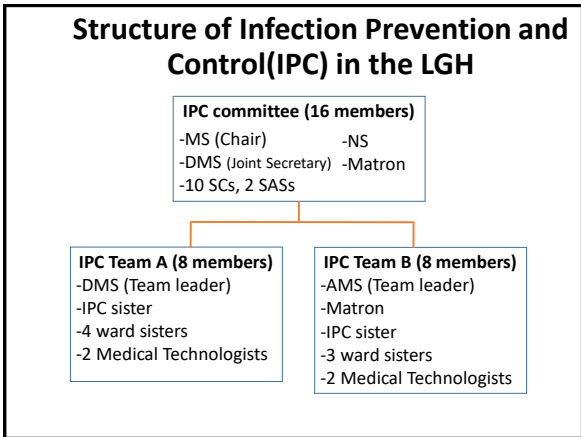
48



Thank you for your attention!

Infection Prevention and Control activities in LGH

Presented by Daw Agatha
IPC sister, Loikaw General Hospital



- ### IPC activities in LGH
- Monthly IPC round
 - Development of IPC related tools, materials
 - IPC round checklist
 - Handwashing posters
 - Training for hospital staff
 - CNE
 - Training for general workers
 - Waste management



M
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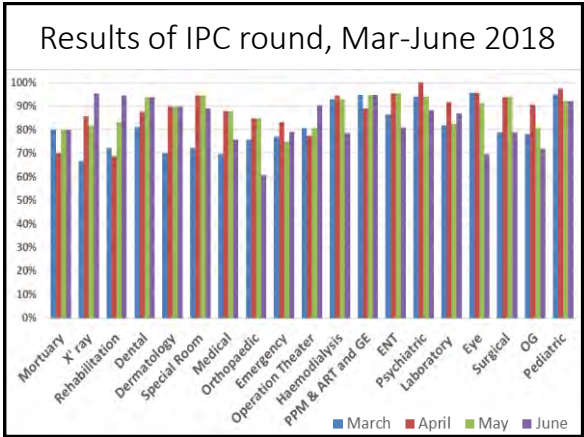
R
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U
N
D



Checking inside of waste bins during monthly IPC round



Checking hand washing technique of staff and nursing students everyday.



CNE "Waste management and PPE"

CNE "Handwashing"



Demonstrating hand washing technique at the training for general workers



Checking hand washing technique



Showing how to dispose of contaminated apron to general workers



Demonstrating cleaning of contaminated floor



Demonstrating Hand Washing Technique at the training for office staff



Waste management ... in the past

Waste management

Collection of solid waste from all wards twice a day








The wastes carry to the Loikaw garbage dump




Challenges

- No incinerator in the hospital, need to go to the garbage dump
- The waste is separated in the wards but it is all combined during wastes collection
- When staff are in hurry, he/she throw wastes in any bins

Way forward

- Development of the LGH IPC manuals
- Providing continuous training for staff, patients and their attendants
- Development of materials to remind staff to dispose of waste properly (ex. posters)

**Thank you
for your attention**



5-7 Improved Clinical Experience for AS

Improved Clinical Experience for Assistant Surgeon in LGH

JUNE 2018
DR. ZAW MYNN THAIK
DMS, LOIKAW GENERAL HOSPITAL

THE LOIKAW GENERAL HOSPITAL
We belong to the state, we serve the state, we grow with the state.

The Loikaw General Hospital aims to provide better opportunity for ASs to gain fulfilling clinical experience while they work with us.

We call this activity as

“Improved Clinical Experience for AS”

- ◆ Utilizing a tool to monitor the ASs’ progress of experience at a department
- ◆ Providing necessary support by seniors

THE LOIKAW GENERAL HOSPITAL
We belong to the state, we serve the state, we grow with the state.

Background

- Ensuring a constant quality of clinical works by doctors is essential to provide competent medical services.
- However, LGH is not a teaching hospital. Young doctors have to gain skills and knowledge mostly through their daily duties.
- Most of the ASs are very keen to learn from seniors, and sharpen their skills.
- Therefore, we think it is important to utilize the ASs’ daily duties as an opportunity for them to gain clinical experience effectively and efficiently.


THE LOIKAW GENERAL HOSPITAL
We belong to the state, we serve the state, we grow with the state.

So what we have done....

- Paediatrics and OG were selected as pilot departments to commence the trial of “Improved Clinical Experiences for AS”
- Possible number of common cases/procedures for an AS to experience in the department was estimated based on morbidity trend and technical viewpoints of senior doctors.
- The tool (checklist) and its manual (handbook) were developed to record the progress of experience of each ASs.

THE LOIKAW GENERAL HOSPITAL
We belong to the state, we serve the state, we grow with the state.

Tool



Contents


- I. Introduction
- II. Checklist
 - 1) Skill part
 - 2) Theory part
- III. Evaluation

Annex

- Summary of annual data
- Consideration of possible clinical experiences and recording on the checklist

THE LOIKAW GENERAL HOSPITAL
We belong to the state, we serve the state, we grow with the state.

Handbook



Contents

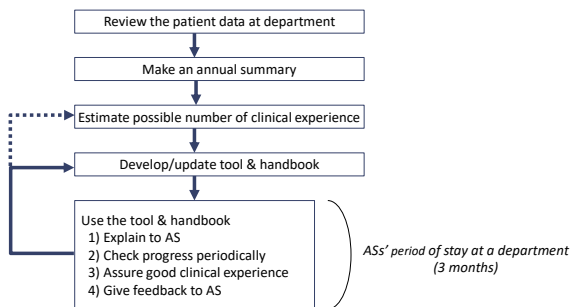
1. Introduction
2. Improved Clinical Experience
 - 2.1 Flow
 - 2.2 Contents of the Tool
 - 2.3 Possible number of clinical Experience
 - 2.4 Prerequisites of effective use of the tool
3. How to use tool
 - 3.1 OBGY
 - 3.2 Paediatrics

Annex

Tips for future addition and improvement of the tool

THE LOIKAW GENERAL HOSPITAL
We belong to the state, we serve the state, we grow with the state.

The flow of the "improved clinical experience for AS"



Findings

- The will of LGH to fulfill the clinical experience for AS is clearly declared.
- The communication between senior doctors and ASs were improved.
- ASs had more motivation to work.
 ↑ *contribute to Improve providers' satisfaction*
- Data management, usage at the department was strengthened.

Way forward

- To expand this activities to the other departments
- To make sure to update the annual summary
- To keep the mind of caring doctors and their future

Thank you very much

Health Education in LGH

20 June 2018

Dr. Zaw Min
AMS, LGH

Health Education's pilot areas in LGH

- OG ward
- Paediatrics ward

OG ward Background

ANC and PNC : Major mass HE opportunities in the ward

- HEs were not conducted regularly, it was depended on SCOG's availability
- Less participation by other staff due to having less confidence in conducting HEs to the crowd

IF the quality of HEs were improved, pregnant/postpartum women would

- Receive right information at right timing
- Be encouraged to take regular check-ups
- Be expected to gain appropriate health seeking behaviors

Need to improve the quality of HEs

Process

HOW do we improve the quality of HEs?

Our priority : ANC > PNC



NEED to know/decide...

- 1 **WHO** is our target ?
- 2 **WHAT** does she need/want to know?
- 3 **HOW** do we deliver the HEs?

1 Who is our target ?

- Conducted a quick survey to understand the target during ANC
- 10-15 ANC attendants were interviewed each time (June- Dec 2017)

[Results]

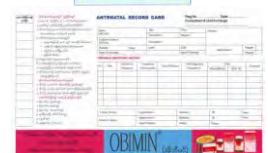
- 108 pregnant women were interviewed
- They are 20s (58%)
- 1st pregnancy (56%)
- Live in Loikaw township (87%)
- Accompanied by a husband (51%)

2 What does she need/want to know?

Referring to the MCH handbook, experiences in LGH, etc... topic of the HE were selected

[HE topics]

- When to start and frequency of ANC
- Available services at ANC
- Danger signs during pregnancy
- Nutrition during pregnancy
- Emergency preparedness
- Signs and symptoms of the onset of labour
- Breastfeeding
- Child vaccination
- Family planning

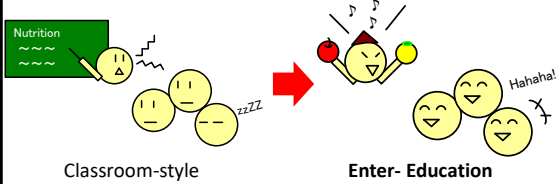


3 How do we deliver the HE?

Enter-Education

Enter-Education is a mixed word
Combination of "Entertainment" and "Education"

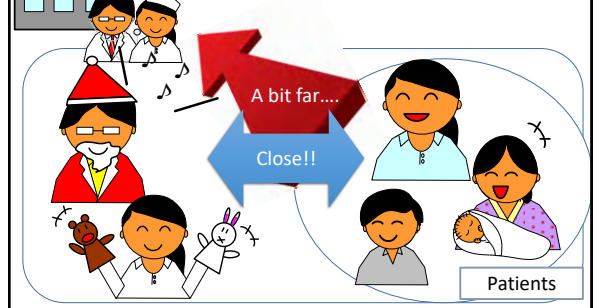
Enter-Education is one of the learner-centered approach
The uniqueness of the approach is the learners (audiences) have more fun while they're learning.



Why Enter-education?

Patients regard that hospital staff have very high status
← Patients feel distance to the hospital staff

EE can bring patients and hospital staff closer



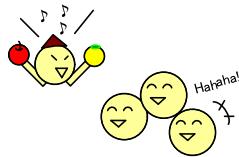
Enter-Education in OG ward

Mass health education (Weekly)

- Develop scripts
- Coaching by SCOG, Sister, how to conduct HES

Role play (Monthly)

- Develop scripts
- Act by OG ward staff (AS, nurses, workers) and students



Weekly HE during ANC



Monthly Role play



Comments



ANC attendant

I got knowledge about pregnancy and understand the reason why I need to come to ANC regularly.

Before, I didn't know much about pregnancy, but now I know how to stay, how to take medicines and breastfeeding. Also I get the information that delivery is better in hospital.



ANC attendant



Husband

I learned health information, when to come to a hospital, breast feeding and contraceptives.

I am happy to share health education for all ANC attendants.



Student who acted

Enter-Education in Paediatrics ward

1. Clowns visit
:Give balloons to patients to create a relaxing atmosphere
2. Conduct HEs



Paediatrics ward

Topics for HEs

- Hand washing
- ARI
- DHF
- GE
- Japanese Encephalitis



Major challenges

- Change behavior due to traditional and religious belief
- Language barrier
- Sustainability

Way forward

- Continue discussions on sustainability of current HEs to be a part of the hospital culture
- Develop HE materials for weekly ANC and PNC in OG ward.
- Encourage male involvement in ANC and PNC.



Thank you for your attention

10 保健スポーツ省へ提出したプロジェクトの説明資料

Summary of the Project Activities

22.10.2018
Kazunori IJIMA
Sub Leader,
MoHS/JICA Health System
Strengthening Project_Kayah

The Ministry of Health and Sports (MoHS) and Japan International Cooperation Agency (JICA) have jointly conducted the Health System Strengthening Project (here after referred as “the Project”) since November 2014, and the Project will successfully complete in November 2018. This document is prepared to report the result of the project activities which were conducted in Nay Pyi Taw and Kayah state.

1. Activities in Nay Pyi Taw

Nay Pyi Taw team has supported the Department of Public Health (DoPH) and Department of Medical Services (DoMS) to conduct activities mainly in relation to strengthening of hospital information system.

1-1 Capacity building for the Medical Record Technicians

The project has conducted the training on the hospital information system for the Medical Record Technicians (MRT). Within the project period, 175 existing MRTs and 384 newly recruited MRTs were trained.

The number of hospitals which submitted the e-data of hospital reports increased from 22 to 97 through CAMRS and 143 through DHIS2.



1-2 Knowledge Co-creation Programme (KCCP)

Knowledge Co-creation Programmes were conducted in total four times. The participants from the MoHS learned current health plan management, hospital data analysis and use, and roles and responsibilities of regional hospitals in Japan.



1-3 Short Seminars

In total 30 Short Seminars were conducted during the project period, with inviting the lecturers from Myanmar and Japan. The topics were varied, and attendants were mainly invited from the junior staff of MoHS for the sake of their opportunity to exchange ideas freely with lecturers and other attendants.



2. Activities in Kayah State

Kayah team worked closely with the Kayah State Departments of Public Health (SPDH) and Medical Services (SMSD), and hospitals in Kayah to strengthen their capacities of health plan management (plan, implement, monitor and evaluate) and activities on improving the service delivery in the state. The Loikaw General Hospital (LGH) was the showcase facility of the Project.

2-1 Clarifying Mission, Vision and Core Values

The Project supported Kayah SMSD and LGH to clarify their organizational identity, goal and norm. Developing organizational principles extremely contributed to formulate the highly motivated team in these organizations, and to cultivate the mind of continuous improvement among the staff.



Kayah SMSD

Mission: To coordinate with stakeholders, to provide good guidance to hospitals in Kayah State and to facilitate collaboration among the hospitals for provision of quality medical services

Vision: To make hospitals in Kayah State attractive by means of improving both customers' satisfaction and providers' satisfaction

Core Values: Hospitals for all, Equity, Mutual respect Kindness, Accountability, Professionalism, Friendly working environment, Interactiveness among hospital workers, Sustainability

Loikaw General Hospital

Mission: We are dedicated to improving the quality of life of the people in the state through providing competent medical services and cooperating concerned stakeholders.

Vision: To become a national-showcase hospital which enjoys desirable level of both customers' and providers' satisfaction.

Core Values: Humanity, Mutual respect, Passion

Motto: We belong to the state, we serve the state ,we grow with the state

2-2 Special Effort

Special Effort is a document describing a set of prioritized activities to achieve the organizational goals within a certain period. Tools for planning and M&E, as well as the users' guide were developed. Through the implementation of the Special Effort, counterparts in Kayah practically improved their capacity on health plan management.



Kayah State Department of Medical Services
Special Effort 2017

Form 1: Activity Description Form V02					
NAME OF ACTIVITY					
ENCLOSURE					
EXPECTED OUTCOMES					
RESULTS					
ACTIVITY PERIOD					
TARGET GROUP					
NO.	SPECIFIC ACTIVITIES	RESPONSIBILITY	IMPLEMENTATION PERIOD	SITE OF ACTIVITIES	IMPLEMENTATION PERIOD
1					
2					
3					
4					
5					

Kayah State Department of Medical Services
Special Effort 2017

Form 2: Activity Report Form				
NAME OF ACTIVITY				
ACTIVITY PERIOD				
TARGET GROUP				
NO.	SPECIFIC ACTIVITIES	ACTUAL PROGRESS	FUNDING SOURCE	CHALLENGE/RECOMMENDATIONS
1				
2				
3				
4				
5				
ASSESSMENT OF ACTIVITY		EXPECTED OUTCOMES	ACTUAL OUTCOMES	
			(This will be filled on Special Effort 2018)	
COMMENTS, NOTES AND ACTION				

2-3 5S-KAIZEN-TQM

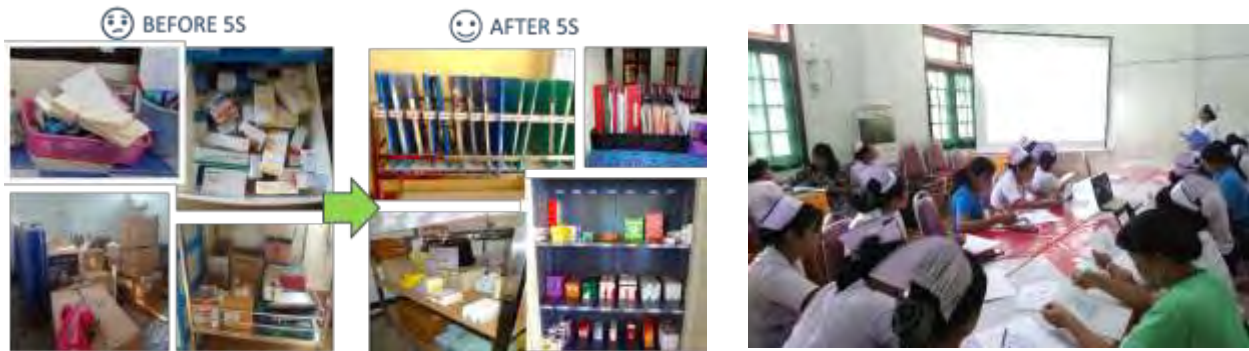
The Project introduced the 5S-KAIZEN-TQM approach in the LGH and all the township hospitals in Kayah for improving the hospital administration.

5S: Work environment improvement through activities of “Sort-Set-Shine-Standardize-Sustain”

KAIZEN: Continuous quality improvement through participatory problem-solving process.

TQM (Total Quality Management): Managerial effort to achieve organizations’ mission and vision with utilizing results, evidence and information gained from 5S and KAIZEN efforts.

In LGH, 5S team (manager and trainers) were formulated and they lead the 5S-KAIZEN activities in the hospital through providing continuous learning opportunity and periodical supervision in the hospital. This approach was also introduced into the township hospitals and Station hospitals by Kayah SMSD. DoMS plans to introduce the 5S-KAIZEN-TQM approach the general hospitals in other state/regions with utilizing the experiences and human resources of Kayah state.



2-4 Improved Clinical Experiences for Assistant Surgeons

Generally, it is one of the challenges for young doctors that they have less opportunity to gain fulfilling clinical experiences in the remote areas like Kayah. And it is a key hindering factor for assuring doctors’ rural retention. Based on this idea, the Project supported OBGY and Paediatrics to firstly review the wards’ data to estimate the number of cases which an Assistant Surgeons (AS) can experience in certain period, and then developed a checklist to monitor the progress of experiences gained by AS. Now, senior doctors utilize the checklist to provide necessary support and instruction for each AS. This contributes fulfilling clinical experience for AS at LGH.



2-5 Effective CNE

Nurses are the key players for providing competent services in hospitals. In fact, nurses are directly involved in almost all aspects of hospital quality. Therefore, enhancing nurses’ performance is quite indispensable to ensure the quality of services provided, as well as to achieve the hospital’s mission and vision. The project supported the nursing department to manage effective CNE.



2-6 Effective Health Education

Needless to say, the main objective of the health education is to improve customers’ understandings on health-related topics. However, providing health education to customers at general hospital has other crucial impacts, in terms of improving the images of hospital in general, as well as improving the care-seeking behaviors of the people in the state. The Project supported LGH to cultivate the mind set among the health staff to provide listener friendly education. The Enter-Education (coined word of “Entertainment” and “Education”) was introduced to facilitate the good communication between health providers and customers.



2-7 Central Pharmacy Supply System

Previously, drugs were distributed at each ward in LGH. Therefore, the hospital management couldn’t figure the actual stock balance and amount of expired drugs collector. Therefore, LGH established the Central Pharmacy Supply System to improve drug management at the hospital. The project focused on safety, quality and efficiency of the new drug supply system through developing the reference book for SOPs.



2-8 Receptionist Training

Receptionists are the face of the hospital. Their knowledge and attitude directory affect customers’ satisfaction as well as hospital’s reputation. Therefore, the project supported LGH to conduct several trainings for receptionists to cultivate their mind of “warm welcoming” and to enhance their polite attitude towards customers.



2-9 Infection Prevention Control

Infection Prevention Control (IPC) committee and teams were formulated in LGH. Also, IPC specialized sisters were assigned to facilitate the IPC activities in the hospital. The project supported LGH to develop the IPC checklist and handwashing posters.



2-9 Collaboration with Professional Associations

The Project closely collaborate with professional associations such as Myanmar Medical Council (MMC), Myanmar Medical Association (MMA) and Myanmar Nursing and Midwifery Association (MNMA). The project introduced the activities of Kayah and exchange ideas with the associations. Also, the project supported Kayah SMSD and LGH to conduct their special CME and CNE with inviting the lecturer from these associations.



2-10 Sharing the Good Practices

In total three observation visits were conducted with inviting the health delegates of MoHS from other state/regions, as well as Hospital Administration Society (HAS) of MMA. While their visitation, effective health plan management through Special Effort, and above-mentioned activities on improving service delivery were widely introduced to the visitors.

<u>Date</u>	<u>Visitors from</u>
August 2017:	Rakhine
May 2018:	Magway, Shan (North) and Central DoMS
June 2018:	Ayeyarwady, Tanintharyi, Central DoMS and HAS, MMA



Also, two exchange visits to the hospitals in other state/regions were conducted. Participants were selected from Kayah SMSD, SPHD and LGH and observed the hospitals which were surrounded by different situations from Kayah.

<u>Date</u>	<u>Visited hospitals</u>
Jul 2018:	Dawei General Hospital
August 2018:	Lashio General Hospital



11. 満足度調査の実施マニュアル等

11-1 調査マニュアル

11-2 ツール（Excel）の使用方法

A Manual of Satisfaction Survey (Quantitative)

CONTENTS

I.	Introduction.....	1
II.	Steps of Questionnaire Survey.....	2
III.	Design and Preparation (Step 2).....	2
IV.	Implementation of Survey (Data Collection: Step 3)	6
V.	Data Check (Step 4).....	7
VI.	Data Analysis (Step 5)	7
VII.	Report Writing (Step 6)	11
VIII.	Dissemination of the Results (Step 7).....	11
	Appendices	

I. Introduction

1. Pursuit of Client's and Provider's Satisfaction as a Vision

Given a concept of Department of Medical Services, Ministry of Health and Sports (MOHS) that customer friendliness is a priority area, Kayah State Medical Services Department (SMSD) unveiled its vision statement "To make hospitals in Kayah State attractive by means of improving both customer's satisfaction and provider's satisfaction"¹. From the view that state or regional health departments are responsible for realising policy direction of MOHS, it can be said that customer's (or client's) satisfaction should be commonly pursued no matter what state or region is.

The vision statement illustrates an ideal world of an organisation as a result of seeking its mission for three to five years. In this context, it is necessary for the organisation to know regularly where they are, to what extent they are closer to the mission and vision. This manual intends to support staff members at all levels who plan to conduct a survey to assess the level of satisfaction with current health services.

In 2017-18, SMSD conducted a baseline survey of client's and provider's satisfaction covering Loikaw General Hospital and all township hospitals in the State. This manual is composed based on these experiences.

2. Two Dimensions of Satisfaction

As slightly mentioned above, there are two dimensions in thinking of satisfaction.

One is customer's (or client's) satisfaction, needless to say. It is an ultimate goal of provision of goods and services in all sectors including health, categorised as an outcome or impact indicator.

Another dimension is satisfaction of health service providers, which is also called "internal client". It is also important as a requisite of improvement of client's satisfaction since it will be difficult to sustain provision of quality services without highly motivated manpower. This manual covers the survey of satisfaction of both client and provider.

3. Quantitative or Qualitative?

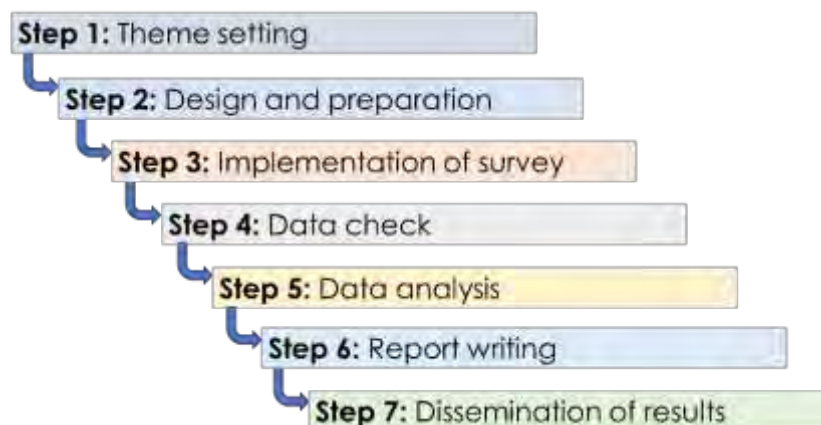
There are two types of survey: quantitative and qualitative survey. Quantitative survey is to quantify the data relevant to the topic and intends to generalise the results from a randomly selected sample to an entire population, using structured interview with a questionnaire. Qualitative survey involves various methods like focus group discussion and participant observation to gain in-depth understanding of the topic and to provide insights for further investigation, although its findings cannot be extended to wider population. This manual deals with quantitative survey.

¹ Kayah State Medical Services Department, *Introduction of the Special Effort 2017*

II. Steps of Questionnaire Survey

As illustrated in Figure-1, in general the following seven steps are taken for a process of questionnaire survey:

Figure-1: 7 Steps of Questionnaire Survey



As satisfaction of clients with health services and of providers with workplace is set as a theme of survey, “Step 1: Theme setting” is skipped in this manual.

III. Design and Preparation (Step 2)

What you are going to do in this step is the following five stages:

1. To set objectives and hypothesis of the survey and to list questions.
2. To draft questionnaire.
3. To define population and sample size.
4. To employ, orient and train enumerators in the survey and data collection.
5. To pre-test and finalise draft questionnaire.

Originally it is necessary to choose methodology of data collection before setting of hypothesis and questions. However, as this manual covers a method of structured face-to-face interview with using questionnaire, this step is skipped.

1. To Set Objectives and Hypothesis of the Survey and to List Questions

At first, it is necessary to clarify what are the objectives of survey and what hypothesis is assessed. Subsequently, questions are listed to investigate the hypothesis.

In case of Kayah State, objectives of the survey were to grasp (1) the level of satisfaction of clients with health services and of providers with workplace at hospitals, (2) elements that can influence the level of satisfaction of clients and providers and (3) statistical difference among characteristics of respondents.

(1) **Client’s Satisfaction with Health Services**

In case of the survey conducted in Kayah State, the hypothesis was that the level of

satisfaction with health services is different among the characteristics of respondents. Following questions were used in Kayah State. They were commonly used in the previous surveys.²

[Client] Please indicate your level of satisfaction with following items.

- 1. General cleanness of health facility**
- 2. Staff attitudes towards patients**
- 3. Clearness of explanation of clinicians about patient's condition**
- 4. Impression on waiting time for consultation and medicines**
- 5. Impression on availability of medicines at health facility**
- 6. Satisfaction with treatment and care actually obtained**
- 7. Overall satisfaction**

The characteristics of respondents were: (1) respondent him- or herself (either patient or caretaker); (2) township where the patient lives; (3) sex and age of the patient, (4) inpatient or outpatient; and (5) department where the patient received the services.

(2) **Provider's Satisfaction with Workplace**

In case of Kayah State, retention of health workers especially medical doctors is a concern of SMSD. A key is their motivation, which will be influenced by learning opportunities, opportunity to use their skills, willingness and pride to work, etc. Based on the consideration as a hypothesis, following questions were enumerated to assess the level of satisfaction:

[Provider] Please indicate your level of agreement on each of following statements.

- 1. Overall, I am very satisfied with my job.**
- 2. I am satisfied with opportunity to use my skills in my job.**
- 3. These days I feel motivated to work as hard as I can.**
- 4. This hospital inspires me to do my very best on the job.**
- 5. I am glad to work in this hospital other than those elsewhere in our country.**
- 6. I have the opportunity to discuss work-related issues with my supervisor.**
- 7. I am proud to be working for this hospital.**
- 8. I am satisfied with current learning opportunity to improve my skills.**
- 9. I am punctual about coming to work.**
- 10. I always complete my work effectively and efficiently.**

The elements showing characteristics of respondents were (1) sex, (2) age, (3) job title, (4) department where the respondent is currently working, and (5) years of the respondent's working in the health facility.

² Following is an example: Nabbuye-Sekandi, Juliet et al. (2011), "Patient Satisfaction with Services in Outpatient Clinics at Mulago Hospital, Uganda" *International Journal of Quality in Health Care*, Vol.23, No.5, pp516-523

2. To Draft Questionnaire

(1) Setup of Choices: Use of Likert Scale

Following the consideration of questions to assess the level of satisfaction and to know the characteristics of respondents, it is necessary to set up choices to each question.

Likert Scale is widely used to observe the level of satisfaction through a five- or seven-point scale that offers a range of choices of answer. Following is the five-point scale for client's/provider's satisfaction at the survey in Kayah State:

<p>Client's satisfaction</p> <ol style="list-style-type: none"> 1. Very poor 2. Poor 3. Moderate 4. Good 5. Very good 	<p>Provider's satisfaction</p> <ol style="list-style-type: none"> 1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
---	--

(2) Structure of Questionnaire

Components of a questionnaire include (Figure-2):

Figure-2: A Sample of Questionnaire

Questionnaire for Interview with Client

1. Respondent's ID: _____

2. No of interview: _____

3. Date of interview: _____

4. No of questionnaire: _____

5. Introduction and informed consent: _____

6. Demographic information: _____

7. Age of the patient: _____

8. Item of Question: _____

9. _____

10. Thank you for your time. _____

- (1) Respondent ID: To identify a specific respondent
- (2) Header: Title of the questionnaire
- (3) Date of interview
- (4) Name of enumerator
- (5) Introduction and informed consent: To inform the respondent of what the survey is about and to ask his/her agreement on the interview. This is a requirement for the questionnaire survey.
- (6) Instruction to enumerator: To instruct how enumerators use the questionnaire
- (7) Characteristics of the respondent with choices
- (8) Items of question on client’s satisfaction with five-point scale from very poor to very good
- (9) Open question: It can be freely filled if the respondent has any ideas on how to improve health services further.
- (10) “Thank you” message

See Appendix-1 and 2 as a sample questionnaire for clients and providers respectively.

3. To Define Population and Sample Size

This stage is to specify what population is targeted for the survey, how many samples are needed and how to sample them.

Based on the number of outpatients (OPD) in each hospital in 2014, the sample sizes were calculated as follows (Table-1; also see Appendix-3 for a formula):

Table-1: Sample Size by Hospital for the Client’s Satisfaction Survey in Kayah State

Hospital	OPD in 2014	Sample size
Loikaw General Hospital (LGH) ³	32,000	80
Demawso Township Hospital	5,982	42
Shadaw Township Hospital	4,982	40
Bawlakhe Township Hospital ⁴	n.a.	42
Pruhso Township Hospital	2,102	25
Hpasaung Township Hospital	4,178	37
Mese Township Hospital	4,340	37

4. To Recruit, Orient and Train Enumerators in the Survey and Data Collection

Quality of data collection will depend on enumerators (interviewers), so it is a key to successful survey to make them understand the survey and proper data collection through

³ OPD data in 2015 were used for calculation of the sample size in LGH.

⁴ Data on the number of OPD in Bawlakhe was not available at the survey design, its sample size was approximated to that of Demawso.

the opportunity of orientation and training.

It is necessary to prepare terms of reference for the enumerators (TOR), a document which compiles the information on objectives of the survey, tools to be used for data collection (e.g. questionnaire), duration of the data collection, instruction on how many patients (or caretakers) each enumerator should interview a day and how to collect the data. In case of Kayah State, a document of survey design was used for the orientation (Appendix-4). It depends on the survey schedule as well as the budget how many enumerators have to be recruited. The survey design in Kayah State planned to interview 80 patients or caretakers in five days (16 per day), so it was necessary to have at least two enumerators (i.e. interviewing eight each). Moreover, availability of medical social workers in LGH contributed to containment of the survey cost.

5. To Pre-test and Finalise the Draft Questionnaire

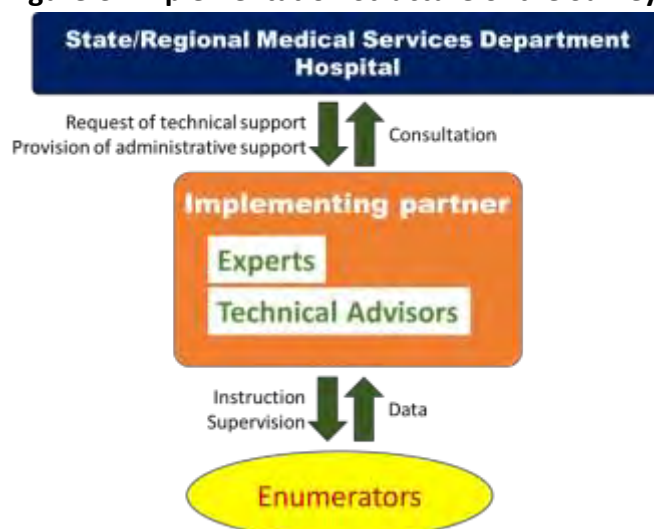
Pre-testing of the draft questionnaire enables you to know questions that are not relevant, do not make sense or might lead to biased answers. Find around five patients or caretakers from the target population (outpatients in case of Kayah State) and ask them to answer the questions. You can use the opportunity of enumerators' training for pre-testing. Based on the results of pre-testing, the questionnaire will be finalised.

IV. Implementation of Survey (Data Collection: Step 3)

Given an administrative structure of State/Regional Medical Services Department or hospital, it will be a principal implementor of the survey. It will supervise enumerators to let them collect the data as scheduled and instructed.

The Medical Services Department or hospital can ask implementing partners like INGO to provide technical and administrative support as done in Kayah State (Figure-3).

Figure-3: Implementation Structure of the Survey



V. Data Check (Step 4)

This manual assumes that Microsoft Excel will be used for data analysis.

1. Data Entry

- a. Prepare a sheet for data entry in an Excel workbook.

ID	F1	F2	VILLAGE	F3	F4	F5	F6	OTHERS	Q1	Q2	Q3	Q4	Q5	Q6	Q7	IDEAS

- b. Enter answers in the sheet as they are in the questionnaire.
- c. In case you find blank i.e. “answer not provided”, just leave blank in the cell.
- d. When you complete the sheet, save it as **original data file** with any name you like.
- e. **DO NOT process the original data file directly.** When you use the data for analysis, copy and paste the original file and **rename it as the working file.**

2. Data Check

- a. Use filtering to identify typos or blank cells. Follow the below-mentioned steps:
 - Place a cursor on the header row (Row No. 1 in many cases).
 - Choose **Data Tab** and **Filter**. **Drop-down arrows** appear on the header row.

ID	F1	F2	VILLAGE	F3	F4	F5	F6	OTHERS	Q1	Q2	Q3	Q4	Q5	Q6	Q7	IDEAS	
1	2	1	Lawpita, Lawtaku	1	3	1	2		4	4	4	4	4	4	4	4	Everyone needs to have discipline. Be kind to patients.
2	2	1	Hta Du Nga Ta	2	3	2	6		4	4	3	3	3	4	4	4	Needs to have enough human resources. Patients and their attendants ne
3	1	1	Chi Khe	2	2	1	3		3	4	4	4	4	4	4	4	To maintain and carry on the good process of hospital
4	2	2	Nan Meh Kon	2	5	1	2		3	4	3	4	4	4	4	4	
5	2	1	Nan Koot	2	5	1	3		4	4	4	4	4	4	4	4	

- Click a drop-down arrow that you want to check the data and **remove the check mark from “Select All”**.
- b. When you find blank cells in the sheet (answer not provided), check **“(Blank Cell)”** then **“OK”** and enter **99**. In case of blanks in the columns named **“VILLAGE”**, **“OTHERS”** and **“IDEAS”**, **just leave as it is**.
- c. When you find answers other than choices provided for a question, check and correct them.
- d. After the correction, check **“Select All”** again and click **“OK”**.

VI. Data Analysis (Step 5)

1. Tabulation

- a. To tabulate the level of overall satisfaction (Q7: Altogether what do you think of health services in this hospital?) by department, prepare a following table.
 Insert **SUM** function at cells in the row named **“Total”** to add values of each category from **“Very poor”** to **“Very good”** in the range from **“1 Medical”** and **“7 Other”**. Then, enter **SUM** function in the column named **“Total”** to add the values of each category from **“1 Medical”** and **“7 Other”** in the range from **“Very poor”** to **“Very good”**.

Q7: Overall satisfaction		1 Very poor	2 Poor	3 Moderate	4 Good	5 Very good	99 NA	Total
Department	1 Medical							0
	2 Surgical							0
	3 Ob&Gy							0
	4 Pediatric							0
	5 Ortho							0
	6 OPD&Em							0
	7 Other							0
Total		0	0	0	0	0	0	0

SUM function is at the button “Insert Function” in Formulas Tab.

- b. To count the number of cases in each category from “Very poor” to “Very good” in each department, use **COUNTIFS** function. Choose **Formulas Tab** and go to **Insert Function** button, then **Insert Function dialog** appears. Type “COUNTIFS” in the box “Search for a function” and select COUNTIFS function appearing in “Select a function” box.
- c. In COUNTIFS function, firstly select range of data in the column of department (F6) and its criteria from 1 (Medical) to 7 (Other). Then, select range of data in the column of overall satisfaction (Q7) and its criteria from 1 (Very poor) to 5 (Very good) or 99 (No answer).

For example, data of department (F6) is in the column H and those of overall satisfaction (Q7) is in the column P. If 117 patients or caretakers are answered, values are entered from Row 2 to 118. If you want to count the number of answers “Good (4)” in Ob&Gy department (3), enter as follows “=COUNTIFS(H2:H118,3,P2:P118,4)” Then, you can have the result “17”.

Q7: Overall satisfaction		1 Very poor	2 Poor	3 Moderate	4 Good	5 Very good	99 NA	Total
Department	1 Medical							0
	2 Surgical							0
	3 Ob&Gy				17			17
	4 Pediatric							0
	5 Ortho							0
	6 OPD&Em							0
	7 Other							0
Total		0	0	0	17	0	0	17

Repeat this practice for the other cells in each department, and finally you get the following results:

Q7: Overall satisfaction		1 Very poor	2 Poor	3 Moderate	4 Good	5 Very good	99 NA	Total
Department	1 Medical	0	0	2	10	0	0	12
	2 Surgical	0	0	1	10	1	0	12
	3 Ob&Gy	0	0	3	17	1	0	21
	4 Pediatric	0	0	2	8	2	0	12
	5 Ortho	0	0	0	14	0	0	14
	6 OPD&Em	0	0	1	13	1	0	15
	7 Other	0	0	4	26	1	0	31
Total		0	0	13	98	6	0	117

- d. Based on the table developed above, you can prepare another table for calculation of the percentage.

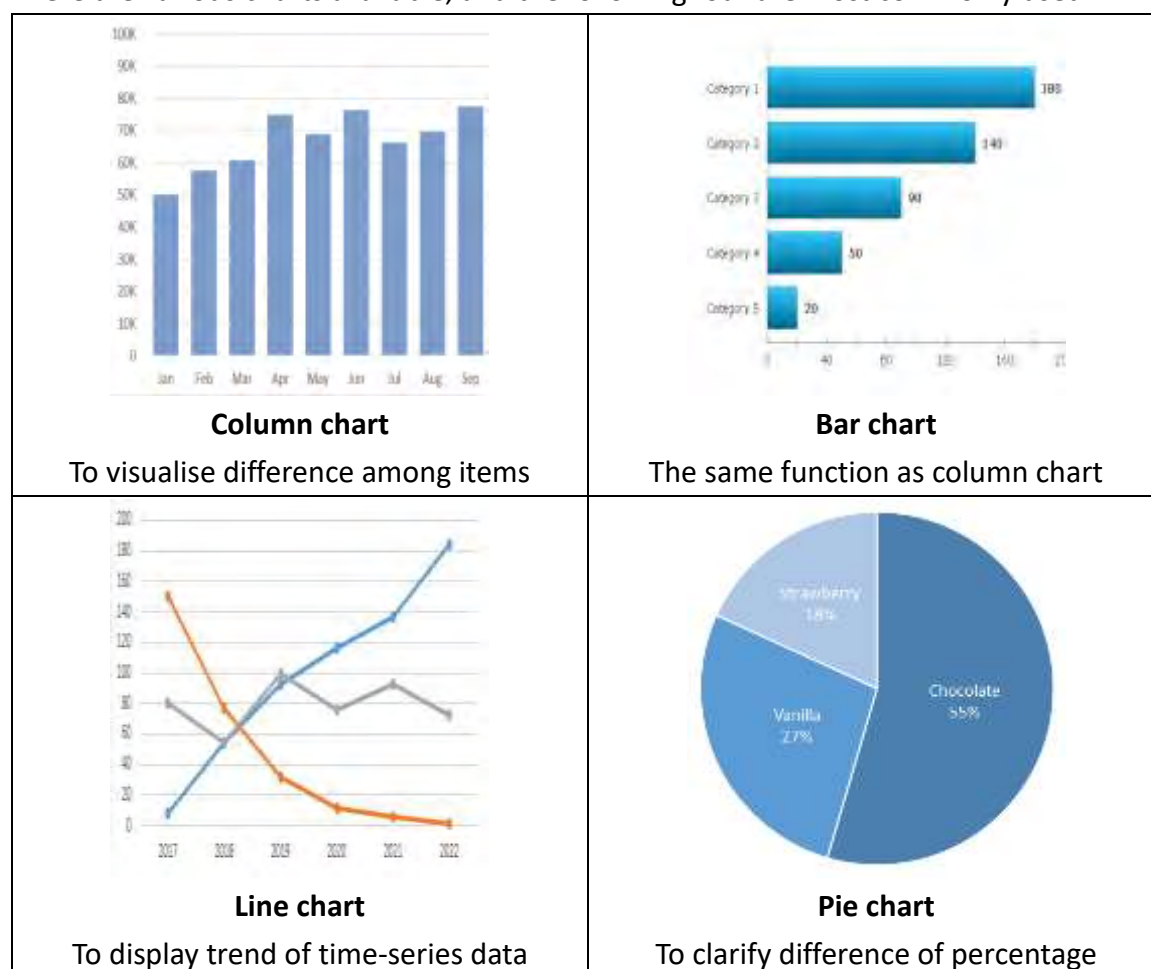
Q7: Overall satisfaction		1 Very poor	2 Poor	3 Moderate	4 Good	5 Very good	99 NA	Total
Department	1 Medical	0.0%	0.0%	16.7%	83.3%	0.0%	0.0%	100.0%
	2 Surgical	0.0%	0.0%	8.3%	83.3%	8.3%	0.0%	100.0%
	3 Ob&Gy	0.0%	0.0%	14.3%	81.0%	4.8%	0.0%	100.0%
	4 Pediatric	0.0%	0.0%	16.7%	66.7%	16.7%	0.0%	100.0%
	5 Ortho	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%
	6 OPD&Em	0.0%	0.0%	6.7%	86.7%	6.7%	0.0%	100.0%
	7 Other	0.0%	0.0%	12.9%	83.9%	3.2%	0.0%	100.0%
Total		0.0%	0.0%	11.1%	83.8%	5.1%	0.0%	100.0%

2. Development of Charts

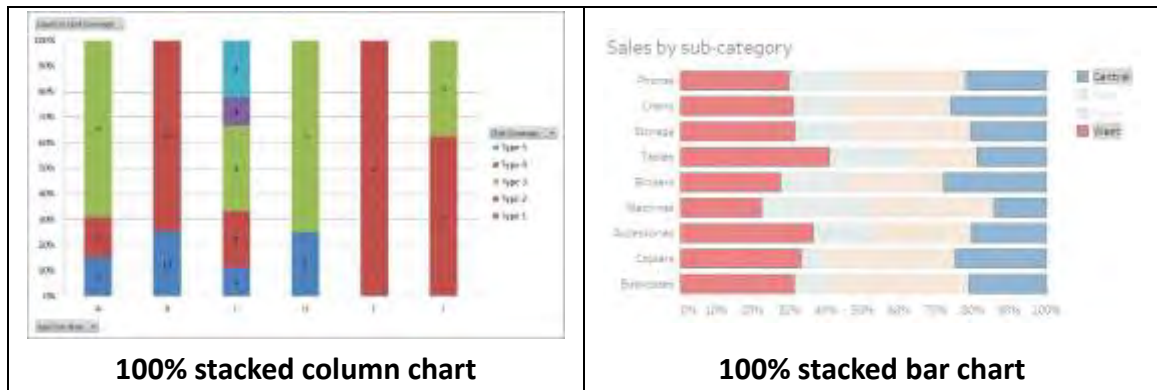
(1) Choice of a Chart

You can develop charts to visualise the results of data analysis based on the table made in the previous section.

There are various charts available, and the following four are most commonly used:



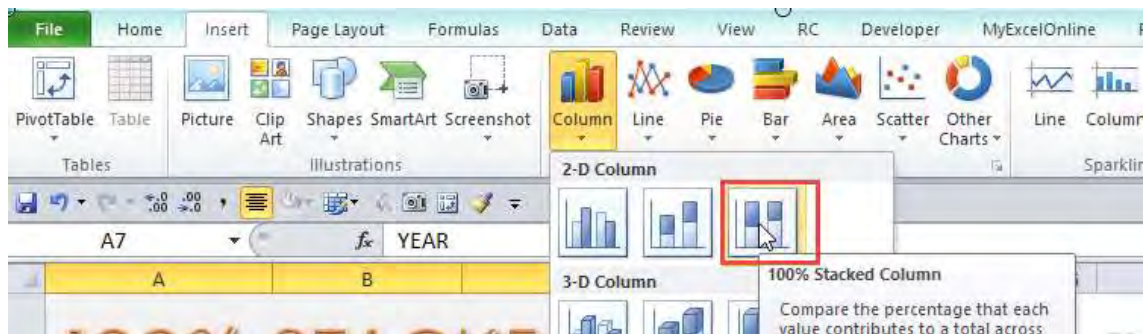
In case of the analysis of satisfaction of client and provider, it is appropriate to choose either **100% stacked column chart** or **100% stacked bar chart**. It will enable you to easily compare the satisfaction by category (i.e. percentage of answers “very poor”, “poor”, “moderate”, “good” and “very good”) and department or hospital.



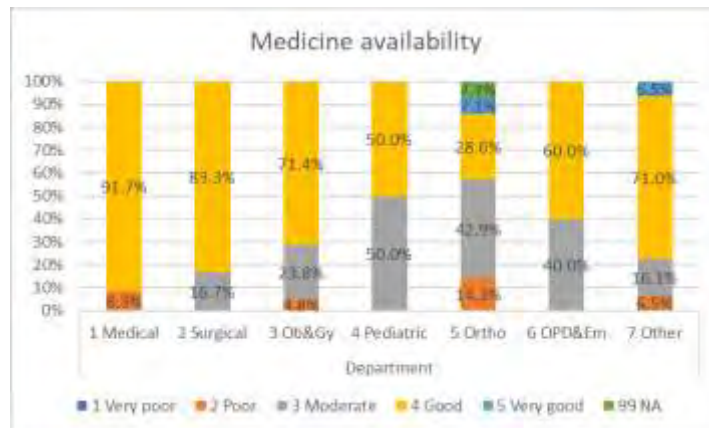
Steps to develop a 100% stacked column chart will be described in the next item.

(2) How to Develop the Chart?

- a. Select the table on where you want to develop the chart. In case of the table in the previous page, select from the cell “Q7 Overall satisfaction” to “0.0% of 99 NA and 7 Other”.
- b. From **Insert** tab, click the button “**Column**” in Charts group, then select “**100% Stacked Column**”.



- c. Select **Chart Title** in **Chart Element** box, then type the title of the chart “Overall Satisfaction”.
- d. On **Layout** tab, click **Data Labels** and insert data labels for each category in the chart.
- e. Otherwise, edit what you want.



(3) How to Describe the Results as Findings

Once you developed charts in line with the work in the previous item, what you should do is to write down results of data analysis **as it is as findings** in the survey report. **DO NOT mix your interpretation to the results with findings.** It can be described in the next chapter in the survey report.

Taking the chart developed in the previous item, following description can be done as findings:

The situation of medicines' availability varied among departments. More than 80% of the respondents expressed "good" at Medical and Surgical Departments. 50% answered "good" and 50% said "moderate" at Paediatric, while 60% were "good" at OPD/Emergency. At Orthopaedic, 35.7% gave "good" or "very good" answers, but 14.3 % went to "poor". Patients or caretakers responding "poor" were also at Medical, Ob&Gy and other.

VII. Report Writing (Step 6)

Results of the survey, which were illustrated in tables and figures through the works shown in the previous chapter, will be compiled in the survey report.

Following is a sample of table of contents:

Chapter 1. Introduction: To outline background and objectives of the survey. Hypothesis of the survey can be also summarised here.

Chapter 2. Methodology: To show how to verify the hypothesis; how to collect the data and how to analyse them.

Chapter 3. Findings: To compile the results of analysis as it is. **DO NOT** insert your interpretation in this chapter.

Chapter 4. Discussion: To describe the interpretation by authors of the report based on the findings. Compare them with hypothesis initially developed. If you identify any difference, take consideration of why it happens.

Chapter 5. Way Forward: To summarise actions to be taken, given the findings and discussion.

Appendices: For example, the document of survey design and questionnaires used can be inserted here.

VIII. Dissemination of the Results (Step 7)

Findings of the results of the survey, discussion points and way forward should be shared with the stakeholders such as hospitals where the data were collected.

- END -

Appendix 1: A sample of questionnaire for clients

Respondent's ID:

Questionnaire for Interview with Client

Date of interview: / /
(DD / MM / YYYY)

Name of enumerator:

Introduction and Informed Consent	
Hello. My name is (your name). We are conducting a survey, on behalf of Loikaw General Hospital, for improving health services. I would like to ask you to participate in the survey by telling us how you feel about the services that you received today. The information you will give will be kept strictly confidential and used purely for improving services. This information will not be used against you in any way and will not interfere with normal care you receive here in future. I would like to ask you some questions for about 20 minutes. Participation in this study is completely voluntary and you can choose not to answer any of individual questions. We hope that you will participate fully in this survey since your views are important. At this time, do you want to ask me anything about the survey? May I begin the interview now?	
Respondent agrees to be interviewed	→ Continue
Respondent does not agree to be interviewed	→ End

(Instruction to enumerators: Please tick answers of respondents in the box)

F1	Patient or caretaker?	<input type="checkbox"/> 1 Patient	<input type="checkbox"/> 2 Caretaker
F2	Township and village where the patient lives	<input type="checkbox"/> 1 Loikaw	<input type="checkbox"/> 2 Demawso
		<input type="checkbox"/> 3 Shadaw	<input type="checkbox"/> 4 Bawlakhe
		<input type="checkbox"/> 5 Pruhsa	<input type="checkbox"/> 6 Hpasaung
		<input type="checkbox"/> 7 Mese	<input type="checkbox"/> 8 Others
		Village Name-	
F3	Sex of the patient	<input type="checkbox"/> 1 Male	<input type="checkbox"/> 2 Female
F4	Age of the patient	<input type="checkbox"/> 1 <20	<input type="checkbox"/> 2 20-29
		<input type="checkbox"/> 3 30-39	<input type="checkbox"/> 4 40-49
		<input type="checkbox"/> 5 >50	
F5	Inpatient or outpatient	<input type="checkbox"/> Inpatient	<input type="checkbox"/> Outpatient
F6	Department where the patient received health services	<input type="checkbox"/> 1 Medical	<input type="checkbox"/> 2 Surgical
		<input type="checkbox"/> 3 Ob&Gy	<input type="checkbox"/> 4 Pediatric
		<input type="checkbox"/> 5 Orthopedic	<input type="checkbox"/> 6 OPD and Emergency
		<input type="checkbox"/> 7 Others	

Item of Question	Very Poor	Poor	Moderate	Good	Very Good
Q1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q6	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q7	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Please tell me freely if you have any ideas of further improvement of health services provided by Loikaw General Hospital.

Thank you for your time.

Appendix 2: A sample of questionnaire for providers

Questionnaire for Providers

Respondent's ID

Date of Survey: / /
(DD / MM / YYYY)

Please tick your answers to the following questions in the box .

F1	Sex of the respondent	<input type="checkbox"/> 1. Male	<input type="checkbox"/> 2. Female
F2	Age of the respondent	<input type="checkbox"/> 1. <20	<input type="checkbox"/> 2. 20-29
		<input type="checkbox"/> 3. 30-39	<input type="checkbox"/> 4. 40-49
		<input type="checkbox"/> 5. >50	
F3	Title of the respondent	<input type="checkbox"/> 1. Senior Consultant	
		<input type="checkbox"/> 2. Junior Consultant	
		<input type="checkbox"/> 3. First Assistant	
		<input type="checkbox"/> 4. Senior Assistant Surgeon	
		<input type="checkbox"/> 5. Assistant Surgeon	
		<input type="checkbox"/> 6. Matron/Ward Sister	
		<input type="checkbox"/> 7. Staff Nurse	
		<input type="checkbox"/> 8. Trained Nurse	
		<input type="checkbox"/> 9. Medical Record Technician	
		<input type="checkbox"/> 10. Other Technician	
		<input type="checkbox"/> 11. Receptionist	
		<input type="checkbox"/> 12. Others ()	
F4	Department where the respondent is working	<input type="checkbox"/> 1 Medical	<input type="checkbox"/> 2 Surgical
		<input type="checkbox"/> 3 Ob&Gy	<input type="checkbox"/> 4 Pediatric
		<input type="checkbox"/> 5 Orthopedic	<input type="checkbox"/> 6 OPD and Emergency
		<input type="checkbox"/> 7. Others ()	
F5	Years of working in this hospital	<input type="checkbox"/> 1. < 1 year	<input type="checkbox"/> 2. 1-2 years
		<input type="checkbox"/> 3. 3-5 years	<input type="checkbox"/> 4. 6-10 years
		<input type="checkbox"/> 5. > 10 years	

The following statements are about motivation of health workers at work place. Please indicate your level of agreement with each of the following statements.		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	Overall, I am very satisfied with my job.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2	I am satisfied with opportunity to use my skills in my job.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3	These days I feel motivated to work as hard as I can.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4	This hospital inspires me to do my very best on the job.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5	I am glad to work in this hospital other than those elsewhere in our country.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6	I have the opportunity to discuss work-related issues with my immediate supervisor.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
7	I am proud to be working for this hospital.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
8	I am satisfied with current learning opportunity to improve my skills.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
9	I am punctual about coming to work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
10	I always complete my work efficiently and effectively.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Please fill freely if you have any ideas to raise your motivation to work in this hospital.

Thank you for your time.

Appendix 3: A formula to calculate sample size

Population represents whose matters we are to know. In case of the survey in Kayah State, the population for client's satisfaction was defined as outpatients coming to hospitals (General Hospital or Township ones) for seeking care and treatment in a week.

Sample size in each hospital was calculated by the following formula:

$$n = \frac{\frac{z^2 \times p(1-p)}{e^2}}{1 + \left[\frac{z^2 \times p(1-p)}{e^2 \times N} \right]}$$

where:

- n: Sample size
- z: Z-score, which is determined by confidence level. In case of the survey in Kayah State, the z-score used was **1.64** for 90% of the confidence level.
- p: Percentage of the population expressed "satisfied" with health services or workplace. In most cases, it is **50%**.
- e: Margin of error, a percentage on how much you can expect the results to reflect the views of overall population. In case of Kayah State, it was defined as **10%**.
- N: Population size, i.e. number of outpatients at each hospital in a week.

CLIENTS' SATISFACTION AND WAITING TIME AT LOIKAW GENERAL HOSPITAL

Survey Design

1. INTRODUCTION

Kayah State Medical Services Department (SMSD) has been implementing a set of activities as “Special Effort” since 2017 to realise its mission and vision on the basis of core values. Reduction of patients’ waiting time is an activity for better clients’ satisfaction, which is a part of the vision.

It is also important to assess to what extent SMSD is closer to its mission and vision. This is an activity of monitoring and evaluation, a capacity which SMSD thinks it is necessary to strengthen in the Special Effort.

Knowing the actual situation will be an eye opener to consider brighter future of the medical services in Kayah State.

2. SPECIFIC OBJECTIVES

To know the current situation of the following in Loikaw General Hospital (LGH):

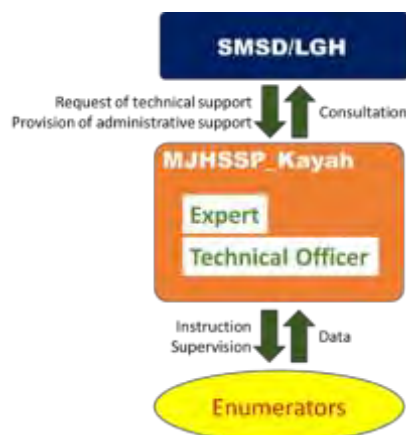
- Clients’ satisfaction with health services
- Clients’ waiting time

Since this is the first survey, it will give the information on baseline.

3. SURVEY DESIGN

(1) Implementation Structure

SMSD will implement the survey with technical support of MJHSSP_Kayah under the following structure:



(2) Development of Tools for Data Collection

Enumerators for the survey will conduct exit interview with patients or their caretakers. A simple questionnaire will be developed to collect the data on clients' satisfaction.

As for patients' waiting time, the enumerators will measure. A sheet will be prepared to record the time.

(3) Identification of Enumerators

Enumerators will be recruited for the survey. Based on the number of patients or caretakers surveyed (16 per day), at least two will be required per day.

(4) Instruction to Enumerators

MJHSSP_Kayah will instruct the enumerators on the survey and how to collect the data of clients' satisfaction and waiting time.

(5) Pre-testing and Finalisation of Tools

The enumerators will use draft tools for data collection for their pre-testing. The results will be reflected for their finalisation.

(6) Data Collection

1) Clients' Waiting Time

- Days of Data Collection: **5 days, 23-27 October 2017**. It is to assess the significance of difference by day of the week.
- Waiting time of patients will be actually measured at **the waiting area of OPD and Emergency Department and dispensary of each clinical department** by the following process and filled in the recording sheet.

[Waiting time for consultation at OPD and Emergency]

1. Start at the registration desk. When the receptionist registers a patient, he/she writes the current time on a recording sheet and gives it to the patient.
2. The patient goes to the waiting area of the consultation room with the sheet.
3. When the patient enters into consultation room, a doctor/nurse collects the sheet from the patient and fills the current time.
4. A doctor/nurse keeps the recording sheet and gives it to the enumerator.

[Waiting time for prescription of medicines at each department]

1. Start at the consultation room. When the patient needs to get medicines after consultation, he/she goes to the dispensary of the department. The enumerator gives the patient the recording sheet and tells to give it to the personnel of the dispensary.

2. Dispensary staff collects the sheet from the patient when he/she comes to collect medicines.
3. Then the dispensary staff fills the time on the sheet when he/she administers medicines to the patient.
4. The dispensary staff keeps the recording sheet and hands it to the enumerator.

- Based on the estimated number of outpatients in LGH (around 32,000 in 2015), samples to be collected will be 80. Therefore, 16 will be surveyed per day.

2) Clients' Satisfaction with Health Services

- Days of Data Collection: **5 days, 6-10 November 2017.**
- Interview will be conducted by the enumerators **at two exits of LGH** with use of the questionnaire, following the informed consent.
- Clients' satisfaction will be measured from the following seven aspects:
 - a. Health services provided in general
 - b. State of cleanness in the facility
 - c. Attitude of service providers towards clients
 - d. Clearness of clinicians' explanation on patients' condition and treatment
 - e. Impression of waiting time for getting services
 - f. Impression of availability of medicines
 - g. Impression of treatment actually obtained.
- Level of satisfaction will be scored by Likert scale ranged from 1 (very poor) to 5 (very good).
- Based on the estimated number of outpatients in LGH (around 32,000 in 2015), samples to be collected will be **80**. Therefore, 16 will be surveyed per day.

(7) Check and Cleaning of Data Collected

MJHSSP_Kayah will check and clean the data collected from the enumerators.

(8) Data Analysis

MJHSSP_Kayah will analyse the data from the following aspects:

- Waiting time at OPD by day of the week
- Waiting time at dispensaries by department and day of the week
- Clients' satisfaction with services by aspect, department and day of the week

Results of the analysis will provide LGH with the current status as baseline.

(9) Report Writing

MJHSSP_Kayah will draft the report with consultation of SMSD and LGH. Following will be compiled:

- Introduction: justification of the survey
- Methodology of the survey
- Results
- Discussion: interpretation of the results
- Way forward

4. DELIVERABLES

- Survey report on clients' satisfaction and waiting time

5. SURVEY SCHEDULE

- Overall Schedule of the Survey: **From October to December 2017**
- **Late September:** Development of draft survey design including data collection tools
- **Early October:** Identification of enumerators
- **Early to mid-October:** Instruction to enumerators, pre-testing of the tools
- **Mid-October:** Finalisation and printing of the tools
- **Late October to early November:** Data collection
- **Mid-November:** Data check and cleaning
- **Mid to late November:** Data analysis and report writing
- **Late November to early December:** Consultation with SMSD and LGH on the interpretation of survey results
- **Early December:** Finalisation of the survey report

- END -

11-2 ツール (Excel) の使用方法

From data entry to analysis, interpretation (discussion) and identification of actions

Assumption: Use of EXCEL only (NOT SPSS)

1. Data Entry

(1) Prepare a sheet for data entry in an EXCEL workbook.

Sample of data entry sheet

ID	F1	F2	VILLAGE	F3	F4	F5	F6	OTHERS	Q1	Q2	Q3	Q4	Q5	Q6	Q7	IDEAS

(2) Enter answers in the sheet as they are in the questionnaire.

(3) In case you find blank i.e. “answer not provided”, just leave blank in the cell.

(4) When you complete the sheet, save it as **original data file** with any name you like.

2. Development of Data File for Analysis

(1) **Do not process the original data file.** When you analyse the data, copy and paste it to the other folder. Also **rename the data file.**

3. Data Check and Cleaning

(1) Use the data file developed in the previous step for analysis.

(2) Use filtering to identify data entry error or blank cells. Follow the below-mentioned steps:

1) Place a cursor on the header row (Row No. 1 in many cases).

2) Choose **Data Tab** and **Filter**. **Drop-down arrows** appear on the header row.

I		VILLAGE					OTHERS									IDEAS	
1	2	1	Lawpita, Lawtaku	1	3	1	2		4	4	4	4	4	4	4	4	Everyone needs to have discipline. Be kind to patients.
2	2	1	Hta Du Nga Ta	2	3	2	6		4	4	3	3	3	4	4	4	Needs to have enough human resources. Patients and their attendants n
3	1	1	Chi Khe	2	2	1	3		3	4	4	4	4	4	4	4	To maintain and carry on the good process of hospital
4	2	2	Nan Meh Kon	2	5	1	2		3	4	3	4	4	4	4	4	
5	2	1	Nan Koot	2	5	1	3		4	4	4	4	4	4	4	4	

3) Click a drop-down arrow that you want to check the data and **remove the check mark from “Select All”.**

(3) When you find blank cells in the sheet (answer not provided), check “**(Blank Cell)**” then “**OK**” and enter **99**. In case of blanks in the columns named “VILLAGE”, “OTHERS” and “IDEAS”, **just leave as it is.**

(4) When you find answers other than choices provided for a question, check and correct them.

(5) After the correction, check “Select All” again and click “OK”.

4. Tabulation

(1) To tabulate the level of overall satisfaction (Q7: Altogether what do you think of health services in this hospital?) by department, prepare the following table:

Q7: Overall satisfaction		1 Very poor	2 Poor	3 Moderate	4 Good	5 Very good	99 NA	Total
Department	1 Medical							0
	2 Surgical							0
	3 Ob&Gy							0
	4 Pediatric							0
	5 Ortho							0
	6 OPD&Em							0
	7 Other							0
Total		0	0	0	0	0	0	0

Insert **SUM** function at cells in the row named “Total” to add values of each category from “Very poor” to “Very good” in the range from “1 Medical” and “7 Other”. Then, enter **SUM** function in the column named “Total” to add the values of each category from “1 Medical” and “7 Other” in the range from “Very poor” to “Very good”.

SUM function is at the button “Insert Function” in Formulas Tab.

- (2) To count the number of cases in each category from “Very poor” to “Very good” in each department, use **COUNTIFS** function. Choose **Formulas Tab** and go to **Insert Function** button, then **Insert Function dialog** appears. Type “COUNTIFS” in the box “Search for a function” and select COUNTIFS function appearing in “Select a function” box.
- (3) In COUNTIFS function, firstly select range of data in the column of department (F6) and its criteria from 1 (Medical) to 7 (Other). Then, select range of data in the column of overall satisfaction (Q7) and its criteria from 1 (Very poor) to 5 (Very good) or 99 (No answer).

For example, data of department (F6) is in the column H and those of overall satisfaction (Q7) is in the column P. if 117 patients or caretakers are answered, values are entered from Row 2 to 118. If you want to count the number of answers “Good (4)” in Ob&Gy department (3), enter as follows “=COUNTIFS(H2:H118,3,P2:P118,4)”
Then, you can have the result “17”.

Q7: Overall satisfaction		1 Very poor	2 Poor	3 Moderate	4 Good	5 Very good	99 NA	Total
Department	1 Medical							0
	2 Surgical							0
	3 Ob&Gy				17			17
	4 Pediatric							0
	5 Ortho							0
	6 OPD&Em							0
	7 Other							0
Total		0	0	0	17	0	0	17

Repeat this practice for the other cells in each department, and finally you get the following results:

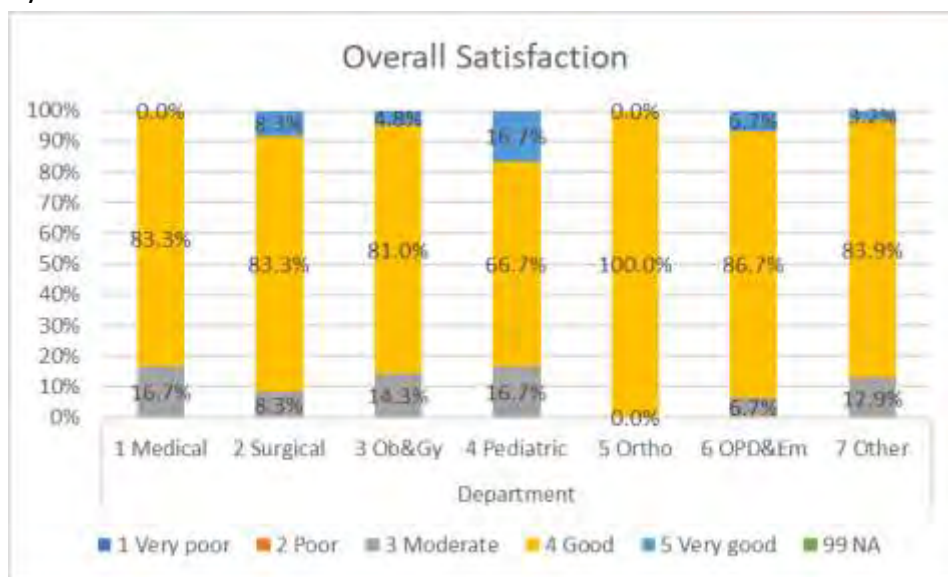
Q7: Overall satisfaction		1 Very poor	2 Poor	3 Moderate	4 Good	5 Very good	99 NA	Total
Department	1 Medical	0	0	2	10	0	0	12
	2 Surgical	0	0	1	10	1	0	12
	3 Ob&Gy	0	0	3	17	1	0	21
	4 Pediatric	0	0	2	8	2	0	12
	5 Ortho	0	0	0	14	0	0	14
	6 OPD&Em	0	0	1	13	1	0	15
	7 Other	0	0	4	26	1	0	31
Total		0	0	13	98	6	0	117

- (4) Based on the table developed above, you can prepare another table for calculation of the percentage.

Q7: Overall satisfaction		1 Very poor	2 Poor	3 Moderate	4 Good	5 Very good	99 NA	Total
Department	1 Medical	0.0%	0.0%	16.7%	83.3%	0.0%	0.0%	100.0%
	2 Surgical	0.0%	0.0%	8.3%	83.3%	8.3%	0.0%	100.0%
	3 Ob&Gy	0.0%	0.0%	14.3%	81.0%	4.8%	0.0%	100.0%
	4 Pediatric	0.0%	0.0%	16.7%	66.7%	16.7%	0.0%	100.0%
	5 Ortho	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%
	6 OPD&Em	0.0%	0.0%	6.7%	86.7%	6.7%	0.0%	100.0%
	7 Other	0.0%	0.0%	12.9%	83.9%	3.2%	0.0%	100.0%
Total		0.0%	0.0%	11.1%	83.8%	5.1%	0.0%	100.0%

5. Development of Chart

- (1) In this case, it is recommended to choose 100% stacked column chart.
- (2) Highlight the data that you want to use for the chart. In this case, highlight the table for the percentage developed in the previous section **except the cells "Total"**.
- (3) Click the bar chart button in the charts group of Insert Tab and select 100% Stacked Column (most right in "2-D bar").
- (4) Type the title of the chart "Overall Satisfaction" and insert data labels. Otherwise, edit what you want.



- (5) Describe your findings from the result in the report.

6. Analysis of Open Answers

- (1) Pick up some keywords (three at maximum) from each answer from open-ended question "Please tell me freely if you have any ideas of further improvement of health services provided by Loikaw General Hospital" in the column "IDEAS".
- (2) Count the frequency of appearance of the keywords. Choose **Data Tab** and **Filter**, then **click drop-down arrows** on the columns "Keyword1, 2 and 3" and count the frequency from column to column.

II	IDEAS	Keyword1	Keyword2	Keyword
1	Everyone needs to have discipline. Be kind to patients.	discipline	kindness	
2	Needs to have enough human resources. Patients and their attendants n	HR	appreciation	
3	To maintain and carry on the good process of hospital	process		
4				
5				
6				
7				
8	Caretakers should follow rules and discipline of hospital	discipline ct		
9				
10				
11				
12	Would be better if free of charge	payment		
13	Not enough water supply. No discrimination between normal patients an	water supply	discrimination of patients	
14				
15				
16				
17	We are not afraid of coming to hospital anymore	not afraid		
18				
19	Wish to have enough medicines, medical supply. It is not appropriate to s	medicines	donation box	
20	Need enough medical supply	medicines		
21	Some nurses do not speak politely. They shout at patients. Some physical	discipline	politeness	language use
22	Need to try more for sanitation	sanitation		

(3) Describe the findings on the keywords most frequently appeared in the report.

7. Discussion and Next Steps (or Way Forward)

Based on the findings, describe the following in the report:

- (1) Challenges and implications identified from the findings from the results.
- (2) Actions to be taken to deal with the challenges and implications as next steps or way forward.

- END -

Data analysis: Sequence of works

[Client satisfaction]

1. Data entry

- Prepare a data entry form (Example: "Data entry.xlsx")

ID	F1	F2	VILLAGE	F3	F4	F5	F6	OTHERS	Q1	Q2	Q3	Q4	Q5	Q6	Q7	IDEAS

- Enter data in the form.

[NOTE for data entry]

- In case of blank answers in F1-F6 and Q1-Q7: Just enter "9"
- In case of blank answers in "village name", "others" in F6 and an open question "Please tell me freely ...": Just leave. You don't need to do anything.

2. Development of charts and figures

- (1) Develop a table for a graph, at first. Use functions "COUNTIF" (to count cases that meet a condition) and "COUNTIFS" (to count cases that meet two conditions or more).

Figure-11: Medicines' Availability (Impres		Poor	Moderate	Good	Very good	No answer	1	3	14	2	0	20
Department	Others (n=20)	5.0%	15.0%	70.0%	10.0%	0.0%	1	3	14	2	0	20
	Eye (n=11)	9.1%	18.2%	72.7%	0.0%	0.0%	1	2	8	0	0	11
	OPD/Emergency (n=15)	0.0%	40.0%	60.0%	0.0%	0.0%	0	6	9	0	0	15
	Orthopedic (n=14)	14.3%	42.9%	28.6%	7.1%	7.1%	2	6	4	1	1	14
	Pediatric (n=12)	0.0%	50.0%	50.0%	0.0%	0.0%	0	6	6	0	0	12
	Ob&Gy (n=21)	4.8%	23.8%	71.4%	0.0%	0.0%	1	5	15	0	0	21
	Surgical (n=12)	0.0%	16.7%	83.3%	0.0%	0.0%	0	2	10	0	0	12
Medical (n=12)	8.3%	0.0%	91.7%	0.0%	0.0%	1	0	11	0	0	12	
Overall (N=117)	5.1%	25.6%	65.8%	2.6%	0.9%	6	30	77	3	1	117	

- 1) Count the number of cases in each department with use of the function "COUNTIF". In this case, data are entered from Row 2 to 118, therefore the total number is 117. If you want to count the cases in Ob&Gy (Column H, Ob&Gy=3), enter as follows:

"=COUNTIF(H2:H118,3)"

Then, the number of cases in Ob&Gy is 21 in this case.

- 2) Count each item (poor, moderate, good, very good, no answer) with the function "COUNTIFS". If you want to count the answer of "good" to the question of medicines' availability (Column N, Good=4) in Ob&Gy, enter as follows:

"=COUNTIFS(H2:H118,3,N2:N118,4)"

Then, the number of "good" answers is 15 in Ob&Gy in this case.

- 3) Calculate the percentage of each item in each department. In case of the percentage of "good" answers in Ob&Gy, enter the following:

"=COUNTIFS(H2:H118,3,N2:N118,4)/COUNTIF(H2:H118,3)"

Then, the percentage = 15/21 = 71.4%

- (2) Choose appropriate charts

- In this case, it is better to choose 100% stacked bar chart.

- Highlight the data that you want to use for the chart. In this case, highlight the table developed in the previous section.
- Click the bar chart button in the charts group and select 100% stacked bar chart from the drop-down menu (most right in “2-D bar”).
- Edit as you want.

(3) Analysis and interpretation

[Numerical data]

- At first, spell out the facts from data and charts with reference to our “survey report” as findings.
- Subsequently, interpret these findings and fill them in the discussion, the next chapter.

[Open answers]

- Use the filter button in the data tab to pick up the respondents with open answers. At first, highlight the first row, then click the filter button to activate.
- Click the filter button on the column named “IDEAS”, then remove the check from vacant cells in text filters. You can pick up the respondents with open answers only.
- Identify key words from each answer, e.g.
- Group these key words.

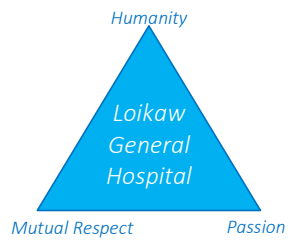
(4) Report writing

12. 臨床経験記録のツールとハンドブック

12-1 ハンドブック

12-2 ツール（小児科）

12-3 ツール（産婦人科）



Loikaw General Hospital

Improved Clinical Experience for Assistant Surgeon

Handbook

Ver. 1.1, August 2018

Our Mission

We are dedicated to improving the quality of life of the people in the state through providing competent medical services and cooperating concerned stakeholders.

Our Vision

To become a national-showcase hospital which enjoys desirable level of both customers' and providers' satisfaction.

Our Motto

We belong to the state,
we serve the state, and
we grow with the state.

Our core values are;

HUMANITY

We keep mind of kindness, hospitality, compassion and empathy,

PASSION

We keep passion for work, sustain good practices and pursue further improvement, and

MUTUAL RESPECT

We cultivate mutual respect with all regardless of race, birth, religion, official position, status, sex and wealth.

We hope this handbook will help all assistant surgeons to have a fulfilling experience in our hospital.

August 2018

Loikaw General Hospital

Improved Clinical Experience for Assistant Surgeon: The Handbook

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1. Introduction

The Loikaw General Hospital declares its mission, that says, “We are dedicated to improving the quality of life of the people in the state through providing competent medical services and cooperating concerned stakeholders”. All the hospital staff need to carry out the best work every day with a complete understanding of the mission. Especially, the doctors are required a constant quality of their clinical works. In other words, the Loikaw General Hospital welcomes and supports such doctors highly enthusiastic about a best care of patients and always desirous of further improvement of themselves.

With this regard, we provide several study opportunities such as the Continuous Medical Education. In addition to that, we have initiated a trial of “Improved Clinical Experience for Assistant Surgeon” because we believe that their daily duties should be most suitable occasions for gaining their clinical experiences effectively and efficiently.

Firstly, we selected pilot departments, namely obstetrics/gynecology and pediatrics. Possible numbers of cases and procedures, which an assistant surgeon can experience while their stay, were estimated from annual patient records and technical viewpoints of senior doctors. And a tool was developed in which an assistant surgeon records the progress of his/her experience. The tool enables assistant surgeons to objectively monitor the progress of their experiences at a department, and senior doctors to effectively manage improved clinical experiences in the ward.

This handbook was prepared to clarify how to use the tool with a good communication among senior doctors and assistant surgeons in a department. It is recommended to provide the handbook not only to senior consultant surgeons but also to all the doctors including assistant surgeons in a department which commences the Improved Clinical Experience. The handbook ver. 1.1 as of August 2018 consists of the following sections.

1. Introduction
2. Improved Clinical Experience
3. Tips for developing and updating the tool
 - 3.1 Estimation of possible clinical experience
 - 3.2 Maintenance of the tool
4. Considerations of possible clinical experience (reference tables)
5. Examples of the tool
 - 5.1 Obstetrics/gynecology
 - 5.2 Pediatrics

2. Improved Clinical Experience

2.1 What the Improved Clinical Experience is

The Improved Clinical Experience shall be practiced in a ward or a clinical department of the Loikaw General Hospital with the purposes:

- To keep an equal opportunity to gain clinical experiences,
- To create a good communication among senior and young doctors in a ward, and
- To ensure a constant quality of medical care of the Loikaw General Hospital.

Firstly, common cases/procedures and those numbers shall be grasped and what and how much an assistant surgeon can experience during his/her assignment (possible clinical experience) shall be estimated.

Secondly, a tool of Improved Clinical Experience shall be developed. The tool includes a checklist to record progress of the assistant surgeon's clinical experience. The checklist shall be developed based on the estimated possible clinical experience. With this regard, "3.1 Estimation of possible clinical experience" provides tips for estimation. For the readers' references, the tables of "4. Considerations of possible clinical experience" and "5. Examples of the Tool" show how the possible clinical experience has been determined and reflected to the checklist in the pilot wards.

The tool shall be used continuously in the ward. When an assistant surgeon starts working in the department, the senior consultant surgeon gives necessary explanations. The assistant surgeon records the progress of his/her experience using the checklist in the tool, the senior consultant surgeon checks the progress periodically, and they cooperate each other to assure good clinical experience. When the assistant surgeon's assignment is over, the senior consultant and the assistant surgeon review the experience, and the senior consultant gives feedback to the assistant surgeon.

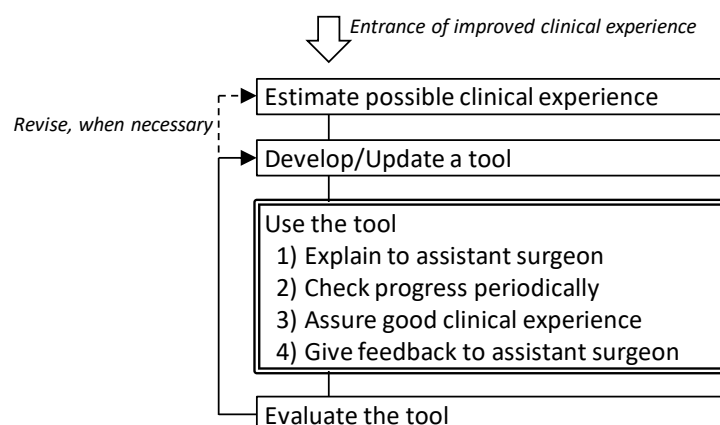


Figure 1. Flow of the improved clinical experience

The tool shall be revised, when necessary, before a new assistant surgeon starts working. The recommended maintenance of the tool is shown in "3.2 Maintenance of the tool" of this handbook.

2.1.1 Explain to assistant surgeon

When an assistant surgeon is assigned to a department, a senior consultant surgeon of the department warmly welcomes him/her and introduces the outlines of staff, work shift, current patient trend, rules and regulations in the ward. And then, the senior consultant surgeon explains the purpose of the tool to the assistant surgeon.

The senior consultant surgeon, as a good supervisor, shall give clear and enough explanations to the assistant surgeon including the estimated possible clinical experience and how to record the experience.

The explanation shall be convincing enough to make the assistant surgeon carefully listen to the supervisor, fully grasp the outline of the department, understand the meaning of possible clinical experience, and make him/her-self ready to work positively in the department including best use of the tool.

2.1.2 Record daily and check periodically the experience

The assistant surgeon keeps records of experience on the checklist every day. And the supervisor periodically monitors the utilization of the tool and the progress of the clinical experience.

2.1.3 Assure good clinical experience

Based on findings through the periodical monitoring, the supervisor takes necessary actions; allocating specific practices to the assistant surgeon if he/she has less experience on them and providing technical instructions if he/she has less understanding on specific topics.

The supervisor considers if the assistant surgeon is conscious of his/her own progress and if he/she feels free to ask for a necessary advice. Both the supervisor and the assistant surgeon must understand that a small question shall not be left unsolved.

2.1.4 Give feedback to assistant surgeon

At the end of assistant surgeon's stay, the supervisor and the assistant surgeon review the works during the stay, and the supervisor gives feedback to the assistant surgeon for his/her further improvement.

In case the supervisor and/or the assistant surgeon find any room to improve the tool

through their practice, the tool shall be updated in the department for better practice of another assistant surgeon. The senior consultant surgeon is responsible for the maintenance of the tool. A good cycle management shall be practiced.

2.2 Contents of the tool

The tool consists of:

- I. Introduction,
- II. Checklist,
- III. Evaluation, and
(References)

Summaries of patient records in the ward or any information relevant to common cases/procedures in the ward are preferably attached to the tool as a reference for assistant surgeons.

2.2.1 "I. Introduction" of the tool

The senior consultant surgeon or a supervisor explains how to use the checklist. The date of explanation shall be written. The starting and ending dates of the checklist shall be written on the day of starting and ending. Both the supervisor and the assistant surgeon shall put their signatures.

2.2.2 "II. Checklist" of the tool

How to use the checklist shall be explained by the supervisor till it is fully understood by the assistant surgeon.

2.2.3 "III. Evaluation" of the tool

The supervisor writes overall evaluation on the works of the assistant surgeon during his/her assignment and explain it to the assistant surgeon. Date of explanation shall be written, and both the supervisor and the assistant surgeon put their signatures.

2.2.4 Possession of the completed tool

The completed tool is a belonging of the assistant surgeon. If it is thought necessary to keep it also in the ward, a photocopy of the completed tool can be kept in the ward under the custody of the supervisor with an advance consent of the assistant surgeon.

Figure 2. Image of the tool

2.3 Understanding of expected numbers shown in a checklist

The checklist covers common cases/procedures selected basically from morbidity trend in a department. Also, the list includes rare cases which are thought important in the medical field of the department.

The checklist indicates "expected" numbers of cases/procedures. These numbers are basically the estimated numbers of possible clinical experience and adjusted technically from viewpoints of the senior consultant surgeons considering what and how to be recorded on the checklist.

The cases/procedures and those numbers of possible clinical experience are theoretic information to let an assistant surgeon be aware of what and how many cases/procedures he/she can experience in three-month stay.

Accordingly, the adjusted numbers, which are printed on the checklist as "expected numbers" do not mean a minimum request of duties nor norm to be fulfilled.

The assistant surgeon shall correctly understand the purpose of the tool to spend his/her stay making best use of the tool.

2.4 Prerequisites of Effective Use of the Tool

The tool is just a tool, that can never be effective until it is used practically and adequately. In this context, the most important is a good communication between the assistant surgeon and the senior consultant surgeon. Both they shall make efforts to build good relations with each other. Such constructive manner underlined by the supportively supervising senior consultant surgeon and the positively experiencing assistant surgeon shall be reflected in a patient-oriented medical care which is an important function of a department of the Loikaw General Hospital.

3. Tips for developing and updating the tool

3.1 Estimation of possible clinical experience

3.1.1 Significances of possible clinical experience

Topics of a checklist stands on an estimated possible clinical experience, which means what and how many cases/procedures an assistant surgeon can experience during his/her assignment to a department. Namely, the significances of possible clinical experience are:

- To give assistant surgeons an overview of morbidity trend in the ward,
- To make them positively imagine their medical works which start now, and
- To motivate them to practice the Improved Clinical Experience as a member of the ward staff.

Accordingly, the possible clinical experience needs to be objectively estimated in an evidence-based manner. Although the monthly or annual summaries in a ward can be appropriate evidences, more or less, cases/procedures in summaries need to be re-categorized and/or re-ordered in order that a well-organized summary accurately clarifies the latest morbidity trends in the ward. Such works (organizing of summaries through re-categorizing and re-ordering cases/procedures) bring a chance to improve the entire patient record in the ward, namely to gain the usefulness and statistical accuracies of the record. In addition, a successful improvement of the recording work mitigates the workload of the ward staff as well. For this example, the actual steps taken in the O/G ward, one of the pilot departments, is shown in "3.1.2 Estimating from records in a ward".

On the other hand, it should be too difficult to draft a possible clinical experience from the summaries, when the base of summaries (i.e. inventories, admission/discharge records, etc.) have many omissions or unsystematic descriptions. In such case, a first version of possible clinical experience can be drafted by a senior consultant surgeon with his/her subject. Even though the first version is not an evidence-based one, actual experiences recorded on the checklists by assistant surgeons can be supporting information to brush-up the version once the Improved Clinical Experience is adopted in the ward. Of course, it is strongly recommended to rationalize relevant recording work in parallel to the practice of Improved Clinical Experience, and to continuously improve the possible clinical experience as well as annual summaries as stipulated in "3.1.3 Starting with a draft by senior consultant surgeon's subject.

3.1.2 Estimating from records in a ward

A possible clinical experience can be estimated basically from the number of patients by case/procedure and shift of doctors.

In case of pilot wards, it was estimated from patient records (i.e. annual summaries) in the wards and the assumption that an assistant surgeon attends one-third of all the cases. The topics of checklists were extracted from the annual summaries, and then some cases which are rare in the summaries but important from medical view point, measles in pediatrics for example, were added to the topics.

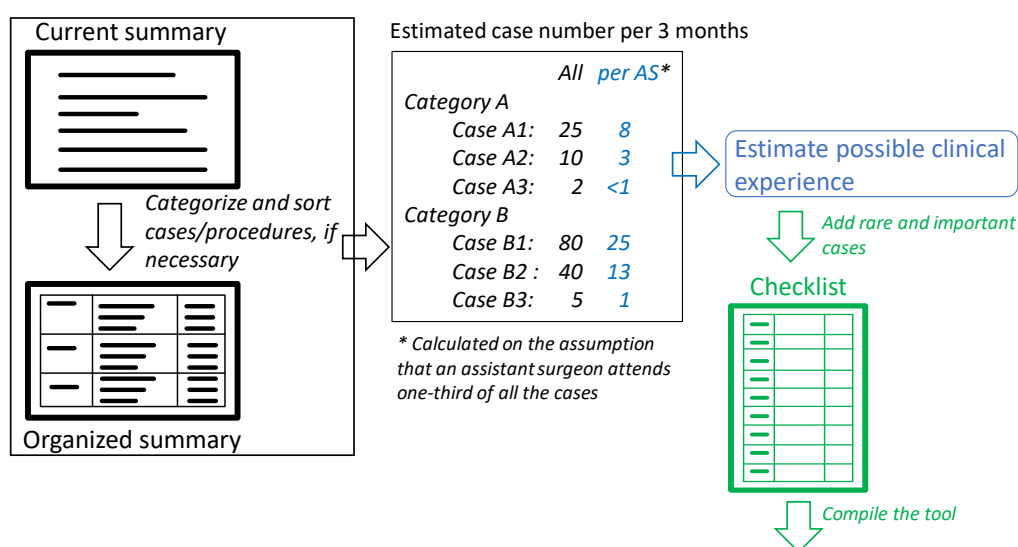


Figure 3. Steps taken in the pilot ward

In O/G ward, the cases of summaries were carefully examined and sorted in an adequate order, before estimating the case numbers for three months or a period of assignment. In this process, disease-groups and orders of categories were examined referring those of the International Classification of Diseases by WHO¹. In fact, the re-organized summary was very useful to develop the possible clinical experience logically and practically. In addition, the ward succeeded to obtain good forms (simple Excel files) of inventory and summary which mitigate the workload of ward staff and increase the practicality of those records. See "4.1 Consideration of possible clinical experience and recording on the checklist, O/G" and realize the columns "Category", "Related cases", and those orders in the table reflect how the summary has been re-organized.

¹ Not necessary to include all the categories and diseases of ICD

3.1.3 Starting with a draft by senior consultant surgeon's subject

A subjective opinion of a senior consultant surgeon can be an alternative basis to tentatively make a possible clinical experience, when the current records have certain omissions or full of unclear descriptions, or when the ward staff is not familiar with statistical works on a computer.

It is recommended to make a list of cases/procedures which the senior consultant surgeon thinks common in the ward with the expected monthly number of cases/procedures with his/her subject. In this process, categorizing and ordering of cases/procedures shall be considered, in the same manner stipulated in 3.1.2, as far as possible. At the same time, some cases which are currently rare in the ward but important from medical viewpoint shall be added in the list with estimated possible case number "<1 (rare)".

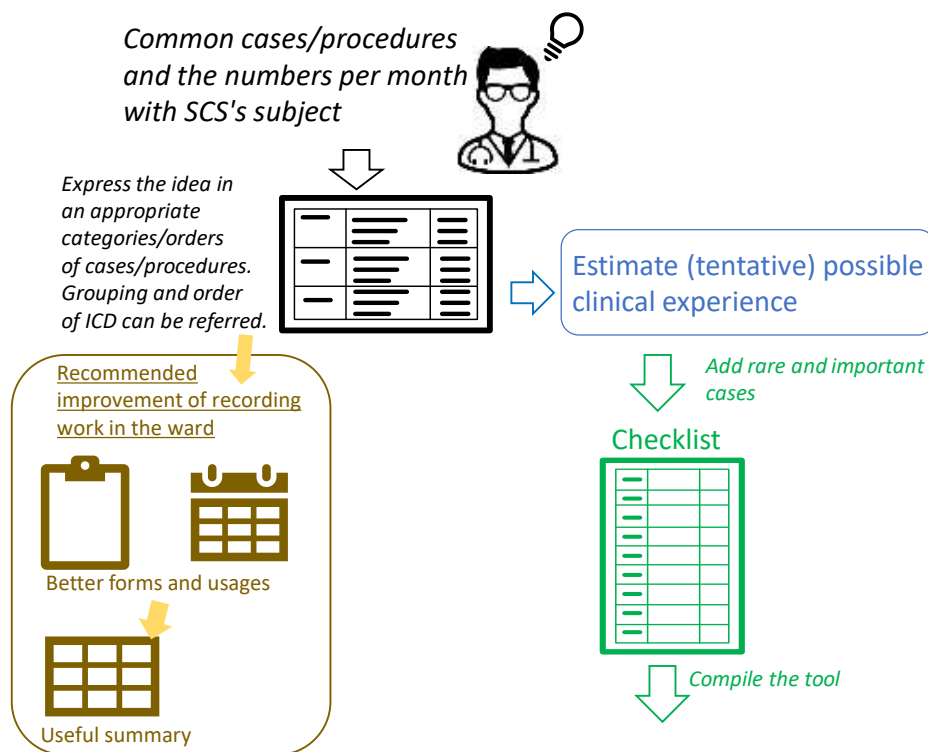


Figure 4. An alternative way to estimate a possible clinical experience

It is also recommended to the senior consultant surgeon to review and improve recording work in the ward on this occasion. A well-organized form of estimated common cases/procedures can be kept using as a good form of monthly summary, and if possible, an electronic data such as an Excel file is preferable.

It is desirable to instruct all the doctors on adequate fill-in of admission/discharge form, and to advise doctors and senior nurses about posting records adequately into an inventory book in the ward.



Common cases/procedures and the numbers per month with SCS's subject expressed in an appropriate categories/orders

—	—	—
—	—	—
—	—	—

↓ Rationalize the monthly summary

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Total
Category A	Case A1	25												
	Case A2	10												
	Case A3	2												
Category B	Case B1	80												
	Case B2	40												
	Case B3	5												
Category C	Case C1	23												
	Case C2	75												
	Case C3	38												

Consider carefully categories and order of categories/cases !!!

Put monthly total number and sum-up at a year-end.

Figure 5. Recommended improvement of summary form

Admission/Discharge Form

Necessary information without omissions →

Patients Inventory										
No	Admission Time	Admission Date	Name	Age	Address	Admission diagnosis	Procedure	D/C diagnosis	D/C date	Remarks

Make the admission/discharge form and the patient inventory consistent with each other. Set columns of the inventory easier to enter and enough to make summaries.

Figure 6. Tips for improving relevant records

The forms of admission/discharge and/or patient inventory shall be revised so that the necessary information can be recorded in an efficient way with less workload of the staff.

3.2 Maintenance of the tool

As of 2018, the OG and pediatric wards have started using their own tools. The challenge, however, is not limited to these wards. The efforts had better be shared in the whole hospital to maximize the effect of improved clinical experience, which is fundamental condition that young doctors improve their skills.

In any ward, a tool put in use shall be timely revised when some parts are found inconvenient for practical use or when some expressions are found not clear. The morbidity trends in respective wards maybe change in future so that a possible clinical experience becomes unlike one estimated at the beginning. Accordingly, the tool, especially topics of checklist, shall be updated in future, based on a latest patient record at that time. The quality of the tool shall be assured by the objectivity, practicability and validity of the checklist. Therefore, the tool shall be "maintained". A good maintenance of the tool in the manner of cycle management is suggested.

3.2.1 Practice of cycle management

The flow of the improved clinical experience on the right is interpreted as a practice in a cycle management of the tool shown below.

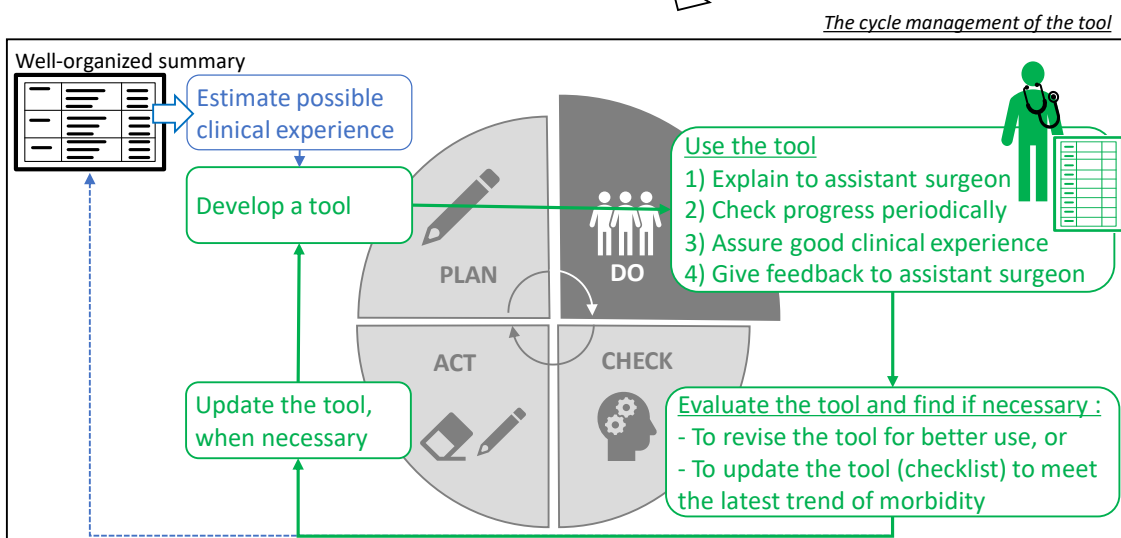
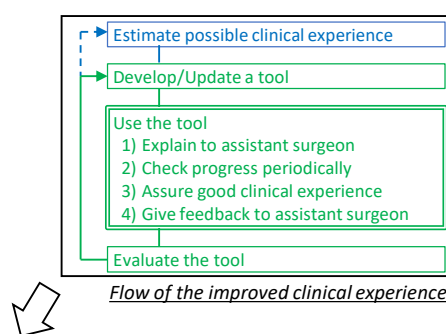


Figure 7. Cycle Management of the tool

Basically, the tool can be maintained in a cycle of developing/updating, using, and evaluating of the tool as shown in the green flow in the figure. Positive and practical

use of checklist leads to detection of pertinent points to revise. Accordingly, the tool can be evaluated at the same time when a supervisor makes an overall evaluation to an assistant surgeon at the end of his/her assignment.

When it is determined to change some parts of the tool, a revised version shall be prepared before new assistant surgeons are assigned.

When the morbidity trend has changed in future, a latest possible clinical experience shall be estimated again based on patient records in a ward, as shown in blue flow of the figure.

3.2.2 Effective use of improved patient record

When the Improved Clinical Experience is practiced with enough efficacy, it raises a feasibility of strengthening of patient record to be addressed in parallel.

The practice of the Improvement Clinical Experience by good motivated assistant surgeons leads to more accurate entry of admission/discharge forms, which is the primary data in the ward. The reliable primary data processed into good statistics through revised inventory and summary supports to improve the tool. Namely, a synergy of the Improved Clinical Experience and strengthening the patient record can be expected.

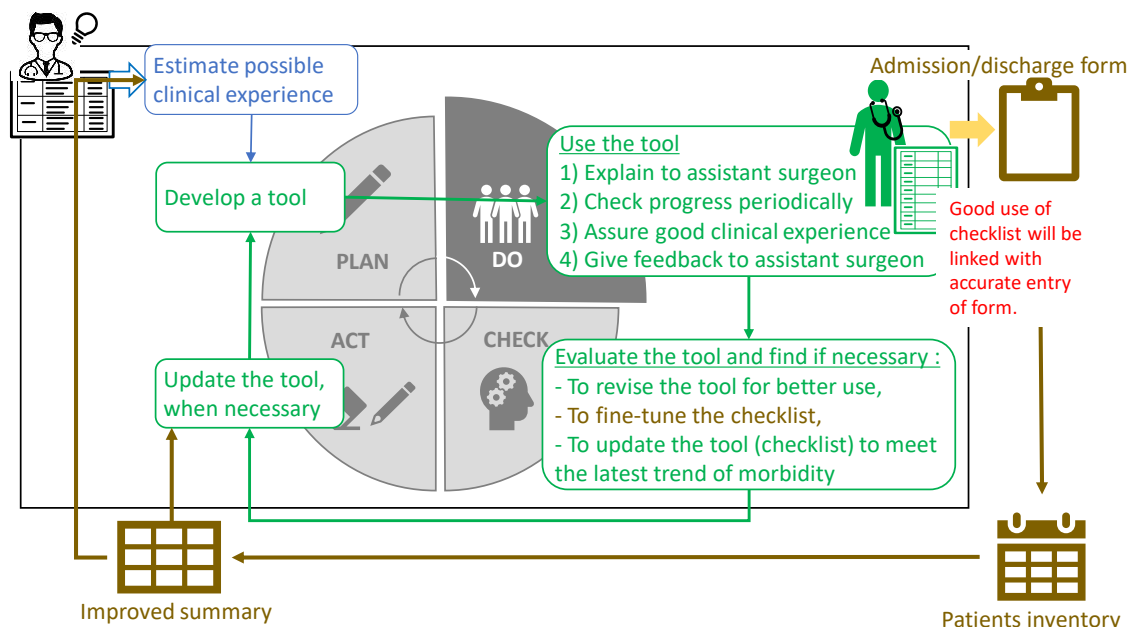


Figure 8. Management of the tool with an expected synergy

At the early stage of the Improved Clinical Experience, the daily record and periodical monitoring of the checklist shall be carefully monitored with consideration of

appropriateness of the estimated possible clinical experience, and the cases and/or those numbers of the checklist shall be fine-tuned when necessary. When the tool is evaluated at the end of an assignment, improved annual or monthly summaries which are available at that moment will be a supporting information to determine if it is necessary to update the tool or to revise the possible clinical experience. Necessary improvement of patient record shall not be postponed and enjoy the synergy.

4. Considerations of possible clinical experience

- Consideration of possible clinical experience and recording on the checklist, OG
- Consideration of possible clinical experience and recording on the checklist, Pediatric

4.1 Consideration of possible clinical experience and recording on the checklist, OG

No.	Topic	Related cases		Annual data		Estimation*1		Possible Clinical Experience *2	Recording on the checklist *3
				2016	2017	1 month	3 months		
1	Antenatal care including complications, HT, PE heat disease DM HIV infection Rh-incompatible	--	ANC clients approx. 20-30/w	--	--	80~120	300	>100	100
		O-02-01	Hypertension	35	38	14	42	>10	10
		O-02-02	PIH (PE)/ Server H/T	142	111				
		O-02-03	Eclampsia	**	1				
		O-03-02	Heart disease	22	12	1	3	>1 (very rare)	1
		O-03-03	DM	7	8	1	3	>1 (very rare)	1
								>1 (very rare)	1
						>1 (very rare)	1		
2	Partographic monitoring of labor	O-06-01	NSVD	846	1,143	83	249	(NSVD >80)	10
3	Augmentation of Labor							(NSVD >80)	10
4	Induction of Labor (Foley's catheter)							(NSVD >80)	1
5	Induction of Labor (Medical: Cytotec)							(NSVD >80)	10
6	Induction of Labor (Surgical: ARM)							(NSVD >80)	10
7	Normal delivery	O-06-01	NSVD	846	1,143	83	249	>80	30
8	Twins delivery	O-06-08	Twin	35	38	3	9	>1 (rare)	2
9	Vaginal breech delivery	O-06-02	Breech delivery	13	15	1	3	>1 (very rare)	1
10	Instrumental delivery (Forceps)	O-06-04	Forceps delivery	70	81	6	18	>5	3
11	Instrumental delivery (Vacuum)	O-06-05	Vacuum Delivery	28	37	3	9	>1 (rare)	3
12	Ectopic pregnancy	O-01-02	Ectopic pregnancy	23	35	2	6	>1 (very rare)	1
13	Obstetric hemorrhage including APH	O-01-06	Incomplete abortion	167	159	23	69	>20	6
		O-01-07	Complete abortion	11	8				
		O-03-01	Threatened abortion	86	59				
		O-04-04	APH (Placenta previa)	47	22				
14	PPH management	O-05-03	PPH	13	22	1	3	>1 (very rare)	1

No.	Topic	Related cases		Annual data		Estimation* ¹		Possible Clinical Experience * ²	Recording on the checklist * ³
				2016	2017	1 month	3 months		
15	Retained placenta	O-05-04	Retained placenta	21	14	1	3	>1 (very rare)	1
16	Cord prolapse	O-05-02	Cord Prolapse	0	1	0	0	>1 (very rare)	1
17	Uterine inversion								1
18	Emergency LS/CS	O-06-07	EM-LSCS	823	1,041	78	234	>75	Assist 40, Perform 5
19	Sterilization								Assist 3, Perform 2
20	E&C	O-04-07	evacuation and curettage	10	102	27	81	>25	3
21	MVA	O-04-09	manual vacuum aspiration	277	247				5
22	IUD insertion								5
23	PAP smear for cervical cancer								3

*1 Calculated using numbers during 2 yrs. i.e. 1 month=(2016+2017)÷24, 3 months=1 months×3

*2 One third of total case i.e. Calculation=3 month (total case) ÷3, and round downed as follows

Calculation Round downed

0,1,2: 1 (very rare)

3,4,5: 1 (rare)

6 to 10: 5

11 to 15: 10

16 to 20: 15

21 to 25: 20

*3 Determined technically from viewpoints of SCS, considering what/how to be recorded

4.2 Consideration of possible clinical experience and recording on the checklist, Pediatrics

		Morbidity, Number of cases				Estimation		Possible Clinical Experience * ²	Recording on the checklist * ³
		2016		2017		1 month* ¹	3 months* ¹		
		<1m	>1m	<1m	>1m				
Genetics	Down's Syndrome					0	0	1 (rare)	1
Neonate	Birth Injuries					0	0	1 (very rare)	1
	Preterm Low Birth Weight	209		199		17	51	>15	15
	Birth Asphyxia	129		91		9	27	>5	5
	SGA/IUGR					0	0		5
	Neonatal Sepsis	403		501		38	114	>30	30
	Neonatal Jaundice	240		1206		60	180	>60	60
	Others (neonate)	130		416		23	69	>20	
	Congenital Anomaly								1
Nutrition	PEM		6		5	0.46	1	1 (very rare)	1
	Beriberi				1	0	0	1 (very rare)	1
Infections	Tuberculosis		3		22	1	3	1 (very rare)	1
	Malaria		6		3	0.38	1	1 (very rare)	1
	DHF/DSS		73		277	15	45	>10	10
	AVI		224		280	21	63	>20	20
	RVI				2	0	0	1 (very rare)	1
	Measles					0	0	1 (very rare)	1
	Chicken Pox					0	0	1 (very rare)	1
	Septicemia		6		12	1	3	1 (very rare)	1
Respiratory	ARI(including pneumonia)		362		268	26	78	>25	25
	Bronchiolitis		22		35	2	6	1 (very rare)	1
	ALTB				35	1	3	1 (very rare)	1
	Asthma		16		31	2	6	1 (very rare)	1
	Suppurative lung disease					0	0	1 (very rare)	1
	Lobar Pneumonia		6			0.25	1	1 (very rare)	1
CVS	Congenital Heart Disease				28	1	3	1 (very rare)	1
GI	Acute Diarrhea		342		479	34	102	>30	30
	Persistent Diarrhea					0	0	1 (very rare)	1
	Dysentery				23	1	3	1 (very rare)	1

		Morbidity, Number of cases				Estimation		Possible Clinical Experience * ²	Recording on the checklist * ³
		2016		2017		1 month* ¹	3 months* ¹		
		<1m	>1m	<1m	>1m				
Liver/Renal	Viral Hepatitis		25			1	3	1 (very rare)	1
	AGN		13		17	1	3	1 (very rare)	1
	Nephrotic Syndrome		19		25	2	6	1 (very rare)	1
	UTI (Urinary Tract Infection)					0	0	1 (very rare)	1
Hemato/Oncology	Thalassemia		30		48	3	9	1 (rare)	1
	ITP		4		9	1	3	1 (very rare)	1
	Leukemia Lymphoma				6	0.3	1	1 (very rare)	1
CNS	Febrile Convulsion		126		113	10	30	>5	5
	Epilepsy		27		20	2	6	1 (very rare)	1
	Meningitis/Encephalitis		23		43	3	9	1 (rare)	1
	CP (Cerebral Palsy)		1		3	0.2	1	1 (very rare)	1
Endocrine	Diabetes							1 (very rare)	1
	Hypothyroidism							1 (very rare)	1
Skin	Skin Rashes					0	0	1 (very rare)	1
Injury	Accidents and Poisoning					0	0	1 (very rare)	1
	Anaphylactic Shock					0	0	1 (very rare)	1
	Cardiogenic Shock					0	0	1 (very rare)	1
	Septic Shock					0	0	1 (very rare)	1
	DKA (Diabetic ketoacidosis)					0	0	1 (very rare)	1
	Snake Bite/Dog Bite				5	0.2	1	1 (very rare)	1
Others			266		443				
Total		1111	1600	2413	2233				

*1 Calculated using numbers during 2 yrs. i.e. 1 month=(2016+2017)÷24, 3 months=1 months×3

*2 One third of total case i.e. Calculation=3 month (total case)÷3, and round downed as follows

Calculation Round downed

0,1,2: 1 (very rare)

3,4,5: 1 (rare)

6 to 10: 5

11 to 15: 10

16 to 20: 15

21 to 25: 20

*3 Determined technically from technical viewpoints, considering what/how to be recorded

5. Examples of the Tool

5.1 Obstetrics/gynecology

5.1.1 Composition of the tool

The tool of Improved Clinical Experience of O/G ward is titled "Your Clinical Work in Obstetrics & Gynecology Ward" and consists of "I. Introduction", "II. Checklist", "III. Evaluation", and "Summary of annual data (2016, 2017)".

5.1.2 How to use the checklist

The checklist has skill part covering 23 topics and theory part covering 11 topics.

1) Skill Part

For the first topic, antenatal care, a circle in "Particular of Cases" column shall be ticked when an assistant surgeon sees a pregnant woman for the antenatal care (ANC) (A in Figure OG-1). A circle in the column shows one client. When complications are found, the columns for hypertension (HT) and pre-eclampsia (PE), heart disease, diabetes mellitus (DM), RH(-) ve and HIV shall be also filled out. A circle of HT/PE column shall be ticked in the same manner as ANC client, while particulars of case shall be written in case of other complications (B).

1) Skill Part

		[Status] C: Consultation O: Observe A: Assist P: Perform		[Monitoring] Supervisor's signature with date			
No.	Topic	Expected No.	Status	No.	Particular Cases	Monitoring	
1	Antenatal care Skills of consultation include history taking and physical examination	100	C	1-10	○○○○○○○○○○○○○	A	D
				11-20	○○○○○○○○○○○○○		
				21-30	○○○○○○○○○○○○○		
				31-40	○○○○○○○○○○○○○		
				41-50	○○○○○○○○○○○○○		
				51-60	○○○○○○○○○○○○○		
				61-70	○○○○○○○○○○○○○		
				71-80	○○○○○○○○○○○○○		
				81-90	○○○○○○○○○○○○○		
				91-100	○○○○○○○○○○○○○		
	HT, PE	10	C	1-10	○○○○○○○○○○○○○		
	Heart disease	1	C	1	27yrs, G2 P1+0		
	DM	1	C	1	30yrs, G3 P1+1	B	
	Rh (-) ve	1	C	1	33yrs, G4 P2+1, H/T		
	HIV	1	C	1	30yrs, G3 P1+1, DM		

Figure OG-1. Example of Skill Part - 1

A character written in "Status" column indicates C: Consultation, O: Observation, A: Assist and P: Perform. For the several topics with "O A P", either of O, A or P shall be circled according to the actual status of experience. (C).

No.	Topic	Expected No.	Status	No.	Particular of Cases	Monitoring
7	Normal delivery	30	P	1-10	○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
			P	11-20	○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
			P	21-30	○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
8	Twins delivery	2	⊙ A P	1		
			○ A P	2	C	
9	Vaginal breech delivery	1	⊙ A P	1		

Figure

OG-2. Example of Skill Part - 2

The progress on other topics shall be recorded in the same manner.

2) Theory Part

An assistant surgeon keeps the theory part blank. His/her supportive supervisor, periodically monitoring, checks the columns of "Level of Knowledge & Understanding assessed by Supervisor" (E).

2) Theory Part

No.	Topic	Date	Level of Knowledge & Understanding			Remark
			Sufficient	Fair	Insufficient	
1	Abdominal pain in pregnancy	20.4.18		✓		<i>Should know all the differential diagnosis of abdominal pain in pregnancy</i>
		27.4.18	✓		E	

Figure OG-3. Example of Theory Part

3) Periodical Monitoring

The supervisor shall monitor the progress of assistant surgeon's experience, confirm the records on the checklist every week, and put a signature to the column of "Monitoring" of the skill part (D).

The supervisor shall also confirm the level (sufficient, fair or insufficient) of assistant surgeon's knowledge and understandings by topic and enter remarks for the theory part (E).

4) Evaluation

At the end of the assistant surgeon's engagement in the OG Ward, the supervisor and the assistant surgeon review the records in the skill part and the theory part. The supervisor makes an overall evaluation and gives advices for further improvement of the assistant surgeon.

5.1.1 The Tool (Ver 1 as of May 2018) of O/G ward

The tool of O/G ward is shown in the next page.

Your Clinical Work in Obstetrics & Gynecology Ward
in the Loikaw General Hospital

I. INTRODUCTION

Welcome to the Obstetrics & Gynecology Ward!

We hope your stay in the Obstetrics & Gynecology (OG) ward will be fulfilling and productive, and we provide you an opportunity of good clinical experience. For this reason, you are requested to use the attached checklist so that you and we can share the progress of your experience, and we can effectively and efficiently provide you necessary support.

Explanation of the Checklist

See attached example to know how to fill in the checklist.

"1) Skill part " shows the expected number of common cases and procedures in OG ward which AS can experience in the three -month period. Those expected numbers were estimated base on the annual data of the ward (see attached).

"2) Theory part" shows the list of topics of which you are expected to understand the theories

Your supervisor will monitor the progress of your experience on weekly basis.

Evaluation

Your supervisor will give you feedback and recommendation on your continuing clinical practice.

The original checklist will be given to AS and photo copied one will be kept at the ward.

Let's work hard, study more and enjoy your life!!

Date of explanation by supervisor: _____ / _____ / _____

Starting date of using the checklist: _____ / _____ / _____

Ending date of using the checklist: _____ / _____ / _____

Name of supervisor: _____ (Signature) _____

Name of AS: _____ (Signature) _____

II. CHECK LIST

1) Skill Part

[Status] C: Consultatoin O: Observe A: Assist P: Perform
 [Monitoring] Supervisor's signature with date

No.	Topic	Expected No.	Status	No.	Particular of Cases	Monitoring
1	Antenatal care Skills of consultation include history taking and physical examination	100	C	1-10	OOOOOOOOOO	
				11-20	OOOOOOOOOO	
				21-30	OOOOOOOOOO	
				31-40	OOOOOOOOOO	
				41-50	OOOOOOOOOO	
				51-60	OOOOOOOOOO	
				61-70	OOOOOOOOOO	
				71-80	OOOOOOOOOO	
				81-90	OOOOOOOOOO	
				91-100	OOOOOOOOOO	
	HT, PE	10	C	1-10	OOOOOOOOOO	
	Heart disease	1	C	1		
	DM	1	C	1		
	Rh (-) ve	1	C	1		
	HIV	1	C	1		
2	Partographic monitoring of labour	10	P	1		
			P	2		
			P	3		
			P	4		
			P	5		
			P	6		
			P	7		
			P	8		
			P	9		
			P	10		
3	Augmentation of Labour	10	P	1		
			P	2		
			P	3		
			P	4		
			P	5		
			P	6		
			P	7		
			P	8		
			P	9		
			P	10		
4	Induction of Labour (foley's catheter)	1	O A P	1		

[Status] C: Consultation O: Observe A: Assist P: Perform
 [Monitoring] Supervisor's signature with date

No.	Topic	Expected No.	Status	No.	Particular of Cases	Monitoring
5	Induction of Labour (Medical)	10	P	1		
			P	2		
			P	3		
			P	4		
			P	5		
			P	6		
			P	7		
			P	8		
			P	9		
			P	10		
6	Induction of Labour (Surgical)	10	P	1		
			P	2		
			P	3		
			P	4		
			P	5		
			P	6		
			P	7		
			P	8		
			P	9		
			P	10		
7	Normal delivery	30	P	1-10	OOOOOOOOOO	
			P	11-20	OOOOOOOOOO	
			P	21-30	OOOOOOOOOO	
8	Twins delivery	2	O A P	1		
			O A P	2		
9	Vaginal breech delivery	1	O A P	1		
10	Instrumental delivery (Forcep)	3	O A P	1		
			O A P	2		
			O A P	3		
11	Instrumental delivery (Vacuum)	3	O A P	1		
			O A P	2		
			P	1		
12	Ectopic pregnancy	1	O A P	1		
13	Obstetric haemorrhage including APH	6	O A P	1		
			O A P	2		
			O A P	3		
			O A P	4		
			O A P	5		
			O A P	6		

[Status] C: Consultation O: Observe A: Assist P: Perform
 [Monitoring] Supervisor's signature with date

No.	Topic	Expected No.	Status	No.	Particular of Cases	Monitoring
14	PPH management	1	O A P	1		
15	Retained placenta	1	O A P	1		
16	Cord prolapse	1	O A P	1		
17	Uterine inversion	1	O A P	1		
18	Emergency/Elective LSCS	40	A	1-10	OOOOOOOOOO	
				11-20	OOOOOOOOOO	
				21-30	OOOOOOOOOO	
				31-40	OOOOOOOOOO	
		5	P	1		
			P	2		
			P	3		
			P	4		
			P	5		
19	Sterilization	5	A	1		
			A	2		
			A	3		
			P	1		
			P	2		
20	E & C	3	O A P	1		
			O A P	2		
			O A P	3		
21	MVA	5	O A P	1		
			O A P	2		
			O A P	3		
			O A P	4		
			O A P	5		
22	IUCD insertion	5	O A P	1		
			O A P	2		
			O A P	3		
			O A P	4		
			O A P	5		
23	PAP smear for cervical cancer	3	O A P	1		
			O A P	2		
			O A P	3		

2) Theory Part

No.	Topic	Date	Level of Knowledge & Understanding			Remark
			Sufficient	Fair	Insufficient	
1	Abdominal pain in pregnancy					
2	Antenatal care					
3	Post-date (prolong pregnancy) (>42 weeks)					
4	Infection prevention					
5	Pre-eclampsia / Eclampsia					
6	Hydatidiform mole / GTD					
7	Abortion					
8	Contraception					
9	PPROM / PROM					
10	Uterine rupture					
11	APH					

How to use the checklist

1) Skill Part

[Status] C: Consultatoin O: Observe A: Assist P: Perform
 [Monitoring] Supervisor's signature with date

No.	Topic	Expected No.	Status	No.	Particular of Cases	Monitoring
1	Antenatal care Skills of consultation include history taking and physical examination	100	C	1-10	✓✓✓✓✓○○○○○	
				11-20	○○○○○○○○○○○	
				21-30	○○○○○○○○○○○	
				31-40	○	
				41-50	○	
				51-60	○	
				61-70	○	
				71-80	○○○○○○○○○○○	
				81-90	○○○○○○○○○○○	
				91-100	○○○○○○○○○○○	
	HT, PE	10	C	1-10	✓○○○○○○○○○○○	
	Heart disease	1	C	1	27yrs, G2 P1+0	Write particular of cases of patients' information and conditions
	DM	1	C	1	30 yrs, G3 P1+1	
	Rh (-) ve	1	C	1	33yrs, G4 P2+1, H/T	
	HIV	1	C	1	30yrs, G3 P1+1, DM	

8	Twins delivery	2	<input type="radio"/> A P	1	Circle either of O: Observe, A: Assist, or P: Perform	
			<input type="radio"/> A P	2		
9	Vaginal breech delivery	1	<input type="radio"/> A P	1		
10	Instrumental delivery (Forcep)	3	<input type="radio"/> A P	1		
			<input type="radio"/> A P	2		
			<input type="radio"/> A P	3		

2) Theory Part

No.	Topic	Date	Level of Knowledge & Understanding			Remark
			Sufficient	Fair	Insufficient	
1	Abdominal pain in pregnancy	20.4.18		✓		Should know all the differential diagnosis of Abdominal pain in pregnancy.
		27.4.18	✓			
2	Antenatal care					Keep the theory part blanc, and your supervisor cofirms the level of understandings by topic

III. EVALUATION

Overall evaluation by the supervisor

Date of explanation by supervisor: _____ / _____ / _____

Name of supervisor: _____ (Signature) _____

Name of AS: _____ (Signature) _____

Summary of annual data (2016, 2017)

Cat.code	Category	ICD-10(2010)	Case.code	Case/procedure	y2016	y2016(%)	y2017	y2017(%)	y2016	y2016(%)	y2017	y2017(%)
A	--		A	Total admission	2990	100.0%	3596	100.0%	2,990	100.0%	3,596	100.0%
G-01	Neoplasm	D25-26	G-01-01	Myoma uterus/Uterine Fibroid	42	1.4%	28	0.8%	60	2.0%	42	1.2%
		C56	G-01-02	Ovarian Tumor	17	0.6%	12	0.3%				
		D27	G-01-03	Dermoid cyst	0	0.0%	1	0.0%				
		C51	G-01-04	Ca Vulva	1	0.0%	**					
		C53	G-01-05	Ca Cervix	0	0.0%	1	0.0%				
G-02	Inflammatory diseases of female pelvic organs	N75.0	G-02-01	Bartholin's cyst	1	0.0%	8	0.2%	6	0.2%	18	0.5%
		N75.1	G-02-02	Bartholin abscess	1	0.0%	3	0.1%				
		N70-77	G-02-03	Pelvic inflammatory disease	3	0.1%	4	0.1%				
		N70	G-02-04	Ovarian abscess	1	0.0%	1	0.0%				
		N72	G-02-05	Cervicitis	**		2	0.1%			2	0.1%
G-03	Noninflammatory disorders of female genital tract	N81	G-03-01	2' UVP	3	0.1%	**		48	1.6%	38	1.1%
		N83	G-03-02	Ovarian cyst	32	1.1%	17	0.5%				
		N80.1	G-03-03	Endometrial cyst	5	0.2%	**					
		N84	G-03-04	Endometrial polyp	4	0.1%	**					
		N84	G-03-05	Cervical polyp	3	0.1%	6	0.2%				
	Other noninflammatory disorders	N85	G-03-06	Endometrial hyperplasia	1	0.0%	**					
		N93.8	G-03-07	Dysfunctional uterine bleeding	0	0.0%	15	0.4%				
G-04	Sterilization		G-04-01	Sterilization	167	5.6%	199	5.5%	167	5.6%	199	5.5%
G-05	Infections (test)	O98.1	G-05-01	VDRL	13	0.4%	12	0.3%	135	4.5%	108	3.0%
		O98.4	G-05-02	HBs Ag (+)	95	3.2%	67	1.9%				
		O98.4	G-05-03	HCV(+)	12	0.4%	13	0.4%				
		O98.4	G-05-04	Hb eAg	13	0.4%	6	0.2%				
		O98.7	G-05-05	Retro	2	0.1%	10	0.3%				
O-01	Pregnancy with abortive outcome	O01-01	O-01-01	Bleeding per Vagina	31	1.0%	53	1.5%	344	11.5%	368	10.2%
		O00	O-01-02	Etopic pregnancy	23	0.8%	35	1.0%				
		O01	O-01-03	hydatidiform mole	20	0.7%	11	0.3%				
		O02.0	O-01-04	Blighted ovum	19	0.6%	40	1.1%				
		O02.1	O-01-05	Missed abortion	72	2.4%	59	1.6%				
		O03	O-01-06	Incomplete abortion	167	5.6%	159	4.4%				
		O03	O-01-07	Complete abortion	11	0.4%	8	0.2%				
		O03	O-01-08	Septic Abortion	1	0.0%	2	0.1%				
		O04	O-01-09	Induced abortion	0	0.0%	1	0.0%				
O-02	Hypertensive disorders in pregnancy	O10	O-02-01	Hypertension	35	1.2%	38	1.1%	177	5.9%	150	4.2%
		O13-14	O-02-02	PIH (PE)/ Server H/T	142	4.7%	111	3.1%				
		O15	O-02-03	Eclampsia	**		1	0.0%				
O-03	Other maternal disorders	O20.0	O-03-01	Threatened abortion	86	2.9%	59	1.6%	115	3.8%	79	2.2%
		O99.4	O-03-02	Heart disease	22	0.7%	12	0.3%				
		O24	O-03-03	DM	7	0.2%	8	0.2%				
O-04	Maternal care/possible problems	O36.4	O-04-01	IUFD	43	1.4%	22	0.6%	672	22.5%	685	19.0%
		O42	O-04-02	PROM (at term)	178	6.0%	192	5.3%				
		O42	O-04-03	PPROM (preterm)	29	1.0%	49	1.4%				
		O44.1	O-04-04	APH (Placenta previa)	47	1.6%	22	0.6%				
		O45	O-04-05	Abruptio Placenta	5	0.2%	3	0.1%				
		P95	O-04-06	Stillbirth	10	0.3%	15	0.4%				
			O-04-07	evacuation and curettage	70	2.3%	102	2.8%				
			O-04-08	Dilatation and curettage	8	0.3%	24	0.7%				
			O-04-09	manual vacuum aspiration	277	9.3%	247	6.9%				
			O-04-10	Suction curettage	5	0.2%	9	0.3%				

Cat.code	Category	ICD-10(2010)	Case.code	Case/procedure	y2016	y2016(%)	y2017	y2017(%)	y2016	y2016(%)	y2017	y2017(%)
O-05	Delivery/labour complications	O60.1	O-05-01	Preterm	44	1.5%	47	1.3%	78	2.6%	84	2.3%
		O69	O-05-02	Cord Prolapse	**		1	0.0%				
		O72	O-05-03	PPH	13	0.4%	22	0.6%				
		O73	O-05-04	Retained placenta	21	0.7%	14	0.4%				
O-06	Delivery	O80	O-06-01	NSVD	846	28.3%	1,143	31.8%	2,240	74.9%	2,753	76.6%
		O80.1	O-06-02	Breech delivery	13	0.4%	15	0.4%				
		O81	O-06-04	Forceps delivery	70	2.3%	81	2.3%				
		O81	O-06-05	Vacuum Delivery	28	0.9%	37	1.0%				
		O82.0	O-06-06	EL-LSCS	273	9.1%	219	6.1%				
		O82.1	O-06-07	EM-LSCS	823	27.5%	1,041	28.9%				
		O84	O-06-08	Twin	35	1.2%	38	1.1%				
		O84	O-06-09	Triplet	0	0.0%	1	0.0%				
		O48	O-06-10	Post-term	152	5.1%	178	4.9%				
XX	Other			Other	7	0.2%	0	0.0%	7	0.2%	0	0.0%
P-01	Gynaecological Procedures		P-01-01	Cystectomy	5	0.2%	5	0.1%	125	4.2%	153	4.3%
			P-01-02	Incision & Drainage	3	0.1%	7	0.2%				
			P-01-03	2' tear cystocele AC+PC	2	0.1%	4	0.1%				
			P-01-04	Endometrium sampling	0	0.0%	2	0.1%				
			P-01-05	TAH/TAH+BSO	85	2.8%	108	3.0%				
			P-01-06	Sub total Hysterectomy	3	0.1%	6	0.2%				
			P-01-07	Vaginal hysterectomy	0	0.0%	3	0.1%				
			P-01-08	Partial Salpingectomy	14	0.5%	16	0.4%				
			P-01-09	Ovariotomy	13	0.4%	2	0.1%				

5.2 Pediatrics

5.2.1 Composition of the tool

The tool of Improved Clinical Experience of pediatric ward is titled "Your Clinical Work in Pediatric Ward" and consists of "I. Introduction", "II. Checklist", "III. Evaluation", and "Annual data 2016, 1017".

5.2.2 How to use the checklist

In the pediatric department, the checklist consists of disease part covering 48 diseases and skill part covering 12 procedures.

The topics in the disease part have been selected with an importance on the diversity of childhood diseases, which are preferably experienced by an assistant surgeon at a state-level general hospital. Accordingly, some of less or rare cases, "measles" for example, are included because these diseases cannot be neglected in the field of pediatrics. The skill part shows the common pediatric procedures or management.

1) Disease Part

A bar shall be added in a weekly column when an assistant surgeon sees a patient of respective case (A in Figure PD-1). A bar shall refer one case. A horizontal bar shall be drawn for every fifth case.

1) Disease Part

Period: 6 May to 2 June, 2018

[Monitoring] supervisor's signature with date

	Expected No.	1st week	2nd week	3rd week	4th week	Monitoring
		6/5 /2018-12/5 /2018	13/5 /2018-19/5 /2018	20/5 /2018-26/5 /2018	27/5 /2018-2/6 /2018	
Genetics	Down's Syndrome	1				
Neonate	Birth Injuries	1	A			C
	Preterm Low Birth Weight	15				
	Birth Asphyxia	5				
	SGA/IUGR	5				
	Neonatal Sepsis	30				
	Neonatal Jaundice	60	+++			+++
	Congenital Anomaly	1				






 1st case: draw a vertical bar
 2nd case: add another


 5th case: draw a horizontal bar

Figure PD-1 Example of Disease Part

2) Skill Part

In the same manner as above, a bar shall be added in a column depending on how the assistant surgeon experienced, i.e. Observed, Assisted or Performed (B).

2) Skill Part

Period: 6 May to 2 June, 2018

[Monitoring] supervisor's signature with date

		Expected no.	1st week	2nd week	3rd week	4th week	Monitoring
			6 /5 /2018-12/5 /2018	13 /5 /2018-19/5 /2018	20/5 /2018-26/5 /2018	27/5 /2018-2/ 6 /2018	
Paediatric BLS	Observed						C
	Assisted						
	Performed	5					
Essential Newborn Care + Birth attendance	Observed				B		
	Assisted						
	Performed	10					

Figure PD-2 Example of Skill Part

3) Periodical Monitoring

The supervisor shall monitor the progress of assistant surgeon's experience, confirm the records on the checklist every week, and put a signature to the column of "Monitoring " on the checklist of disease part and skill part(C).

4) Evaluation

At the end of an assistant surgeon's engagement in the pediatric ward for three months, the supervisor and the assistant surgeon review the experiences on diseases and skills. The supervisor makes an overall evaluation and gives advices for further improvement of the assistant surgeon.

5.2.1 The Tool (Ver 1 as of May 2018)

The tool of improved clinical experience of pediatric ward is shown from the next page.

Your Clinical Work in Pediatric Ward
in the Loikaw General Hospital

I. INTRODUCTION

Welcome to the Pediatric Ward!

We hope your stay in the Pediatric ward will be fulfilling and productive, and we provide you an opportunity of good clinical experience. For this reason, you are requested to use the attached checklist so that you and we can share the progress of your experience, and we can effectively and efficiently provide you necessary support.

Explanation of the Checklist

See attached example to know how to fill in the checklist.

"1) Disease part" shows the topics selected with an importance on the diversity of childhood diseases, which you preferably experience during your stay in the ward. The expected number of each topic is not minimum requirement of your work but the possible clinical experience during 3 months in the Pediatric Ward.

"2) Skill part" shows common pediatric procedures or management which AS is expected to perform.

Your supervisor will monitor the progress of your experience on weekly basis.

Evaluation

Your supervisor will give you feedback and recommendation on your continuing clinical practice.

The original checklist will be given to AS and photo copied one will be kept at the ward.

Let's work hard, study more and enjoy your life!!

Date of explanation by supervisor: _____ / _____ / _____

Starting date of using the checklist: _____ / _____ / _____

Ending date of using the checklist: _____ / _____ / _____

Name of supervisor: _____ (Signature) _____

Name of AS: _____ (Signature) _____

II. CHECKLIST

1) Disease Part

Period:

[Monitoring] supervisor's signature with date

		Expected No.	1st week	2nd week	3rd week	4th week	Monitoring
			/ / 2018- / / 2018	/ / 2018- / / 2018	/ / 2018- / / 2018	/ / 2018- / / 2018	
Genetics	Down's Syndrome	1					
Neonate	Birth Injuries	1					
	Preterm Low Birth Weight	15					
	Birth Asphyxia	5					
	SGA/IUGR	5					
	Neonatal Sepsis	30					
	Neonatal Jaundice	60					
	Congenital Anomaly	1					
Nutrition	Protein Energy Malnutrition	1					
	Beriberi	1					
Infections	Tuberculosis	1					
	Malaria	1					
	DHF/DSS	10					
	AVI	20					
	RVI	1					
	Measles	1					
	Chicken Pox	1					
	Septicaemia	1					
Respiratory System	ARI	25					
	Bronchiolitis	1					
	ALTB	1					
	Asthma	1					
	Suppurative lung disease	1					
	Lobar Pneumonia	1					
Cardiovascular Diseases	Congenital Heart Disease	1					

[Monitoring] supervisor's signature with date

		Expected No.	1st week	2nd week	3rd week	4th week	Monitoring
			/ /2018- / /2018	/ /2018- / /2018	/ /2018- / /2018	/ /2018- / /2018	
GI (Gastrointestinal)	Acute Diarrhea	30					
	Persistent Diarrhea	1					
	Dysentery	1					
Liver/Renal	Viral Hepatitis	1					
	Acute Glomerulo-nephritis (AGN)	1					
	Nephrotic Syndrome	1					
	UTI (Urinary Tract Infection)	1					
Haemato/ Oncology	Thalassaemia	1					
	ITP	1					
	Leukemia/Lymphoma	1					
CNS (Central Nervous System)	Febrile Convulsion	5					
	Epilepsy	1					
	Meningitis/Encephalitis	1					
	CP (Cerebral Palsy)	1					
Endocrine	Diabetes	1					
	Hypothyroidism	1					
Skin	Skin Rashes	1					
Accidents and Poisoning		1					
Emergency Pediatrics	Anaphylactic Shock	1					
	Cardiogenic Shock	1					
	Septic Shock	1					
	DKA (Diabetic ketoacidosis)	1					
	Snake Bite/Dog Bite	1					
Others							
AS can fill what she/he experienced apart from the above mentioned							

2) Skill Part

Period:

[Monitoring] supervisor's signature with date

		Expected no.	1st week	2nd week	3rd week	4th week	Monitoring
			/ /2018- / /2018	/ /2018- / /2018	/ /2018- / /2018	/ /2018- / /2018	
Paediatric BLS	Observed						
	Assisted						
	Performed	5					
Essential Newborn Care + Birth attendance	Observed						
	Assisted						
	Performed	10					
Neonatal Resuscitation	Observed						
	Assisted						
	Performed	3					
Immunization	Observed	10					
	Assisted						
	Performed						
Paediatric Prescribing	Observed						
	Assisted						
	Performed	20					
Exchange Transfusion	Observed	1					
	Assisted	1					
	Performed	1					
SB(serum bilirubin)	Observed						
	Assisted						
	Performed	20					
PCV (Packed Cell Volume)	Observed						
	Assisted						
	Performed	20					
RBS (random Blood sugar)	Observed						
	Assisted						
	Performed	20					
Cannula Insertion	Observed						
	Assisted						
	Performed	5					
Pleural Aspiration	Observed	1					
	Assisted	1					
	Performed	1					
Lumbar Puncture	Observed	1					
	Assisted	1					
	Performed	<1					
Any other experiences							

How to use the checklist

1) Disease Part

Period:

[Monitoring] supervisor's signature with date

		Expected No.	1st week	2nd week	3rd week	4th week	Monitoring
			/ / 2018- / / 2018	/ / 2018- / / 2018	/ / 2018- / / 2018	/ / 2018- / / 2018	
Genetics	Down's Syndrome	1					
	Birth Injuries	1					
Neonate	Preterm Low Birth Weight	15					
	Birth Asphyxia	5					
	SGA/IUGR	5					
	Neonatal Sepsis	30					
	Neonatal Jaundice	60		++++		++++	
	Congenital Anomaly	1					
Nutrition	Protein Energy Malnutrition	1					
	Beriberi	1					

Have your progress monitored by your supervisor

Add a bar each time when you see a patient

2) Skill Part

Period:

[Monitoring] supervisor's signature with date

		Expected no.	1st week	2nd week	3rd week	4th week	Monitoring
			/ / 2018- / / 2018	/ / 2018- / / 2018	/ / 2018- / / 2018	/ / 2018- / / 2018	
Paediatric BLS	Observed						
	Assisted						
	Performed	5					
Essential Newborn Care + Birth attendance	Observed						
	Assisted						
	Performed	10					

III. EVALUATION

Overall evaluation by the supervisor (SC/JC/FA)

Date of explanation by supervisor: _____ / _____ / _____

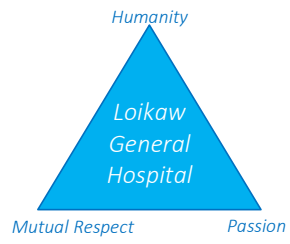
Name of supervisor: _____ (Signature) _____

Name of AS: _____ (Signature) _____

Annual data 2016, 2017

		Number of cases								Proportion								Case Fatality Rate				Proportional mortality					
		Morbidity				Mortality				Morbidity				Mortality				2016		2017		in neonate, post-neonate			in total		
		2016		2017		2016		2017		2016		2017		2016		2017		2016		2017		2016		2017			
		<1m	>1m	<1m	>1m	<1m	>1m	<1m	>1m	<1m	>1m	<1m	>1m	<1m	>1m	<1m	>1m	<1m	>1m	<1m	>1m	<1m	>1m	<1m	>1m		
Genetics	Down's Syndrome																										
Neonate	Birth Injuries																										
	Preterm Low Birth Weight	209		199		31		32		6.7%		4.5%		1.5%		1.5%		14.8%		16.1%		1.5%		1.5%		1.5%	
	Birth Asphyxia	129		91		4		11		4.1%		2.1%		0.2%		0.5%		3.1%		12.1%		0.2%		0.5%		0.2%	
	SGA/IUGR																										
	Neonatal Sepsis	403		501		5		10		12.9%		11.3%		0.2%		0.5%		1.2%		2.0%		0.2%		0.5%		0.2%	
	Neonatal Jaundice	240		1206				6		7.7%		27.2%				0.3%		0.0%		0.5%				0.3%		0.3%	
	Others (neonate)	130		416		5		11		4.2%		9.4%		0.2%		0.5%		3.8%		2.6%		0.2%		0.5%		0.2%	
Nutrition	PEM		6		5			1		0.4%		0.2%					2.6%		0.0%		20.0%				2.6%	0.0%	
	Beriberi				1																0.0%						
Infections	Tuberculosis		3		22					0.2%		1.0%						0.0%		0.0%							
	Malaria		6		3					0.4%		0.1%						0.0%		0.0%							
	DHF/DSS		73		277			3		4.6%		12.4%				7.9%		0.0%		1.1%				7.9%		0.1%	
	AVI		224		280					14.0%		12.5%						0.0%		0.0%							
	RVI				2							0.1%								0.0%							
	Measles																										
	Chicken Pox																										
Respiratory	Septicaemia		6		12		1		10		0.4%		0.5%		11.1%		26.3%		16.7%		83.3%		11.1%		26.3%	0.0%	0.5%
	ARI		362		268		3		6		22.6%		12.0%		33.3%		15.8%		0.8%		2.2%		33.3%		15.8%	0.1%	0.3%
	Bronchiolitis		22		35						1.4%		1.6%						0.0%		0.0%						
	ALTB				35								1.6%								0.0%						
	Asthma		16		31						1.0%		1.4%						0.0%		0.0%						
	Suppurative lung disease																										
	Lobar Pneumonia		6								0.4%								0.0%								
CVS	Congenital Heart Disease				28			6				1.3%				15.8%				21.4%				15.8%		0.3%	
GI	Acute Diarrhea		342		479						21.4%		21.5%						0.0%		0.0%						
	Persistent Diarrhea																										
	Dysentery				23								1.0%							0.0%							

		Number of cases								Proportion								Case Fatality Rate				Proportional mortality											
		Morbidity				Mortality				Morbidity				Mortality				2016				2017				in neonate, post-neonate				in total			
		2016		2017		2016		2017		2016		2017		2016		2017		2016		2017		2016		2017		2016		2017					
		<1m	>1m	<1m	>1m	<1m	>1m	<1m	>1m	<1m	>1m	<1m	>1m	<1m	>1m	<1m	>1m	<1m	>1m	<1m	>1m	<1m	>1m	<1m	>1m	all	all						
Liver/Renal	Viral Hepatitis		25								1.6%							0.0%															
	AGN		13	17							0.8%	0.8%						0.0%	0.0%														
	Nephrotic Syndrome		19	25							1.2%	1.1%						0.0%	0.0%														
	UTI (Urinary Tract Infection)																																
Hemato/ Oncology	Thalassaemia		30	48							1.9%	2.1%						0.0%	0.0%														
	ITP		4	9							0.3%	0.4%						0.0%	0.0%														
	LeukemiaLymphoma			6			3					0.3%			7.9%				50.0%				7.9%		0.1%								
CNS	Febrile Convulsion		126	113							7.9%	5.1%						0.0%	0.0%														
	Epilepsy		27	20							1.7%	0.9%						0.0%	0.0%														
	Meningitis/Encephalitis		23	43	2	6					1.4%	1.9%	22.2%	15.8%				8.7%	14.0%		22.2%		15.8%	0.1%	0.3%								
	CP (Cerebral Palsy)		1	3							0.1%	0.1%						0.0%	0.0%														
Endocrine	Diabetes																																
	Hypothyroidism																																
Skin	Skin Rashes																																
Injury	Accidents and Poisoning																																
	Anaphylactic Shock																																
	Cardiogenic Shock																																
	Septic Shock																																
	DKA (Diabetic ketoacidosis)																																
	Snake Bite/Dog Bite			5								0.2%							0.0%														
Others			266	443	3	3					16.6%	19.8%	33.3%	7.9%			1.1%	0.7%			33.3%		7.9%	0.1%	0.1%								
Total		3127	1600	4430	2233	2061	9	2087	38	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	65.9%	0.6%	47.1%	1.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%							
																								<1m	99.6%	98.2%							
																								>1m	0.4%	1.8%							



Your Clinical Work in Pediatric Ward in the Loikaw General Hospital

I. INTRODUCTION

Welcome to the Pediatric Ward!

We hope your stay in the Pediatric ward will be fulfilling and productive, and we provide you an opportunity of good clinical experience. For this reason, you are requested to use the attached checklist so that you and we can share the progress of your experience, and we can effectively and efficiently provide you necessary support.

Explanation of the Checklist

See attached example to know how to fill in the checklist.

"1) Disease part" shows the topics selected with an importance on the diversity of childhood diseases, which you preferably experience during your stay in the ward. The expected number of each topic is not minimum requirement of your work but the possible clinical experience during 3 months in the Pediatric Ward.

"2) Skill part" shows common pediatric procedures or management which AS is expected to perform.

Your supervisor will monitor the progress of your experience on weekly basis.

Evaluation

Your supervisor will give you feedback and recommendation on your continuing clinical practice.

The original checklist will be given to AS and photo copied one will be kept at the ward.

Let's work hard, study more and enjoy your life!!

Date of explanation by supervisor: _____ / _____ / _____

Starting date of using the checklist: _____ / _____ / _____

Ending date of using the checklist: _____ / _____ / _____

Name of supervisor: _____ (Signature) _____

Name of AS: _____ (Signature) _____

II. CHECKLIST

1) Disease Part

Period:

[Monitoring] supervisor's signature with date

		Expected No.	1st week	2nd week	3rd week	4th week	Monitoring
			/ /2018- / /2018	/ /2018- / /2018	/ /2018- / /2018	/ /2018- / /2018	
Genetics	Down's Syndrome	1					
Neonate	Birth Injuries	1					
	Preterm Low Birth Weight	15					
	Birth Asphyxia	5					
	SGA/IUGR	5					
	Neonatal Sepsis	30					
	Neonatal Jaundice	60					
	Congenital Anomaly	1					
Nutrition	Protein Energy Malnutrition	1					
	Beriberi	1					
Infections	Tuberculosis	1					
	Malaria	1					
	DHF/DSS	10					
	AVI	20					
	RVI	1					
	Measles	1					
	Chicken Pox	1					
	Septicaemia	1					
Respiratory System	ARI	25					
	Bronchiolitis	1					
	ALTB	1					
	Asthma	1					
	Suppurative lung disease	1					
	Lobar Pneumonia	1					
Cardiovascular Diseases	Congenital Heart Disease	1					

2) Skill Part

Period:

[Monitoring] supervisor's signature with date

		Expected no.	1st week	2nd week	3rd week	4th week	Monitoring
			/ / 2018- / / 2018	/ / 2018- / / 2018	/ / 2018- / / 2018	/ / 2018- / / 2018	
Paediatric BLS	Observed						
	Assisted						
	Performed	5					
Essential Newborn Care + Birth attendance	Observed						
	Assisted						
	Performed	10					
Neonatal Resuscitation	Observed						
	Assisted						
	Performed	3					
Immunization	Observed	10					
	Assisted						
	Performed						
Paediatric Prescribing	Observed						
	Assisted						
	Performed	20					
Exchange Transfusion	Observed	1					
	Assisted	1					
	Performed	1					
SB(serum bilirubin)	Observed						
	Assisted						
	Performed	20					
PCV (Packed Cell Volume)	Observed						
	Assisted						
	Performed	20					
RBS (random Blood sugar)	Observed						
	Assisted						
	Performed	20					
Cannula Insertion	Observed						
	Assisted						
	Performed	5					
Pleural Aspiration	Observed	1					
	Assisted	1					
	Performed	1					
Lumbar Puncture	Observed	1					
	Assisted	1					
	Performed	<1					
Any other experiences							

How to use the checklist

1) Disease Part

Period:

[Monitoring] supervisor's signature with date

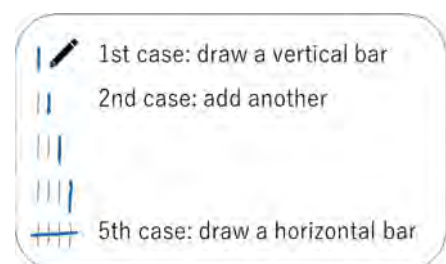
		Expected No.	1st week	2nd week	3rd week	4th week	Monitoring
			/ /2018- / /2018	/ /2018- / /2018	/ /2018- / /2018	/ /2018- / /2018	
Genetics	Down's Syndrome	1					
Neonate	Birth Injuries	1					Have your progress monitored by your supervisor periodically
	Preterm Low Birth Weight	15					
	Birth Asphyxia	5					
	SGA/IUGR	5					
	Neonatal Sepsis	30					
	Neonatal Jaundice	60		++++		++++	
	Congenital Anomaly	1					
Nutrition	Protein Energy Malnutrition	1					Add a bar each time when you see a patient
	Beriberi	1					

2) Skill Part

Period:

[Monitoring] supervisor's signature with date

		Expected no.	1st week	2nd week	3rd week	4th week	Monitoring
			/ /2018- / /2018	/ /2018- / /2018	/ /2018- / /2018	/ /2018- / /2018	
Paediatric BLS	Observed						
	Assisted						
	Performed	5					
Essential Newborn Care + Birth attendance	Observed						
	Assisted						
	Performed	10					



III. EVALUATION

Overall evaluation by the supervisor (SC/JC/FA)

Date of explanation by supervisor: _____ / _____ / _____

Name of supervisor: _____

(Signature) _____

Name of AS: _____

(Signature) _____

Consideration of possible clinical experience recording on the checklist

		Morbidity, Number of cases				Estimation		Possible Clinical Experience * ²	Recording on the checklist * ³
		2016		2017		1 month* ¹	3 months* ¹		
		<1m	>1m	<1m	>1m				
Genetics	Down's Syndrome					0	0	1 (rare)	1
Neonate	Birth Injuries					0	0	1 (very rare)	1
	Preterm Low Birth Weight	209		199		17	51	>15	15
	Birth Asphyxia	129		91		9	27	>5	5
	SGA/IUGR					0	0		5
	Neonatal Sepsis	403		501		38	114	>30	30
	Neonatal Jaundice	240		1206		60	180	>60	60
	Others (neonate)	130		416		23	69	>20	
	Congenital Anomaly								1
Nutrition	PEM		6		5	0.46	1	1 (very rare)	1
	Berberi				1	0	0	1 (very rare)	1
Infections	Tuberculosis		3		22	1	3	1 (very rare)	1
	Malaria		6		3	0.38	1	1 (very rare)	1
	DHF/DSS		73		277	15	45	>10	10
	AVI		224		280	21	63	>20	20
	RVI				2	0	0	1 (very rare)	1
	Measles					0	0	1 (very rare)	1
	Chicken Pox					0	0	1 (very rare)	1
	Septicaemia		6		12	1	3	1 (very rare)	1
Respiratory	ARI(including pneumonia)		362		268	26	78	>25	25
	Bronchiolitis		22		35	2	6	1 (very rare)	1
	ALTB				35	1	3	1 (very rare)	1
	Asthma		16		31	2	6	1 (very rare)	1
	Suppurative lung disease					0	0	1 (very rare)	1
	Lobar Pnemonia		6			0.25	1	1 (very rare)	1
CVS	Congenital Heart Disease				28	1	3	1 (very rare)	1
GI	Acute Diarrhea		342		479	34	102	>30	30
	Persistent Diarrhea					0	0	1 (very rare)	1
	Dysentery				23	1	3	1 (very rare)	1

		Morbidity, Number of cases				Estimation		Possible Clinical Experience ^{*2}	Recording on the checklist ^{*3}
		2016		2017		1 month ^{*1}	3 months ^{*1}		
		<1m	>1m	<1m	>1m				
Liver/Renal	Viral Hepatitis		25			1	3	1 (very rare)	1
	AGN		13		17	1	3	1 (very rare)	1
	Nephrotic Syndrome		19		25	2	6	1 (very rare)	1
	UTI (Urinary Tract Infection)					0	0	1 (very rare)	1
Hemato/Oncology	Thalassaemia		30		48	3	9	1 (rare)	1
	ITP		4		9	1	3	1 (very rare)	1
	LeukemiaLymphoma				6	0.3	1	1 (very rare)	1
CNS	Febrile Convulsion		126		113	10	30	>5	5
	Epilepsy		27		20	2	6	1 (very rare)	1
	Meningitis/Encephalitis		23		43	3	9	1 (rare)	1
	CP (Cerebral Palsy)		1		3	0.2	1	1 (very rare)	1
Endocrine	Diabetes							1 (very rare)	1
	Hypothyroidism							1 (very rare)	1
Skin	Skin Rashes					0	0	1 (very rare)	1
Inury	Accidents and Poisoning					0	0	1 (very rare)	1
	Anaphylactic Shock					0	0	1 (very rare)	1
	Cardiogenic Shock					0	0	1 (very rare)	1
	Septic Shock					0	0	1 (very rare)	1
	DKA (Diabetic ketoacidosis)					0	0	1 (very rare)	1
	Snake Bite/Dog Bite				5	0.2	1	1 (very rare)	1
Others			266		443				
Total		1111	1600	2413	2233				

*1 Calculated using numbers during 2 yrs i.e. 1 month=(2016+2017)÷24, 3 months=1 months×3

*2 One third of total case i.e. Calculation=3 month(total case)÷3, and rounded down as follows

Calculation Rounded down

0,1,2: 1 (very rare)

3,4,5: 1 (rare)

6 to 10: 5

11 to 15: 10

16 to 20: 15

21 to 25: 20

*3 Determined technically from technical viewpoints, considering what/how to be recorded

Your Clinical Work in Obstetrics & Gynecology Ward in the Loikaw General Hospital

I. INTRODUCTION

Welcome to the Obstetrics & Gynecology Ward!

We hope your stay in the Obstetrics & Gynecology (OG) ward will be fulfilling and productive, and we provide you an opportunity of good clinical experience. For this reason, you are requested to use the attached checklist so that you and we can share the progress of your experience, and we can effectively and efficiently provide you necessary support.

Explanation of the Checklist

See attached example to know how to fill in the checklist.

"1) Skill part" shows the expected number of common cases and procedures in OG ward which AS can experience in the three-month period. Those expected numbers were estimated base on the annual data of the ward (see attached).

"2) Theory part" shows the list of topics of which you are expected to understand the theories.

Your supervisor will monitor the progress of your experience on weekly basis.

Evaluation

Your supervisor will give you feedback and recommendation on your continuing clinical practice.

The original checklist will be given to AS and photo copied one will be kept at the ward.

Let's work hard, study more and enjoy your life!!

Date of explanation by supervisor: _____ / _____ / _____

Starting date of using the checklist: _____ / _____ / _____

Ending date of using the checklist: _____ / _____ / _____

Name of supervisor: _____ (Signature) _____

Name of AS: _____ (Signature) _____

II. CHECK LIST

1) Skill Part

[Status] C: Consultatoin O: Observe A: Assist P: Perform
 [Monitoring] Supervisor's signature with date

No.	Topic	Expected No.	Status	No.	Particular of Cases	Monitoring
1	Antenatal care Skills of consultation include history taking and physical examination	100	C	1-10	0 0 0 0 0 0 0 0 0 0	
				11-20	0 0 0 0 0 0 0 0 0 0	
				21-30	0 0 0 0 0 0 0 0 0 0	
				31-40	0 0 0 0 0 0 0 0 0 0	
				41-50	0 0 0 0 0 0 0 0 0 0	
				51-60	0 0 0 0 0 0 0 0 0 0	
				61-70	0 0 0 0 0 0 0 0 0 0	
				71-80	0 0 0 0 0 0 0 0 0 0	
				81-90	0 0 0 0 0 0 0 0 0 0	
				91-100	0 0 0 0 0 0 0 0 0 0	
	HT, PE	10	C	1-10	0 0 0 0 0 0 0 0 0 0	
	Heart disease	1	C	1		
	DM	1	C	1		
	Rh (-) ve	1	C	1		
	HIV	1	C	1		
2	Partographic monitoring of labour	10	P	1		
			P	2		
			P	3		
			P	4		
			P	5		
			P	6		
			P	7		
			P	8		
			P	9		
			P	10		
3	Augmentation of Labour	10	P	1		
			P	2		
			P	3		
			P	4		
			P	5		
			P	6		
			P	7		
			P	8		
			P	9		
			P	10		
4	Induction of Labour (foley's catheter)	1	O A P	1		

[Status] C: Consultatoin O: Observe A: Assist P: Perform
 [Monitoring] Supervisor's signature with date

No.	Topic	Expected No.	Status	No.	Particular of Cases	Monitoring
5	Induction of Labour (Medical)	10	P	1		
			P	2		
			P	3		
			P	4		
			P	5		
			P	6		
			P	7		
			P	8		
			P	9		
			P	10		
6	Induction of Labour (Surgical)	10	P	1		
			P	2		
			P	3		
			P	4		
			P	5		
			P	6		
			P	7		
			P	8		
			P	9		
			P	10		
7	Normal delivery	30	P	1-10	OOOOOOOOOO	
			P	11-20	OOOOOOOOOO	
			P	21-30	OOOOOOOOOO	
8	Twins delivery	2	O A P	1		
			O A P	2		
9	Vaginal breech delivery	1	O A P	1		
10	Instrumental delivery (Forcep)	3	O A P	1		
			O A P	2		
			O A P	3		
11	Instrumental delivery (Vacuum)	3	O A P	1		
			O A P	2		
			P	1		
12	Ectopic pregnancy	1	O A P	1		
13	Obstetric haemorrhage including APH	6	O A P	1		
			O A P	2		
			O A P	3		
			O A P	4		
			O A P	5		
			O A P	6		

[Status] C: Consultation O: Observe A: Assist P: Perform
 [Monitoring] Supervisor's signature with date

No.	Topic	Expected No.	Status	No.	Particular of Cases	Monitoring
14	PPH management	1	O A P	1		
15	Retained placenta	1	O A P	1		
16	Cord prolapse	1	O A P	1		
17	Uterine inversion	1	O A P	1		
18	Emergency/Elective LSCS	40	A	1-10	OOOOOOOOOO	
				11-20	OOOOOOOOOO	
				21-30	OOOOOOOOOO	
				31-40	OOOOOOOOOO	
		5	P	1		
			P	2		
			P	3		
			P	4		
			P	5		
19	Sterilization	5	A	1		
			A	2		
			A	3		
			P	1		
			P	2		
20	E & C	3	O A P	1		
			O A P	2		
			O A P	3		
21	MVA	5	O A P	1		
			O A P	2		
			O A P	3		
			O A P	4		
			O A P	5		
22	IUCD insertion	5	O A P	1		
			O A P	2		
			O A P	3		
			O A P	4		
			O A P	5		
23	PAP smear for cervical cancer	3	O A P	1		
			O A P	2		
			O A P	3		

2) Theory Part

No.	Topic	Date	Level of Knowledge & Understanding			Remark
			Sufficient	Fair	Insufficient	
1	Abdominal pain in pregnancy					
2	Antenatal care					
3	Post-date (prolong pregnancy) (>42 weeks)					
4	Infection prevention					
5	Pre-eclampsia / Eclampsia					
6	Hydatidiform mole / GTD					
7	Abortion					
8	Contraception					
9	PPROM / PROM					
10	Uterine rupture					
11	APH					

How to use the checklist

1) Skill Part

[Status] C: Consultation O: Observe A: Assist P: Perform
 [Monitoring] Supervisor's signature with date

No.	Topic	Expected No.	Status	No.	Particular of Cases	Monitoring
1	Antenatal care Skills of consultation include history taking and physical examination	100	C	1-10	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
				11-20	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
				21-30	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
				31-40	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
				41-50	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
				51-60	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
				61-70	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
				71-80	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
				81-90	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
				91-100	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	HT, PE	10	C	1-10	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	Heart disease	1	C	1	27yrs, G2 P1+0	Write particular of cases of patients' information and conditions
	DM	1	C	1	30 yrs, G3 P1+1	
	Rh (-) ve	1	C	1	33yrs, G4 P2+1, H/T	
	HIV	1	C	1	30yrs, G3 P1+1, DM	

8	Twins delivery	2	<input type="radio"/> O	<input type="radio"/> A	<input type="radio"/> P	1	Circle either of O: Observe, A: Assist, or P: Perform	
			<input type="radio"/> O	<input checked="" type="radio"/> A	<input type="radio"/> P	2		
9	Vaginal breech delivery	1	<input type="radio"/> O	<input type="radio"/> A	<input type="radio"/> P	1		
10	Instrumental delivery (Forcep)	3	<input type="radio"/> O	<input type="radio"/> A	<input type="radio"/> P	1		
			<input type="radio"/> O	<input type="radio"/> A	<input type="radio"/> P	2		
			<input type="radio"/> O	<input type="radio"/> A	<input type="radio"/> P	3		

2) Theory Part

No.	Topic	Date	Level of Knowledge & Understanding			Remark
			Sufficient	Fair	Insufficient	
1	Abdominal pain in pregnancy	20.4.18		✓		Should know all the differential diagnosis of Abdominal pain in pregnancy.
		27.4.18	✓			
2	Antenatal care					Keep the theory part blank, and your supervisor confirms the level of understandings by topic

III. EVALUATION

Overall evaluation by the supervisor

Date of explanation by supervisor: _____ / _____ / _____

Name of supervisor: _____

(Signature) _____

Name of AS: _____

(Signature) _____

Summary of annual data (2016, 2017)

Cat.code	Category	ICD-10(2010)	Case.code	Case/procedure	y2016	y2016(%)	y2017	y2017(%)	y2016	y2016(%)	y2017	y2017(%)
A	--		A	Total admission	2990	100.0%	3596	100.0%	2,990	100.0%	3,596	100.0%
G-01	Neoplasm	D25-26 C56 D27 C51 C53	G-01-01 G-01-02 G-01-03 G-01-04 G-01-05	Myoma uterus/Uterine Fibroid Ovarian Tumor Dermoid cyst Ca Vulva Ca Cervix	42 17 0 1 0	1.4% 0.6% 0.0% 0.0% 0.0%	28 12 1 ** 1	0.8% 0.3% 0.0% ** 0.0%	60	2.0%	42	1.2%
G-02	Inflammatory diseases of female pelvic organs	N75.0 N75.1 N70-77 N70 N72	G-02-01 G-02-02 G-02-03 G-02-04 G-02-05	Bartholin's cyst Bartholin abscess Pelvic inflammatory disease Ovarian abscess Cervicitis	1 1 3 1 **	0.0% 0.0% 0.1% 0.0% **	8 3 4 1 2	0.2% 0.1% 0.1% 0.0% 0.1%	6	0.2%	18	0.5%
G-03	Noninflammatory disorders of female genital tract Other noninflammatory disorders	N81 N83 N80.1 N84 N84 N85 N93.8	G-03-01 G-03-02 G-03-03 G-03-04 G-03-05 G-03-06 G-03-07	2' UVP Ovarian cyst Endometrial cyst Endometrial polyp Cervical polyp Endometrial hyperplasia Dysfunctional uterine bleeding	3 32 5 4 3 1 0	0.1% 1.1% 0.2% 0.1% 0.1% 0.0% 0.0%	** 17 ** ** 6 ** 15	** 0.5% ** ** 0.2% ** 0.4%	48	1.6%	38	1.1%
G-04	Sterilization		G-04-01	Sterilization	167	5.6%	199	5.5%	167	5.6%	199	5.5%
G-05	Infections (test)	O98.1 O98.4 O98.4 O98.4 O98.7	G-05-01 G-05-02 G-05-03 G-05-04 G-05-05	VDRL HBs Ag (+) HCV(+) Hb eAg Retro	13 95 12 13 2	0.4% 3.2% 0.4% 0.4% 0.1%	12 67 13 6 10	0.3% 1.9% 0.4% 0.2% 0.3%	135	4.5%	108	3.0%
O-01	Pregnancy with abortive outcome	O00 O01 O02.0 O02.1 O03 O03 O03 O04	O-01-01 O-01-02 O-01-03 O-01-04 O-01-05 O-01-06 O-01-07 O-01-08 O-01-09	Bleeding per Vagina Etopic pregnancy hydatidiform mole Blighted ovum Missed abortion Incomplete abortion Complete abortion Septic Abortion Induced abortion	31 23 20 19 72 167 11 1 0	1.0% 0.8% 0.7% 0.6% 2.4% 5.6% 0.4% 0.0% 0.0%	53 35 11 40 59 159 8 2 1	1.5% 1.0% 0.3% 1.1% 1.6% 4.4% 0.2% 0.1% 0.0%	344	11.5%	368	10.2%
O-02	Hypertensive disorders in pregnancy	O10 O13-14 O15	O-02-01 O-02-02 O-02-03	Hypertension PIH (PE)/ Server H/T Eclampsia	35 142 **	1.2% 4.7% **	38 111 1	1.1% 3.1% 0.0%	177	5.9%	150	4.2%
O-03	Other maternal disorders	O20.0 O99.4 O24	O-03-01 O-03-02 O-03-03	Threatened abortion Heart disease DM	86 22 7	2.9% 0.7% 0.2%	59 12 8	1.6% 0.3% 0.2%	115	3.8%	79	2.2%
O-04	Maternal care/possible problems	O36.4 O42 O42 O44.1 O45 P95	O-04-01 O-04-02 O-04-03 O-04-04 O-04-05 O-04-06 O-04-07 O-04-08 O-04-09 O-04-10	IUFD PROM (at term) PPROM (preterm) APH (Placenta previa) Abruptio Placenta Stillbirth evacuation and curettage Dilatation and curettage manual vacuum aspiration Suction curettage	43 178 29 47 5 10 70 8 277 5	1.4% 6.0% 1.0% 1.6% 0.2% 0.3% 2.3% 0.3% 9.3% 0.2%	22 192 49 22 3 15 102 24 247 9	0.6% 5.3% 1.4% 0.6% 0.1% 0.4% 2.8% 0.7% 6.9% 0.3%	672	22.5%	685	19.0%

Cat.code	Category	ICD-10(2010)	Case.code	Case/procedure	y2016	y2016(%)	y2017	y2017(%)	y2016	y2016(%)	y2017	y2017(%)
O-05	Delivery/labour complications	O60.1	O-05-01	Preterm	44	1.5%	47	1.3%	78	2.6%	84	2.3%
		O69	O-05-02	Cord Prolapse	**		1	0.0%				
		O72	O-05-03	PPH	13	0.4%	22	0.6%				
		O73	O-05-04	Retained placenta	21	0.7%	14	0.4%				
O-06	Delivery	O80	O-06-01	NSVD	846	28.3%	1,143	31.8%	2,240	74.9%	2,753	76.6%
		O80.1	O-06-02	Breech delivery	13	0.4%	15	0.4%				
		O81	O-06-04	Forceps delivery	70	2.3%	81	2.3%				
		O81	O-06-05	Vacuum Delivery	28	0.9%	37	1.0%				
		O82.0	O-06-06	EL-LSCS	273	9.1%	219	6.1%				
		O82.1	O-06-07	EM-LSCS	823	27.5%	1,041	28.9%				
		O84	O-06-08	Twin	35	1.2%	38	1.1%				
		O84	O-06-09	Triplet	0	0.0%	1	0.0%				
		O48	O-06-10	Post-term	152	5.1%	178	4.9%				
XX	Other		Other	7	0.2%	0	0.0%	7	0.2%	0	0.0%	
P-01	Gynaecological Procdures		P-01-01	Cystectomy	5	0.2%	5	0.1%	125	4.2%	153	4.3%
			P-01-02	Incision & Drainage	3	0.1%	7	0.2%				
			P-01-03	2' tear cystocele AC+PC	2	0.1%	4	0.1%				
			P-01-04	Endometrium sampling	0	0.0%	2	0.1%				
			P-01-05	TAH/TAH+BSO	85	2.8%	108	3.0%				
			P-01-06	Sub total Hysterectomy	3	0.1%	6	0.2%				
			P-01-07	Vaginal hysterectomy	0	0.0%	3	0.1%				
			P-01-08	Partial Salpingectomy	14	0.5%	16	0.4%				
			P-01-09	Ovarotomy	13	0.4%	2	0.1%				

No.	Topic	Related cases		Annual data		Estimation		Possible Clinical Experience ^{*2}	Recording on the checklist ^{*3}
				2016	2017	1 month ^{*1}	3 months ^{*1}		
18	Emergency LS/CS	O-06-07	EM-LSCS	823	1,041	78	234	>75	Assist 40, Perform 5
19	Sterilization								Assist 3, Perform 2
20	E&C	O-04-07	evacuation and curettage	10	102	27	81	>25	3
21	MVA	O-04-09	manual vacuum aspiration	277	247				5
22	IUD insertion								5
23	PAP smear for cervical cancer								3

*1 Calculated using numbers during 2 yrs i.e. 1 month=(2016+2017)÷24, 3 months=1 months × 3

*2 One third of total case i.e. Calculation=3 month(total case)÷3, and rounded down as follows

Calculation Rounded down

0,1,2: 1 (very rare)

3,4,5: 1 (rare)

6 to 10: 5

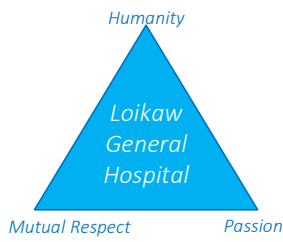
11 to 15: 10

16 to 20: 15

21 to 25: 20

*3 Determined technically from viewpoints of SCS, considering what/how to be recorded

13. 継続看護教育マネジメントガイド



Loikaw General Hospital

Continuous Nursing Education

Management Guide

Ver. 1 October 2018

Mission statement of the Loikaw General Hospital

Our Mission

We are dedicated to improving the quality of life of the people in the state through providing competent medical services and cooperating concerned stakeholders.

Our Vision

To become a national-showcase hospital which enjoys desirable level of both customers' and providers' satisfaction.

Our Motto

We belong to the state,
we serve the state, and
we grow with the state.

Our core values are;

HUMANITY

We keep mind of kindness, hospitality, compassion and empathy,

PASSION

We keep passion for work, sustain good practices and pursue further improvement, and

MUTUAL RESPECT

We cultivate mutual respect with all regardless of race, birth, religion, official position, status, sex and wealth.

1. Introduction

In Kayah State, the Loikaw General Hospital has played a prominent role to improve the quality of life of people through providing competent medical services, and it pursues the desirable level of both customers' and providers' satisfaction as its mission/vision statements say.

Nurses are the key players for providing competent services in hospitals. In fact, nurses are directly involved in almost all aspects of hospital quality, including patient care, support for patient attendants, assistance in operations, maintenance of medical equipment, infection prevention control, providing health education, data collection/reporting, and so on. Therefore, enhancing nurses' performance is quite indispensable to ensure the quality of services provided, as well as to achieve the hospital's mission and vision.

The Continuous Nursing Education (CNE) has been conducted periodically to provide required nursing skills, knowledges and attitudes for the nurses in the Loikaw General Hospital. However, it has not been managed systematically, and its objective was not clearly shared. Therefore, this document was developed to provide guidance on how to manage (plan, implement, M&E) the CNE in effective and efficient way, and also to share the principle ideas of the CNE among all the concerned staff.

2. Prerequisite

Kayah state is the smallest state in terms of its land area, population and economic scale in Myanmar. It has a border with Thailand and there are several ethnic groups exist with diverse languages and values. In the Loikaw General Hospital, number of customers from other states/regions including foreign travelers has been gradually increased. The needs for health workers are increasing whereas the available resources remain limited. Needless to say, morbidity and mortality trend changes and requiring nursing theories and skills are updated time to time. However, majority of nurses in Kaya state develop their career only within the state and have less opportunity to know the information from outside of the state.

With considering the unique situation and conditions in Kayah state, the nursing department of the Loikaw General Hospital requires its nurses to be equipped with not only the general code of ethics for nurses¹, but also the competencies such as understandings of diversity, flexibility to changes, positive attitudes and willingness to learn independently. The nursing department will make its utmost effort to cultivate these competencies and abilities among its nurses through the occasion of the CNE. Therefore, the basis of the CNE has to be not only the capacity building on technical issues in the narrow sense, as in the past, but also the opportunity for developing the ideal nurses for the Loikaw General Hospital in the wider sense.

¹ International Council of Nurses, *THE ICN CODE OF ETHICS FOR NURSES* (2012)

3. Objective of the CNE

The objective of the CNE is to develop ideal nurses for the Loikaw General Hospital towards achieving its mission and vision through:

- 1) updating nurses' knowledge and skills
- 2) facilitating the positive change of attitudes and practices of nurses
- 3) strengthening the team-work among nurses, and
- 4) motivating nurses to grow up for/with the people in the Kayah state

4. Implementing Policies

To achieve its objective, the CNE will be managed with the following implementation policies.

1) Perusing the attractiveness of CNE

The CNE should attract the participants' interest. Participants won't gain much in boring atmosphere. Therefore, it is important to take appropriate approach/method to attract nurses' attention and interest. "Interactiveness" is a key to improve the learners' satisfaction so that it is recommended to positively adopt the approaches such as group discussion, group exercise, debate session, ice breaking based on the topic of the CNE. Also, the nursing department and the lecturers/facilitators are required to create an environment conducive to conversation for participants.

2) Selecting timely concerned topics

Usually, timely topic attracts more participants' interest. For example, topics relating DHF interest nurses more before or during the rainy season (June - August) when DHF patient number is jumped up. Also, the topics relating the public health campaign, at that time, are recommended to be selected in partnership with the Kayah State Department of Public Health.

3) Maximizing the outcome of CNE

Monthly CNE offers a valuable opportunity for the nursing department and its nurses to convene in one place. It is therefore important to consider ways to utilize the CNE to maximize its outcome in flexible way. As mentioned in 2. Prerequisite, the basis of the CNE should not be limited as the capacity building on technical themes only, but also it can be utilized as a platform for nurses to share the challenges/problems, and to discuss the solutions together.

5. Management of the CNE

Following provides guidance for the nursing department on how to effectively and efficiently manage the CNE.

2-1 Management structure of CNE

1) CNE committee

The CNE committee oversees the overall CNE activities of the Loikaw General Hospital and provides necessary supports to the CNE working group. The committee has responsible to approve the CNE annual plan.

(See Annex 1)

2) CNE working group

The CNE working group is responsible for actual implementation of the CNE. Therefore, main duties of the CNE working group are;

- to develop an annual plan of the CNE
- to implement CNEs according to the plan, and
- to monitor and evaluate effectiveness of the CNE.

(See Annex 1)

2-2 CNE Annual Plan

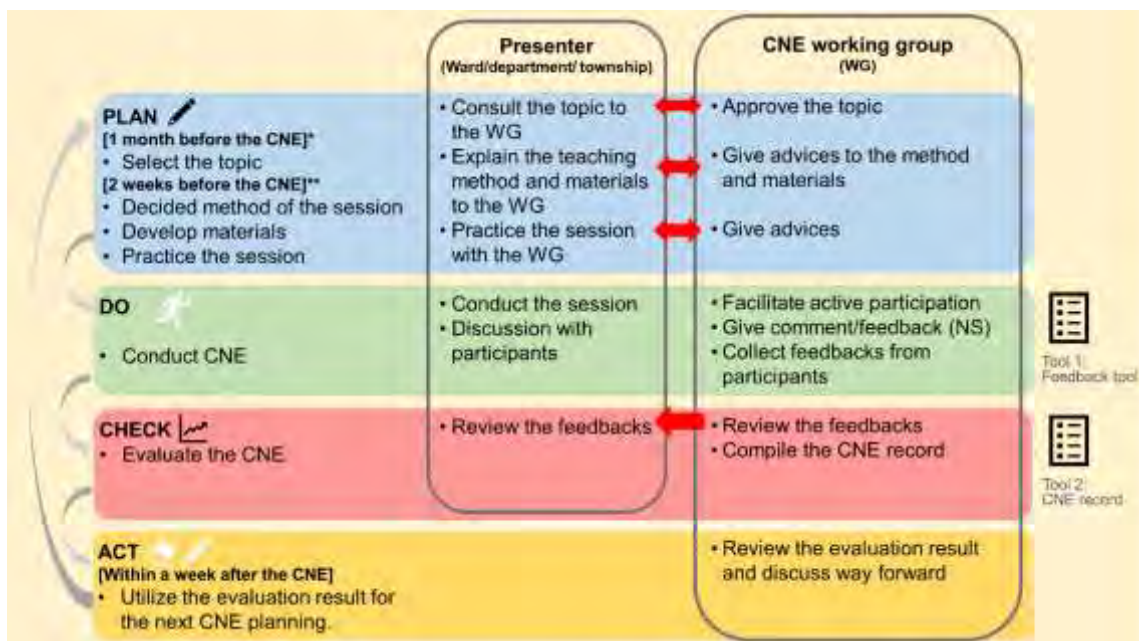
The CNE annual plan is drafted by the CNE working group in every January. Once the plan is approved by the CNE committee, the CNE working group carries out the CNE according to the plan. In the annual plan, wards and departments are allocated to conduct respective sessions monthly. Health facilities from the township level can be included as a presenter when necessary. The necessity of Special CNE(s) is examined and planned accordingly.

Jan	Medical dept.	Pediatrics dept.
Feb	Surgical dept.	OB/GY
mar	Orthopedic dept	ENT
Apr	Rehabilitation	Laboratory

Figure 1: Example of CNE Annual Plan

2-3 PDCA Cycle Management

Based on the annual plan, monthly CNE is conducted with using PDCA (Plan, Do, Check and Act) cycle management.



*For a township preparation, 2 months before the CNE

** For a township preparation, a month before the CNE

Figure 2: PDCA Management in CNE

(1) PLAN

[STEP 1] Select the topic

An allocated ward/department/township decides a topic and submit it to the CNE working group for their approval. A topic should be selected with considering not only the essential knowledge, skills and information, but also current morbidity/mortality trends in Kayah state, issues to be discussed, participants' request (ref. Annex 2) and so on.

The CNE working group decides programme for the CNE. The programme generally includes;

- presentations from allocated wards, departments, and/or townships
- wrapping-up by the Nursing Superintendent and/or Matron
- information sharing and/or announcement by hospital management and/or other stakeholders.

[STEP 2] Decide a method of the session

A ward/department/township decides session methods for the topic. Appropriate methods should be adopted which promote participants' understandings of the topic and encourage their active participation. (ex. group work, demonstration, role-play, videos show etc.) (ref. Annex 2)

[STEP 3] Develop materials for the session

A ward/department/township develops necessary materials for the session and submit them to the CNE working committee for their approval.

Materials should be developed in learner friendly manner. Visually informative documents and/or slides are recommended which effectively utilize pictures, movies, graphs and tables. Also, usage of appropriate technical terminology is important.

[STEP 4] Practice for the session

A ward/department/township holds a rehearsal of the session with the CNE working group. The CNE working group provides instruction on practical presentation skills such as body sign contacts, speaking speed, eye contact and so on.

(2) DO

[STEP 1] Conduct CNE

A Ward/department/township carries out their session as prepared. The CNE working group encourages interactive (two-ways) communication between presenters and participants through effective facilitation (ex. summarizing the session, rephrasing important points, asking questions to participants etc.). The Nursing Superintendent and/or Matron wraps up the session at the end of CNE.

(3) CHECK

[STEP 1] Evaluate the monthly CNE

The CNE working group evaluates the effectiveness of conducted CNE with using following tools. The result of the evaluation will be shared with the CNE committee and takes necessary action for the next CNE.

The CNE working group provides positive feedbacks to the presenters and other related staff with using the evaluation results. This encourages the nurses to actively commit the future CNE.

1) Voting tool

Three boxes are prepared with the pictures of facial expression of “Good”, “Fair” and “Poor”. Participants vote to one of them which much their evaluation to the CNE of the day with comments.



Figure 3. Voting tool

2) Requests and suggestions tool

Participants submit their recommendations and suggestions for improving the future CNE. The participants can also request the topics which they have interest.

CNE (dd-mm-yy)	LGH
နောက်လ CNE တွင် ward in charge မှ သိလိုသော ခေါင်းစဉ်များကို ဖော်ပြပါ။	
CNE တွင် အခြားသိလိုသော ခေါင်းစဉ်များရှိပါက ဖော်ပြပါ။	

Figure 4. Requests and suggestions format

(4) ACT

Collected feedbacks/requests/suggestions from the participants are reviewed by the CNE working group and the presenters after the CNE (preferably on the same day). The CNE working group develops a CNE record with using the format. (ref. Annex.3)

The record format includes general information, summary of the presentations and discussions, the results of the feedback (voting system, requests/suggestions) and way forward.

Annex 1: Implementation structure of the CNE

1) CNE committee

The CNE committee of the Loikaw General Hospital consists of following members.

- Medical Superintendent (Chair)
- Nursing Superintendent
- Matron, LGH
- Selected sisters who has BNSc





2) CNE working group

The CNE working group of the Loikaw General Hospital consists of following members.







- Nursing Superintendent (Chair)
- Matron, LGH
- Selected sisters who has BNSc
- Selected Senior Nurse (Secretary)


Annex 2: Example of CNE teaching methods

a) Topic: 5S activity

No.	Contents	Teaching methods
1	A presenter explains 5S activities using slides	Class-room style
2	<p>Divide participants into small groups. Each group is assigned an “area” to practice 5S activities. (Example of areas: chart cart, medicine trolley, emergency trolley etc.)</p> 	<p>Group work</p> <div style="border: 1px solid blue; border-radius: 15px; padding: 5px; margin-top: 10px;"> <p>“Group work” encourages learners’ active participation. Participants feel more comfortable to express their opinions when size of a group is small.</p> </div>
	  	

b) Topic: Infection Prevention and Control (IPC)


No.	Contents	Teaching methods
1	A presenter explains IPC using slides	Class-room style
2	<p>A presenter demonstrates IPC technique in front of participants. (ex. handwashing, how to take off contaminated aprons, how to clean contaminated floors etc.)</p> 	<p>Demonstration</p> <div style="border: 1px solid blue; border-radius: 15px; padding: 5px; margin-top: 10px;"> <p>“Demonstration” helps participant to review what they have just learned(heard) and have clear information.</p> </div>
3	<p>Participants practice the techniques and receive advice from a presenter.</p> 	<p>Practical</p> <div style="border: 1px solid blue; border-radius: 15px; padding: 5px; margin-top: 10px;"> <p>“Practical” reveals what they can do and what they cannot .</p> </div>
	   	

4	<p>Participants check the performance each other and teach others when necessary.</p> 	<p>A learner "Teaches" others</p>
---	---	-----------------------------------



To **"teach"** others is the effective way of learning. It requires comprehensive knowledge and skill.

c) Topic: **Communication**

No.	Contents	Teaching methods
1	<p>A presenter explains "communication" using slides.</p>	<p>Class-room style</p>
2	<p>Divide participants into small groups. Give participants short conversation scenarios. Ask volunteers to role-play. (Example of scenarios: Conversation between; -patient and nurse -doctor and nurse -worker and nurse -nurse(senior) and nurse(junior) etc.)</p>	<p>Group work Role-play</p>
3	<p>Discuss problems and how to solve it. Make comments on good points.</p> 	<p>Group work Discussion</p>



"Role-play" helps participants to recall daily activities and see it from objective point of view.
"Role-play" makes easy to share problems and have discussion in a group.

Annex 3: CNE record format

Record of the Continuous Nursing Education in LGH

Date	<i>(To write down which month this CNE is for and the exact date in bracket)</i>	Starting Time		
Place		MC		
Presenting Departments		No. of participants		
Supported by				

Presentation 1

Title	<i>(To write down the full title of the presentation)</i>		
Presenter/ Department	<i>(To write down the name of the presenter and which department in the bracket)</i>	Time	<i>(Duration of the presentation including re-discussion section in minutes)</i>
Summary	<i>(To describe briefly why this topic was chosen for CNE and how the presentation was made)</i>		
Discussion	<i>(To write down the highlights of the discussion points that were raised in the presentation)</i>		

Cont. Annex 3: CNE record format

Presentation 2

Title	<i>(To write down the full title of the presentation)</i>		
Presenter/ Department	<i>(To write down the name of the presenter and which department in the bracket)</i>	Time	<i>(Duration of the presentation including the discussion section in minutes)</i>
Summary	<i>(To describe briefly why this topic was chosen for CNE and how the presentation was made)</i>		
Discussion	<i>(To write down the highlights of the discussion points that were raised in the presentation)</i>		

Presentation 3

Title	<i>(To write down the full title of the presentation)</i>		
Presenter/ Department	<i>(To write down the name of the presenter and which department in the bracket)</i>	Time	<i>(Duration of the presentation including the discussion section in minutes)</i>
Summary	<i>(To describe briefly why this topic was chosen for CNE and how the presentation was made)</i>		
Discussion	<i>(To write down the highlights of the discussion points that were raised in the presentation)</i>		

Cont. Annex 3: CNE record format

Results of the feedback system
<ul style="list-style-type: none">● Results of the voting
<ul style="list-style-type: none">● Comments/suggestions/requests from participants
Findings and way forwards
<i>To write down the findings of this CNE and way forwards for the next CNE, and to note down any other business (if there is)</i>

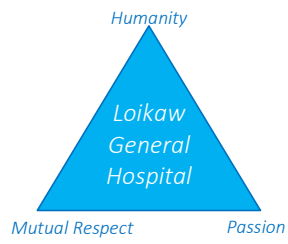
Attachment

1. Participant lists
2. Presentation handouts

(To attach the above documents together with this 3 pages)

Recorded By

14. 産前/産後健診での保健教育のコンセプトペーパー



Loikaw General Hospital

Effective Health Education in ANC and PNC

Concept paper

October 2018

Mission statement of the Loikaw General Hospital

Our Mission

We are dedicated to improving the quality of life of the people in the state through providing competent medical services and cooperating concerned stakeholders.

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To become a national-showcase hospital which enjoys desirable level of both customers' and providers' satisfaction.

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we serve the state, and
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1. Background

Safe motherhood and childbirth are essential for a family. Well-being of mothers and newborns requires not only accessible and affordable health services but also people's knowledge and care-seeking. Accordingly, antenatal and postnatal cares shall not be mere check-ups. An effective health education must be an indispensable part of them. Yes, health staff is responsible to clients for an instruction of good knowledge.



Actually, the obstetrics and gynaecology ward of the Loikaw General Hospital puts an importance on the health educations in the antenatal care (ANC) and post-natal care (PNC). This paper summarizes the recent trials in the ward and suggests the further steps of improvements.

2. Outlines of current ANC and PNC

2.1 Antenatal care

The ward conducts ANC on every Wednesday. Characteristics of clients are:

- Majority is Loikaw residents, while some are from Demawso, Phruso and some townships of Shan State which are close to Loikaw,
- Relatively young (20-24),
- Half of them come along with their husbands,
- Half of them are primipara, and
- Most of them wishes to have delivery at the Loikaw General Hospital.

The basic examination by nurses after the registration include vital signs, general measures, urine pregnancy test, and urine albumin test. And then, gestational ages are calculated.

Pre-test counselling for PMCT by medico-social workers is given by means of group discussion at the first visit. Husbands are included if they come together. At the follow-up visit, post-test counselling is given to a client whose test result is positive.

Nurses conduct a small session of health education, and the senior consultant surgeon gives an interactive group session. In the small session, nurses use and-made flip charts, printed pamphlets and other available materials. In addition, a role-play by ward staff is being tried once a month in the group session.

Doctors' examination include history taking, physical and abdominal examinations. They write necessary prescriptions and lab requisition. When clients go out of examination rooms, nurses provide prescribed treatments and lead clients to laboratory tests reminding them to bring the results at next visits.

2.2 Post-natal care

PNC is conducted on Monday. Clients are those who had children-births at the Loikaw General Hospital. Clients bring their record books given at their discharges.

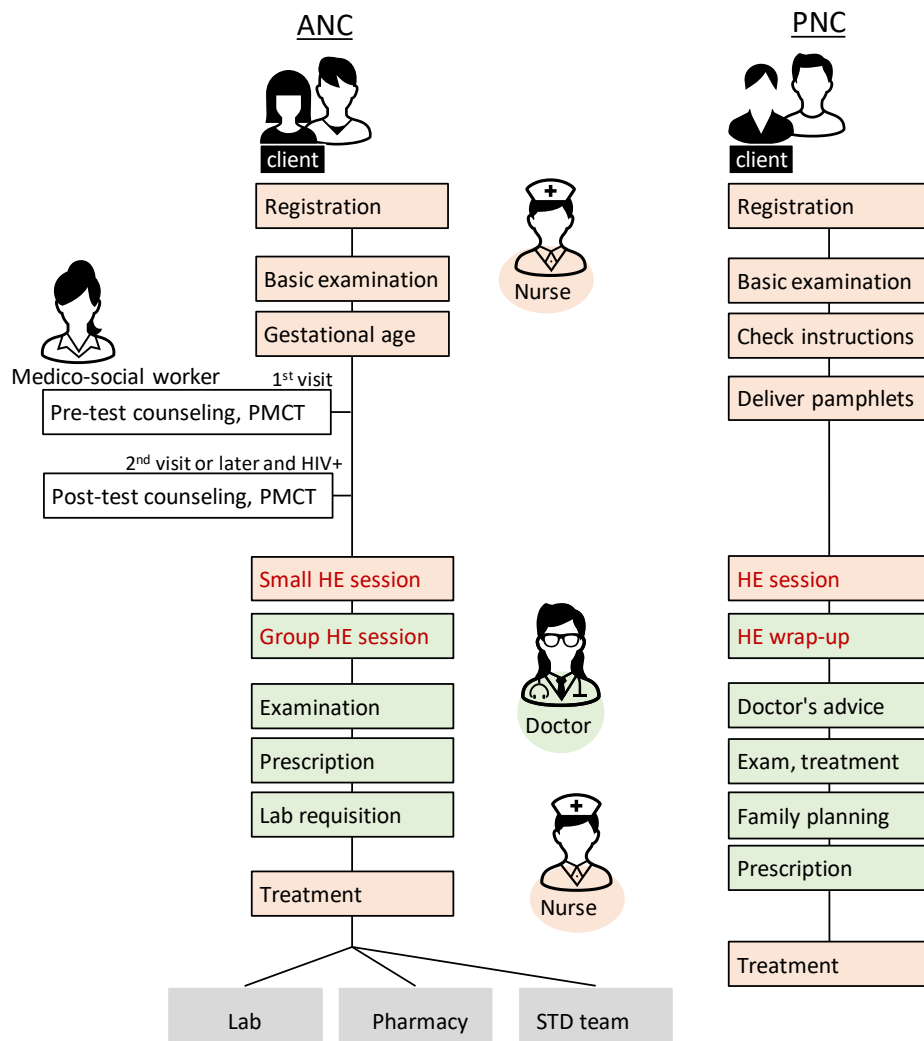
An instruction by a doctor is sometimes written on the record book.

The basic examination by nurses are tests of blood pressure and heart rate. Those results are added in clients' record books. Nurses check and follow doctors' instructions written in clients' record books.

Nurses provide pamphlets and conduct a health education and the senior consultant surgeon summarizes main points interactively.

Doctors give their advices on the general wellness of mother and child, and explanations of possible complications after delivery. Also, doctors examine post-natal conditions and write necessary prescriptions. When clients wish, family planning services are available as a part of PNC.

When clients go out of examination rooms, nurses provide prescribed treatment and remind clients dates of next visits.



Flows of ANC and PNC

2.3 Current trials

The ward has made efforts to present effective educations in a client-friendly manner. During June-July and October-December 2017, total 108 ANC clients were interviewed and their profile was grasped. During 2017 to 2018, the interactive health talks with hand-made materials and original role-plays were tried in the ward.



Interviews of ANC clients suggested a possibility that the ward can be a place to disseminate important health information directly to younger generation wishing institutional deliveries, and indirectly influence other people in the community through the clients.



Health staff, having less background of drama and painting, earnestly worked on playbook, flip chart and others. Nursing students also enjoyed the work.



*Don't laugh.
You know, we'll be
playing a drama
tomorrow.*

Rehearsal of role-play



The nurses' hand-made flip charts widened topics in the small session of health education by nurses.



The interactive session by SC showed the importance of good communication with clients.



Young husbands are easily involved

The role-play with an original playbook.



A memorable curtain call after the first performance of role-play.

Through these trials, several effects have been envisaged, and the positive influences can be expected if the good health education is continued in the obstetrics and gynaecology ward of the Loikaw General Hospital.

Expected effects of good health education in ANC/PNC

- More frequencies and continuation of ANC/PNC visits after clients and their husbands understand the significance of ANC/PNC,
 - Influence to their families, relatives and communities,
 - More opportunities for young staff of the hospital to recognize the importance of good communications with patients and their families, and
 - Practical training of nursing students on the significance of ANC and PNC.
-

3. Steps forward

The current trials have brought interesting effects. It is recommended to make their health education more systematic, and to continue it as a routine work of the Loikaw General Hospital which contributes the improvement of the people's quality of life in the state.

A most important key-factor in this regard is topics of health education of ANC and PNC. Basic topics shall be determined so that quality of education will not be changed even if a staff changes or whoever presents a health talk. Approaches they have experienced and tools they have developed will be made best use hereafter.

A prerequisite is willingness of the ward staff. The significance of health education must be shared among senior and junior staff in the ward. Everyone must understand the health education is not somebody's volunteer work but a part of her/his duty in the obstetrics and gynaecology ward of the Loikaw General Hospital, which pursues good quality of life of the people in the state.

3.1 Standard set of topics

Generally, breast-feeding, personal hygiene, nutrition, complications of pregnancy, significance of ANC/PNC, safe delivery, family planning and general wellness of mother and child can be explained during ANC/PNC. Actually, these are main topics of the health educations of ANC/PNC of the obstetrics and gynaecology ward of the Loikaw General Hospital. The contents of a day, however, differs currently by speaker. It is recommended to decide a standard set of topics so that adequate knowledges are constantly provided to every client.

The standard topics can be renewed later depend on better/less understandings by clients, changes of people and communities around the Loikaw General Hospital, and other events which influences maternal and child health in the state.

It is not a complicated work. For instance, topics and points, as shown in the

following example, can be determined by the senior/junior consultants with their subjective. And then, those topics and points shall be shared with all the doctors and nurses in the ward and details shall be discussed. The set of first topics can be fine-tuned till it becomes a standard contents of health education in ANC/PNC.

Example of selecting topics and points

Service	Topic	Points	
ANC	Breast-feeding	- Benefit for baby	
		- Benefit for mother	
		- How to initiate breastfeeding	
		- Support by family members	
	Nutrition during pregnancy	- Green vegetables with important nutrients: folic acid, vitamin, calcium, iron	
		- Other recommended food: seaweed, soy bean, mushroom, banana	
		- How to deal with morning sickness	
		- Caution	
	Personal hygiene	- General hygiene	
		- Dental health during pregnancy	

3.2 Approach

The current trials have proved an effectiveness of education in a style of entertainment (enter-education) such as a role-play. It has been learned that the important is not a style of drama but a cheerful atmosphere. A group session, especially, shall start with a charming 'ice break'. Any staff who has some talent of making people relaxed shall be selected as an icebreaker, regardless her/his title, position or job category.

3.3 Tools

Available materials can be used. A good material can be found among those made by the department of public health.

A flip chart is convincing not because of 'good workmanship' but because of warm message by hand-drawings of health staff.

3.4 Monitoring

It is preferable to monitor the effectiveness of education. For instance, a simple questionnaire to ask a client if she understand well each topic can be used.

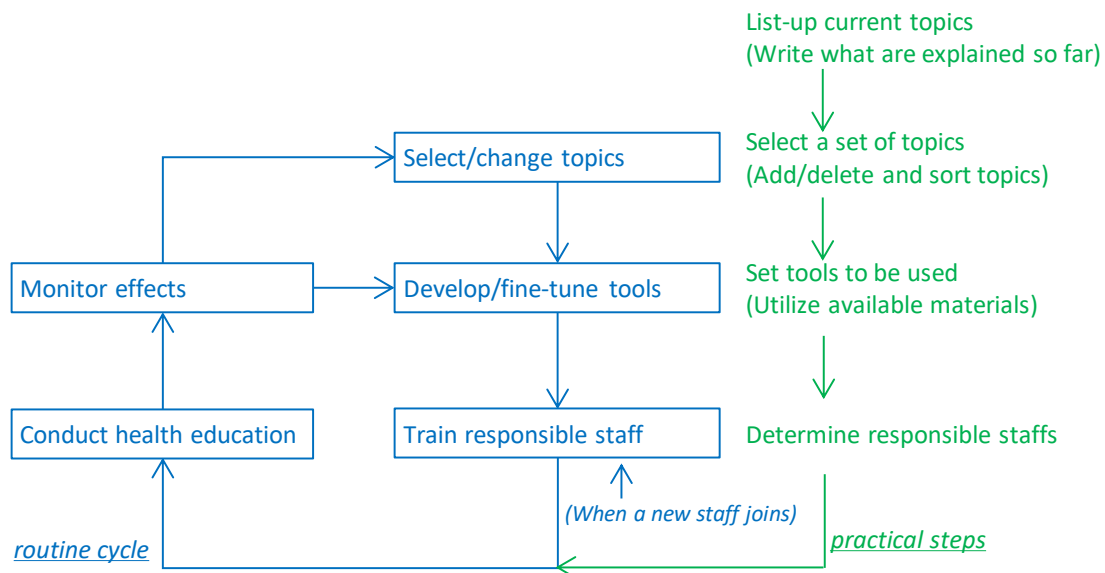
3.5 Enjoyable education

Sometimes the health education will be a burden of the staff. Their burden must be mitigated through:

- Not to force a shy staff to talk in the session or act in the role-play, finding a person with some talent, good at talking to an audience for example, in and around the ward. Nurses of other wards or nursing students can be candidates.
- To build a good team work. Everyone joins doing what she/he can do without heavy burden. Pamphlet can be made by staff who are good at drawing, role-play properties can be prepared by those who love handicraft.
- To create an atmosphere that all the staff enjoy the health education in the ward, chatting with young wives and husbands about healthy lives.

3.6 Continuous improvement

The activity of health education shall be continuously improved. A cycle management shall be practiced. After a set of topics is practically selected, the ward has better make it a routine: an experienced staff trains a new staff how to conduct the health education effectively, constantly continue health education, monitor effects, update topics and/or tools as shown below.



Practice of cycle management

4. Potential of health education at a hospital

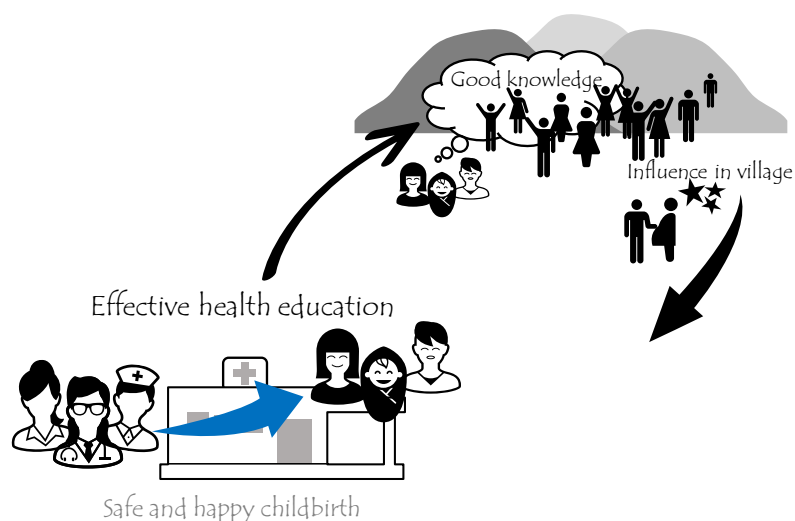
Generally, people think a hospital is a place of medical care, and they seldom think of good health education there.

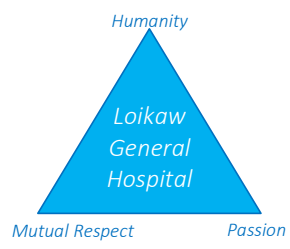
In a state like Kaya, however, it is worth attempting an influence of a hospital's health education to rural people in the state. A person feels friendly to a hospital when he/she receives a good treatment by warm staff. Such a personal experience makes him/her practice an adequate care-seeking for his/her family after that. Such an experience of a family can be shared with neighbouring families in a remote village, where they have less information from the outside. A state general hospital can be a source station of people's such network of health knowledge.

The recent trials of health education in a style of entertainment (enter-education) in the Loikaw General Hospital has suggested:

- Friendly communication in a warm atmosphere mitigates a language problem.
- Style of entertainment relaxes patients and make patients' families be involved.
- Especially, the clients of ANC are relatively younger wives with their husbands who are going to have the first child. Although people have preferred home deliveries for long in Myanmar, the clients wish delivery at hospital being aware of its advantage to some extent. They say that is why they visit the Loikaw General Hospital to receive ANC. Why not make them understand more, so that they can explain their families and friends.

For all these reasons, it is recommended that the obstetrics and gynaecology ward continues its clients-friendly health education, that the effects will be shared with other departments of the Loikaw General Hospital, and that the hospital keeps giving better influence on the people's health as a hospital belonging to the state, serving the state and growing with the state.





15. 5S 活動のマニュアルとツール

15-1 M&E ツール

15-2 5S 活動実施記録

15-3 5S マニュアル

15-4 5S-KAIZEN-TQM 紹介セミナー実施記録

5S Activity Monitoring & Evaluation Tool

Health Facility: _____

Department / Ward: _____ Unit / Area: _____

Supervisors: _____ Date: _____

1. Leadership: Dedication of In-charge to 5S-KAIZEN-TQM

(1) The person(s) in charge of department / ward has its own work plan of 5S-KAIZEN-TQM.

Ask the person(s) in charge of department / ward to show you the work plan if they have developed it and make sure their objective is stated in the work plan.

Note that 5S activity itself is not the objective but the means.

The person(s) in charge of department / ward has not developed a work plan for the current fiscal year.	0
The person(s) in charge of department / ward has developed a work plan for the current fiscal year, but any action has not been taken.	1
The person(s) in charge of department / ward has developed a work plan for the current fiscal year, but the activities are behind schedule.	2
The person(s) in charge of department / ward has developed a work plan for the current fiscal year and the activities are going on as scheduled.	3

(2) The people who have responsibility for the department / ward hold meetings regularly.

There are no minutes observed.	0
The people who have responsibility for the department / ward have held a meeting once a month or less and the minutes are kept.	1
The people who have responsibility for the department / ward have held a meeting every two weeks and the minutes are kept.	2
The people who have responsibility for the department / ward have held a meeting weekly and the minutes are kept.	3

(3) Orientation and training on 5S-KAIZEN have been conducted in the ward, dept. and unit.

The person(s) in charge of department / ward has not conducted orientation/training on 5S.	0
The person(s) in charge of department / ward has disseminated 5S concept.	1
The person(s) in charge of department / ward has disseminated 5S concept, and has been conducting on the job training (OJT) on 5S.	2
All the staff in the dept./unit has been trained on 5S by WIT.	3

(4) 5S-KAIZEN-TQM guidelines, 5S handbook and other relevant materials (e.g. hand-outs of 5S training) are available in the ward, dept. and unit.

No documents are observed.	0
The documents are available, but the access is limited (kept by some staff only).	1
The documents are available for all staff.	2
The documents are available for all staff and manuals/training materials on 5S-KAIZEN-TQM have been developed on their own.	3

Findings/Way forward

2. Sort: Status of clutters and unnecessary items in the health facility

(1) Clutters and unnecessary items are removed from the workplace.

Mass of clutter and unnecessary items are found.	0
Clutter and unnecessary items are found to some extent.	1
Clutter and unnecessary items exist but hardly found.	2
No Clutter and unnecessary items are found at all.	3

(2) Old posters and notices are removed from the walls and notice boards.

Many old posters and notices remain on the walls and notice boards.	0
Some old posters and notices are still on the walls and notice boards.	1
No old posters and notices are on the walls and notice boards.	2
Old posters and notices are all removed in accordance with instructions shown on the notice boards.	3

(3) Waste segregation is properly implemented.

(Open and) Observe the inside of some bins for non-infectious wastes.

Also check whether proper colours (colour coding) are used for bins and bin liners or not.

Infectious wastes are disposed in the bins.	0
Infectious wastes are rarely disposed in the bins, but proper colours are not used.	1
Infectious wastes are rarely disposed in the bins, and proper colours are used. OR Infectious wastes are not disposed in the bins at all, but proper colours are not used.	2
Infectious wastes are not disposed in the bins completely and proper colours are used.	3

Findings/Way forward

3. Set: Status of orderliness of necessary items in the health facility

(1) "Easy to see, easy to takeout and easy to return" principle is applied to arrange all items (orderliness).

Observe how the items (equipment, files, tools etc.) are arranged (e.g. top of desks, inside drawers/cupboards, top of trolleys etc.). You can ask staff "Can you tell us how to use these items?" "Which one do you use most frequently?" to see the workflow.

Items remain untidily without orderliness.	0
Items are arranged tidily, but the workflow is not considered.	1
Items are arranged tidily, and the workflow is considered.	2
Items are arranged according to "easy to see, easy to take out and easy to return" principle and the workflow is well considered.	3

(2) Items are aligned with respect to X- and Y- axes and/or parallelism.

Observe and check the arrangement of items (e.g. tools and equipment on working bench, furniture and papers & posters on notice boards) are aligned with respect to X- and Y- axes and/or parallelism.

No alignment is observed.	0
Items are aligned only at limited area.	1
All the items are aligned.	2
All the items are aligned with 5S tools e.g. line setting and zoning.	3

(3) Zoning is used to fix appropriate home positions of items.

Zoning is not used at all.	0
Zoning is used for limited items.	1
Zoning is made good use of, but items' functions are not well considered in relation to the home positions.	2
Zoning is made good use of, and items' functions are well considered in relation to the home positions.	3

(4) Colour coding, alphabetical coding, numbering, labelling and symbols are used for differentiation, categorization and grouping.

No Labelling and others are used anywhere.	0
Labelling and others are used at limited areas.	1
Labelling and others are used at all area, but not standardized. OR Labelling and others are used at limited area, but standardized.	2
Labelling and others are used at all areas in standardized manner.	3

(5) Signboards/door plates/maps are displayed for the convenience of visitors to reach specific area of the facility.

No Signboards/door plates/maps are observed anywhere.	0
Signboards/door plates/maps are displayed to some extent.	1
Signboards/door plates/maps are displayed to indicate all the necessary information, but not standardized.	2
Signboards/door plates/maps are displayed to indicate all the necessary information in standardized manner.	3

Findings/Way forward

4. Shine: Status of cleanliness in the health facility

(1) Floors, walls, windows, toilets and changing rooms are clean.

Dirt, rubbish, medical waste (incl. used cotton, plaster etc.), water and bloodstains are frequently seen at multiple spots.	0
Only a little or NO dirt, rubbish, medical waste, water and bloodstains are seen, but the room/toilet smells bad.	1
Only a little of dirt, rubbish, medical waste, water and bloodstains are found, and the room/toilet doesn't smell bad at all.	2
Dirt, rubbish, medical waste, water and bloodstains are NOT seen at all, and the room/toilet doesn't smell bad at all.	3

(2) Appropriate cleaning tools are available and stored properly.

Appropriate cleaning tools are not available at all.	0
Appropriate cleaning tools are available but stored not in order.	1
Appropriate cleaning tools are available and stored on hangers OR with labels.	2
Appropriate cleaning tools are available and stored on hangers with labels.	3

(3) Cleaning checklist is used to make sure the work place is properly cleaned.

Ask whether the cleaning checklist is used or not and observe how it is used. Checklist should be checked by cleaning staff and supervised by responsible person e.g. in charge.

Cleaning checklist is not used at all.	0
Cleaning checklist is used occasionally.	1
Cleaning checklist is used daily basis.	2
Cleaning checklist is used daily basis and supervised by In charge.	3

Findings/Way forward

5. Standardise: Establishment of norm and mechanism to maintain the status of Sort, Set and Shine in the health facility

(1) Checklist is used for maintaining the status of S1-3 (sort, set and shine).

Ask the ward sister and the senior consultant in department / ward whether the checklist for S1-3 is used and observe how it is used.

Checklist for S1-3 is not used at all.	0
Checklist for S1-3 is used but not regularly.	1
Checklist for S1-3 is used regularly as scheduled.	2
Checklist for S1-3 is used regularly as scheduled and supervised by In charge/QIT.	3

(2) Procedure manual/SOP (Standard Operating Procedures) is available for S1-3 including user's maintenance of equipment.

Ask whether a procedure manual/SOP is available or not. Observe where they are kept if available. These documents should be S1-3 e.g. maintenance of machines, storage of files/records, arrangement of equipment/furniture/medicine

Procedure manual/SOP is not available at all.	0
Procedure manuals/SOP for a few operations are available but the access is limited (kept by limited staff only) OR kept apart from equipment.	1
Procedure manuals/SOP for a few operations are available for all.	2
Procedure manuals/SOP for all the necessary operations regarding S1-3 are available for all.	3

(3) Photos are used as evidence of 5S activities.

No photos have been taken.	0
Photos have been taken but not displayed (kept in PC/camera or printed ones are kept in the file).	1
Photos have been taken occasionally and displayed but are not up-to-date.	2
Photos have been taken periodically and displayed to show the progress.	3

Findings/Way forward

Monthly Record of 5S Activities (S1 – S3) in ward/department

example

Department / Ward: _____ WIT Leader _____ Month _____ / 20____

Date	Record of activities	Suggestions / comments from 5S trainers
S1 : Sort To remove clutter and unnecessary items from the workplace		
3. 9. 2018 5. 9. 2018	Removed old posters from the notice board. Out-of-order equipment was moved to ward storage.	There are some empty boxes on the cupboard at cupboard in nurse room
	<div style="border: 1px solid blue; border-radius: 15px; padding: 10px; width: fit-content; margin: 0 auto;">Fill in the activities done in this column.</div>	<div style="border: 1px solid blue; border-radius: 15px; padding: 10px; width: fit-content; margin: 0 auto;">The 5S trainer fills in any findings, suggestions and/or recommendations in the supervision.</div>
S2 : Set To organize everything needed in proper order for smooth operation		
6. 9. 2018 12. 9. 2018	The location of the emergency trolley was decided and zoned by green tape. Mini containers are needed for sorting medicine of the ward's cabinet.	Mini containers can be prepared with using the empty plastic bottles. Please refer to the examples of MRC ward.
	<div style="border: 1px solid blue; border-radius: 15px; padding: 10px; width: fit-content; margin: 0 auto;">Challenges and request can be filled in.</div>	<div style="border: 1px solid blue; border-radius: 15px; padding: 10px; width: fit-content; margin: 0 auto;">The 5S trainer provide constrictive feedback. (bad example) "You can use available resources"</div>
S3 : Shine To keep cleanness in the workplace		
10. 9. 2018	Cleaning tools of the ward's toilet were broken.	The 5S trainer will consult with MS on the cleaning tools.
		<div style="border: 1px solid blue; border-radius: 15px; padding: 10px; width: fit-content; margin: 0 auto;">One of the important role of the 5S trainers is to bridge the management and ground level (ward/department).</div>

Minutes of the WIT Meeting

Meeting Date	Topics Discussed / Recommendation and Solution
28. 9. 2018 (2pm-2:30pm)	<ul style="list-style-type: none"> - Shared the progress of 5S activities - Not all the staff at ward have fully understand the 5S activities yet. <ul style="list-style-type: none"> → The WIT Manager will conduct 5S seminar for all the nurses and staff at the ward (10th October) - Items on the emergency trolley is not well sorted <ul style="list-style-type: none"> → The WIT team will sort and set on the emergency trolley (12th October)
	<div style="border: 1px solid blue; border-radius: 15px; padding: 10px; width: fit-content; margin: 0 auto;">WIT meeting is important to continue the momentum of work environment improvement at department/ward. Fill in the identified problems, solutions for the problem, and plan of remedial actions, etc.</div>

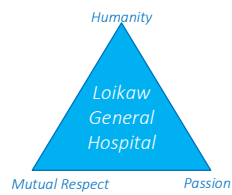
Monthly Record of 5S Activities (S1 – S3) in ward/department

Department / Ward: _____ WIT Leader _____ Month _____ / 20____

Date	Record of activities	Suggestions / comments from 5S trainers
S1 : Sort To remove clutter and unnecessary items from the workplace		
S2 : Set To organize everything needed in proper order for smooth operation		
S3 : Shine To keep cleanness in the workplace		

Minutes of the WIT Meeting

Meeting Date	Topics Discussed / Recommendation and Solution



Loikaw General Hospital

5S-KAIZEN-TQM

Implementation Guide

Ver. 1, October 2018

Mission statement of the Loikaw General Hospital

Our Mission

We are dedicated to improving the quality of life of the people in the state through providing competent medical services and cooperating concerned stakeholders.

Our Vision

To become a national-showcase hospital which enjoys desirable level of both customers' and providers' satisfaction.

Our Motto

We belong to the state,
we serve the state, and
we grow with the state.

Our core values are;

HUMANITY

We keep mind of kindness, hospitality, compassion and empathy,

PASSION

We keep passion for work, sustain good practices and pursue further improvement, and

MUTUAL RESPECT

We cultivate mutual respect with all regardless of race, birth, religion, official position, status, sex and wealth.

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1. Introduction

The Ministry of Health and Sports has put utmost effort on achieving Myanmar's Universal Health Coverage as its priority. For accomplishing the goal, which is still far distant, it is essential for all the concerned stakeholders to take part their own required role in most effective and efficient way to move forward step by step. Based on this idea, the Loikaw General Hospital had clarified its mission, vision and core values and implemented several activities to achieve the organizational goals. Now, the hospital plays prominent roll to improve the quality of life of people through providing competent medical services with pursuing desirable level of both customers' and providers' satisfaction.

In order to achieve its mission and vision, the hospital adopted the 5S-KAIZEN-TQM approach with the support of the MOHS/JICA Health System Strengthening Project (MJHSSP) in 2017. The 5S-KAIZEN-TQM is a stepwise approach which enables organizations to improve/strengthen its managerial areas and quality of products and services created.

5S:

Work environment improvement through activities of "Sort-Set-Shine-Standardize-Sustain"

KAIZEN:

Continuous quality improvement through participatory problem-solving process

TQM (Total Quality Management):

Managerial effort to achieve organizations' mission and vision with utilizing results, evidence and information which were gained in 5S and KAIZEN efforts.

After the approach was introduced, many visible changes have been observed at every corner of the hospital. The hospital areas are kept clean, items at wards are neatly sorted, unused equipment and materials are eliminated from the work places and so on. Remarkably, hospital staff's mindset became more positive on their work. Also, some KAIZEN activities have been implemented in the selected area.

These positive changes were widely introduced to the Ministry of Health and Sports and health delegates from other state/regions through the observation visit to Kayah. Now the Loikaw General Hospital is regarded as the show-case which improves hospital administration with utilizing 5S-KAZEN-TQM approach. Therefore, it is expected that the Loikaw General Hospital will continue the good momentum with every staff's engagement and commitment. All the staff of the hospital are required to understand the concept of 5S-KAIZEN-TQM approach and pursue further improvement to achieve hospital's mission and vision.

With this regard, this document is prepared to provide the basic concept of 5S-KAIZEN-TQM approach and current implementation structure at the Loikaw General Hospital.

2. Basic concept of 5S-KAIZEN-TQM

2.1 Concept of the 5S-KAIZEN-TQM

5S-KAIZEN-TQM is a stepwise approach which enables organizations to improve/strengthen its managerial areas and quality of products/services in order to achieve the organizational mission and vision. “5S” (Sort, Set, Shine, Standardize and Sustain) activities makes improved work environment and forms highly motivated team. “KAIZEN” is a Japanese word which simply means continuous quality improvement through participatory problem-solving process. And “TQM” (Total Quality Management) is managerial effort to achieve organizational mission and vision with utilizing results, evidence and information gained in 5S and KAIZEN efforts. Through these three steps, the hospital become able to create social values namely (1) products (= various hospital services including medical services), (2) customer satisfaction and (3) provider satisfaction which are essential to achieve organizational mission and vision.

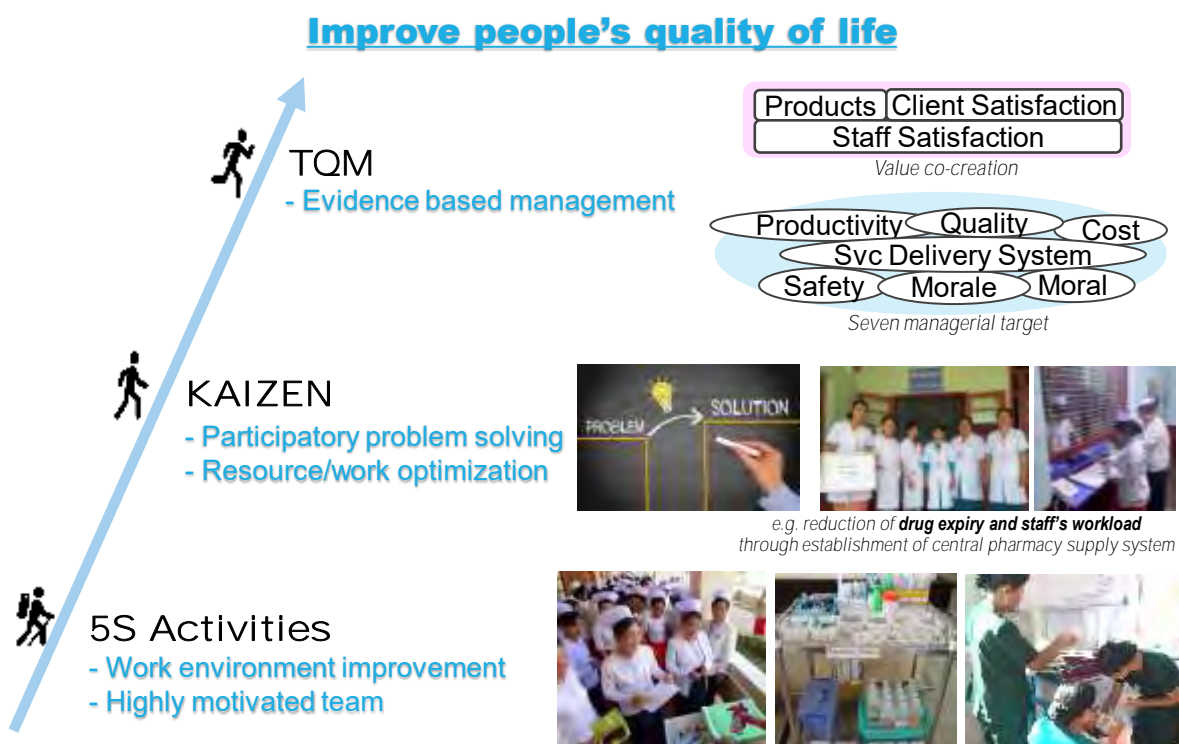


Figure 1. Conceptual diagram of 5S-KAIZEN-TQM

2.2 What is 5S?

5S is the set of principles of work environment improvement derived from the Japanese words seiri, seiton, seiso, seiketsu, and shitsuke. In English the five Ss are respectively described Sort, Set, Shine, Standardize, and Sustain.

These principles focus on creating effective work place starting from physical environment and gradually to functional aspects by reducing waste and non-value activities. 5S Principles are your reliable instruments to make a break-through in improving your work environment and staff attending various types of jobs in the hospital. This is not just a concept but also a set of actions which have to be conducted systematically with the full participation of all hospital staff.

Table-1. Definition of 5S

1	Sort	To remove clutter and unnecessary items for your work process in the workplace <i>(Separation and Removal)</i>
2	Set	To organize everything needed in proper order for smooth operation in the workplace <i>(Orderliness)</i>
3	Shine	To keep cleanness in the workplace <i>(Cleanliness)</i>
4	Standardize	To set up mechanisms to maintain the level of "Sort, "Set" and "Shine" <i>(Make S1~S3 as a system)</i>
5	Sustain	To maintain the "Sort", "Set" and "Shine" with mechanisms functioned to "Standardize", as a result of keeping discipline <i>(Self-Discipline)</i>

5S activities require less resources to be implemented, and they bring visible changes at workplaces in short period. Therefore, the staff involved in the 5S activities can easily feel the success and this greatly improve the staffs' motivation and facilitate to unite the strong team in the hospital.

(See Annex 1)

2.2 What is KAIZEN?

Origin of the term, KAIZEN is a Japanese word implying "Change for the better" or "Improvement".

In management, it generally means "continuous cost reduction" and "improving quality and safety" by reducing delivery time. KAIZEN is a team-based improvement activity, in which every process can and should be continually monitored and improved. Nobody knows everything, but everybody knows something. So, team-work minimizes the weakness of individual and enhances the strength of each individual as well as the team. If KAIZEN is applied to a workplace, the activity on site comes to be a process for continuous improvement involving everyone regardless the difference in position or rank, manager or worker.

Table-2. Key factors of KAIZEN activities.

<ul style="list-style-type: none"> ● Receptiveness: Creating a receptive environment for ideas is one of the important keys to successful KAIZEN. Every health staff is encouraged to come up with an idea for making the situation better, accepting changes and suggestions. ● Implementation/practice: Taking immediate actions for improvement is one of the important keys to successful KAIZEN. The health workforces are encouraged to implement their ideas for small improvement. ● Recognition: Small KAIZEN helps to eliminate or reduce waste, promote personal growth of employees and the organisation, provide guidance for employees, and serve as a barometer of leadership. ● Cumulative Impact: Each KAIZEN may be small, but the cumulative impact is tremendous. Therefore, continuation of KAIZEN activities is one of the important keys.
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As listed in Table-2, KAIZEN is a process to minimize the following three categories of unwanted conditions for health services expressed by Japanese words: “Muri” (over burden), “Muda” (waste of time/resources) and “Mura” (irregularities). “Muri”, “Mura” and “Muda” are usually observed simultaneously. When a work process is imbalanced (Mura), it causes overburden on equipment and staff (Muri). Then these activities will not add value (Muda).

Table-3. Definition of Muri, Muda and Mura

Japanese	English	Definition
Muri	overburden	Any activities imposing irrational, unreasonable and unnecessary stress of efforts from personnel, material or equipment. Muri leads to huge mental or physical burden.
Muda	Waste of Time/resources	“Seven wastes”: overproduction, inventory (overstock or redundancy), transportation (unnecessary movement), motion (Unnecessary time to look for staff and goods, rework (due to avoidable errors), over-processing (due to misallocation of resources) and waiting (for items and tools to produce and deliver goods and services) Muda does not add values for clients.
Mura	Irregularities	Any variations leading to unbalanced situation. When workflow is out of balance and workload is inconsistent and does not comply with the standards, Mura emerges.

The KAIZEN activities are suggested to be managed with utilizing PDCA (Plan-Do-Check-Act) cycle method in order to keep the momentum of improvement in efficient and effective way. In order to realize this exercise, Special Effort Users’ Guide and its tools provide practical insight and guidance on how to actually plan, do, check and act the KAIZEN activities.

(See Annex 2)

2.3 What is TQM?

TQM (Total Quality Management) is a comprehensive and participatory approach to ensure quality of goods and services through enhancement of productivity, cost control, improvement of delivery effectiveness, safety promotion and moral establishment at both personal and organizational levels.

Table-4: 7 managerial targets

Productivity	Maximal use of the limited resources
Delivery of services	Efficiency in service provision
Cost.....	Control of expenditure
Quality	Maintaining standards of services with patients-centeredness
Safety.....	Avoiding mistakes and risks in services
Morale	Realizing highly motivated team and teamwork
Moral	Establishing work ethics

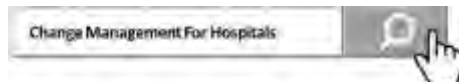
TQM is also characterized as team approach involving various levels of management and enables an organization to vitalize itself. In the health service delivery, TQM aims at embedding awareness of quality in all processes of the health facility. It involves consideration of improvement of work environment through 5S practice to enable health workers to be competent towards quality of services, followed by pursuit of improvement of work process through KAIZEN, of management of resources like financial and human resources, medical supplies and equipment and of safety issues.

For more information on the detailed concept of 5S-KAIZEN-TQM...

“Change Management for Hospitals”

Toshihiko Hasegawa & Wimal Karandagoda (2013)

Japan International Cooperation Agency (JICA)



3. Implementation structure of 5S-KAIZEN-TQM at LGH

The implementer of 5S-KAIZEN-TQM approach is every staff of the Loikaw General Hospital including general workers. The role of each person who carries out 5S-KAIZEN activities is respectively different at various levels.

To efficiently facilitate the 5S-KAIZEN activities in entire hospital, the hospital site is divided into five areas as shown in the Figure.3 (as of October 2018). The **5S manager** supervises the progress of activities in the entire hospital. 5S-KAIZEN activities conducted in each area is monitored/supported by the assigned **5S trainers**. And actual 5S-KAIZEN activities are implemented by the **work improvement teams (WIT)** which are formulated in each ward/department. And needless to say, the **top management** of the hospital has overall responsibility on 5S-KAIZEN-TQM implementation in the hospital.

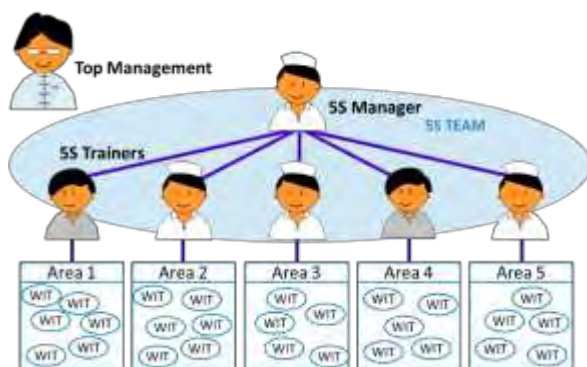


Figure 2. Structure of 5S-KAIZEN implementation and management



Figure 3. Five management areas of 5S-KAIZEN

3-1 Roles and responsibilities of 5S-KAIZEN implementer

(1) 5S Manager

5S manager oversees the progress of 5S-KAIZEN activities in entire hospital. For this purpose, 5S manager has responsibility to train the 5S trainers and make sure that they can adequately supervise the performance of WIT members at each ward/department. 5S manager is supposed to act as a bridge between top management and WIT for 5S-KAIZEN-TQM implementation. Also, the manager sometimes acts as an ambassador of 5S-KAIZEN-TQM approach of the Loikaw General Hospital.

Required Capacity

- Reliable job title and/or personality to lead the 5S-KAIZEN-TQM in the hospital
- Proper knowledge of 5S-KAIZEN-TQM principles, tools and implementation structure
- Proper knowledge of seven managerial targets
- Skill to coordinate the works of 5S trainers
- Skill to explain the knowledge and experiences to the persons outside of the hospital

(2) 5S Trainer

5S trainer's main duty is to provide necessary support and supervision for the WIT in order to make 5S-KAIZEN activities to be properly implemented at ground level. For this purpose, their main roles are; 1) providing trainings to WIT leaders and members, 2) conducting monthly supportive supervision to the WIT leaders and members, and 3) sharing the result of supportive supervision with the 5S manager and other trainers.

Required Capacity

- Reliable job title and/or personality to build good relationship with WIT leaders and members
- Proper knowledge of 5S-KAIZEN-TQM principles, tools and implementation structure
- Proper knowledge of seven managerial targets
- Basic knowledge of conditions and works at the assigned area

(3) Work Improvement Team (WIT)

The Work Improvement Team (WIT) is the main actor of 5S-KAIZEN implementation at the ground level of the hospital. Within the team, WIT leader has responsibility to facilitate the activities at his/her respective ward/department. For this purpose, the WIT leader provides instruction to the staff of the ward/department and coordinate monthly WIT meeting to confirm the progress of activities.

Required Capacity

- Willingness to implement 5S-KAIZEN practice
- Proper knowledge of 5S-KAIZEN-TQM principles and tools
- (WIT leader) Skill to facilitate implementation of 5S-KAIZEN at ward/department

(4) Top Management of the Hospital

Top management of the hospital, represented by the Medical Superintendent, is responsible for overall activities of 5S-KAIZEN-TQM as well as related human resource management such as appointing 5S manager, 5S trainers, WIT leaders.

The top management is required to encourage all hospital staff to unite to engage in the 5S-KAIZEN activities. For this purpose, one of the most important roles of the top management is to show clear objective of the hospital, with using mission and vision statements. These statements are not just interior of the room, but they are the crucial messages which should be delivered to each staff's heart. Therefore, it is recommended for the top management to repeatedly remind these statements to the hospital staff in occasions such as management

meeting, CME, CNE, interview of promotion and so on. Another important role for the top management in the 5S-KAIZEN-TQM approach is to make utmost managerial effort to achieve organizational goal with utilizing results, evidence and information which were gained in 5S and KAIZEN efforts. Otherwise, the set of 5S-KAIZEN-TQM approach is not completed at the hospital. The seven managerial targets (table-4) are the key elements for the top management to tackle in the process of TQM.

4. Management Tools for 5S-KAIZEN

Two management tools were developed in order to efficiently manage the 5S-KAIZEN-TQM activities in the hospital. Currently, these tailor-made tools are fit for the needs and situation of the Loikaw General Hospital, but it is recommended to review and make necessary revision when it is necessary.

4-1. 5S Monitoring & Evaluation Tool

This tool is utilized in the monthly supportive supervision by the 5S trainers. The purpose of this tool is to 1) monitor the progress of 5S activities implemented by WIT, 2) identify the challenges and difficulties to be overcome, and 3) clarify the way forward to tackle these challenges and way forward. The 5S trainers subsequently score the listed topics which are categorized into 6 elements (leadership, sort, set, shine and standardize) on the scale ranged from 0 (poor) to 3 (good).

(See Annex 3)

5S Activity Monitoring & Evaluation Tool

Health Facility: _____

Department / Ward: _____ Unit / Area: _____

Supervisors: _____ Date: _____

1. Leadership; Dedication of in-charge to 5S-KAIZEN-TQM

(1) The person(s) in charge of department / ward has its own work plan of 5S-KAIZEN-TQM.
 All the person(s) in charge of department / ward to show you the work plan if they have developed it and make sure their objective is stated in the work plan.
 Make that 5S activity itself is not the objective but the means.

The person(s) in charge of department / ward has not developed a work plan for the current fiscal year.	0
The person(s) in charge of department / ward has developed a work plan for the current fiscal year, but any action has not been taken.	1
The person(s) in charge of department / ward has developed a work plan for the current fiscal year, but the activities are behind schedule.	2
The person(s) in charge of department / ward has developed a work plan for the current fiscal year and the activities are going on as scheduled.	3

(2) The people who have responsibility for the department / ward hold meetings regularly.

There are no minutes observed.	0
The people who have responsibility for the department / ward have held a meeting once a month or less and the minutes are kept.	1
The people who have responsibility for the department / ward have held a meeting every two weeks and the minutes are kept.	2
The people who have responsibility for the department / ward have held a meeting weekly and the minutes are kept.	3

(3) Orientation and training on 5S-KAIZEN have been conducted in the ward, dept. and unit.

The person(s) in charge of department / ward has not conducted orientation/training on 5S.	0
The person(s) in charge of department / ward has disseminated 5S concept.	1
The person(s) in charge of department / ward has disseminated 5S concept, and has conducting on the job training (OJT) on 5S.	2
All the staff in the dept./unit has been trained on 5S by WIT.	3

(4) 5S-KAIZEN-TQM guidelines, 5S handbook and other tool are available in the ward, dept. and unit.

No documents are observed.	0
Documents are available in the ward, dept. and unit.	1

Figure 2. 5S Monitoring & Evaluation tool

4.2 Monthly record of 5S activities (S1 – S3) in ward/department

This tool is utilized by the WIT members at each ward and department. The purpose of this tool is to 1) record the progress of 5S activities implemented at each ward/department, 2) identify challenges and difficulties and 3) record the minutes of the WIT monthly meeting. The WIT members fill in this tool on daily basis and the 5S trainers confirm it when the monthly supervision is conducted.

(See Annex 4)

Monthly Record of 5S Activities (S1 – S3) in ward/department	
Department / Ward	WIT Leader
	Month / Year
S1 - Sort	To remove clutter and unnecessary items from the workplace
S2 - Set	To organize everything needed in proper order for smooth operation
S3 - Shine	To keep cleanliness in the workplace
Minutes of the WIT Meeting	
Meeting Date	WIT Encourager / Recommended by and verified

Figure 3. Monthly record of 5S activities (S1 – S3) in ward/department

4.2 Recommendation

As repeatedly mentioned, the 5S-KAIZEN-TQM is inclusive and participatory approach. This idea should be clearly shared with all the hospital staff in order to unite to tackle the problems exist in the hospital. This participatory process creates more positive atmosphere at workplaces and truly motivated teams in the hospital. The top management is required to encourage and support the 5S-KAIZEN implementers at the hospitals. They need to observe the changes created in the hospital and praise the outputs and efforts of those changes. At the same time, the 5S-KAIZEN implementers should widely report and share the result of activities and good practices, even they are small changes. For this purpose, using SNS effectively is recommended.

Lastly, most important thing is that every staff keeps the good will toward achieving the hospital's mission and vision. So that, the momentum will be continued, and the hospital will become more and more attractive for both customers and providers.

Annexes

1. 5S Flip Cart
2. The Special Effort: User's Guide
3. 5S Monitoring & Evaluation Tool
4. Monthly record of 5S activities (S1 – S3) in ward/department

Annex1 5S Flip Cart



1

5S ဆိုတာ ဘာလဲ?

	Japanese	English	Myanmar
S-1	Seiri	Sort	စီစဉ်
S-2	Seiton	Set	စီစဉ်
S-3	Seiso	Shine	စင်ဆေး
S-4	Seiketsu	Standardize	စနစ်
S-5	Sitsuke	Sustain	စွဲမဲ

2

1. SORTING (စီစဉ်)

- Remove unused stuff from your venue of work and reduce clutter. (Removal / organization)

- မလိုအပ်သော ပစ္စည်းများကို အားလုံးလုံး ဖယ်ရှားပစ်ခင်း ဝိုင်းဝန်း ရှေးပြန်မှုများကို လျော့ချပစ်ခင်း။

3

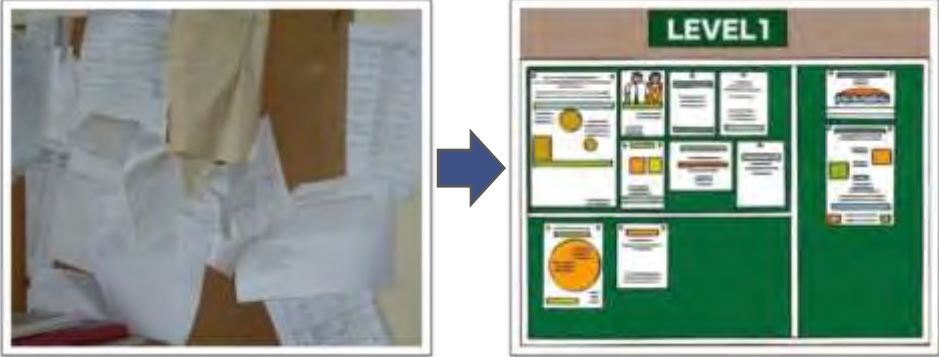


4

1. SORTING (စီစဉ်)

မလိုအပ်သောအရာများကို ဖယ်ရှားပါ

- မလိုအပ်သော မွှားနှုတ်ကားခွက်များ ပိုမိုတမ်းအား ဖယ်ရှားခြင်း



5

2. SETTING (စီစဉ်)

- Organize everything needed in proper order for easy operation. (orderliness)
- လိုအပ်သောပစ္စည်းများအား အလှည့်က ယူငှသုံးပြီး ဝန်ဆောင်မှုပေးရန် အစီအစဉ်ကို ထားရှိခြင်း (အစီအစဉ် ပြုစုစေခြင်း)

6

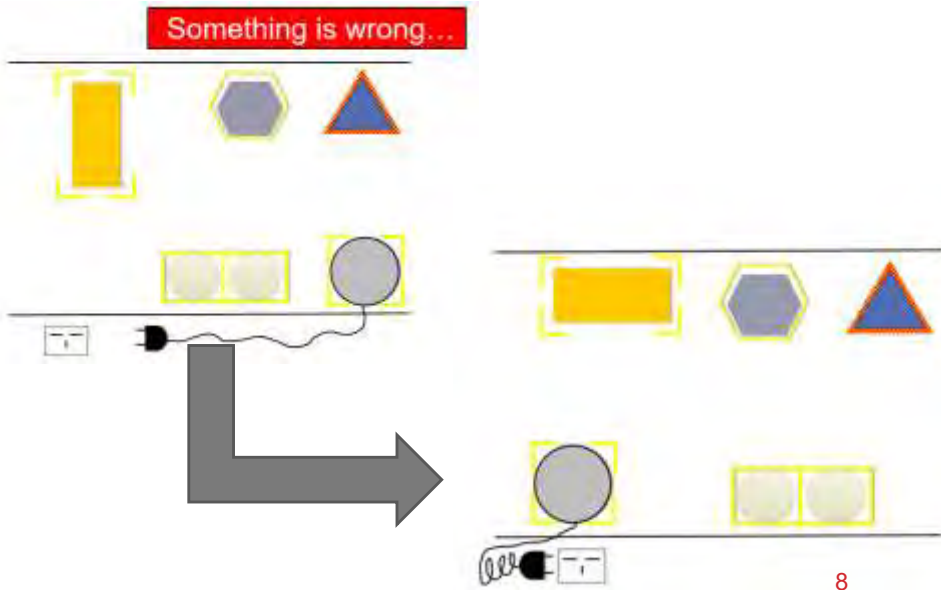
2. Setting (စီစဉ်)

S2:
နေရာခြံရံပေးသတ္တုတုခင်း



7

ပထမပုံကြောင့် ထားသို့ပုံလွဲမှားနေသည့်အား
ရှိပါသည်။



8

2. Setting (စီစဉ်)

5S မစတင်မီ အမိန့်ကြားကို ဝေပေးပေးခြင်းဖြင့် စုပုံဖြန့်/ပစ္စည်း



5S စတင်ချုပ်ဆိုရာတွင်



ပိုမိုတိုးတက်လာသောအခါ



9

2. Setting (စီစဉ်)

ဆေးရုံကြီးအဖွဲ့အစည်းကို ခြံရံနားဖြန့်/ပစ္စည်း

အမိန့်ကြားကို ခြံမထားခင်



အမိန့်ကြားကို ခြံပေးပြီးနောက်



ရှိပြီးသားပစ္စည်းများကိုသုံးပြီး
အရာရှိများသတ်မှတ်ပုံ

10

2. Setting (စီစဉ်)

လူနာမွတ္တမား ထိန်းသိမ်းရေးဌာန

5S မစတင်



မွတ္တမားမားကို စနစ်တစ်စည်းချောင်းမရှိ

5S စတင်



S2: အကရရာ (သို့) နံပါတ် အစီစဉ်ကုခြင်း

11

2. Setting (စီစဉ်)

S2: အစီအစဉ် ထားရှိခြင်း

“ပစ္စည်းမားကို ချမလှေ့၊ ယူသုံးလှေ့၊ ပြုစုထိန်းသိမ်းရေး စနစ် ထားရှိခြင်း”



12

2. Setting (စီစဉ်)

S2: လောဘယူပူခင်း၊
တံဆိပ်ပူခင်း

ပစာညှင်းမားကိုအလှေကူခြံပေးခင်း၊ မီးတိုပစာညှင်းမားကို
အပူခြံထားခင်း



13

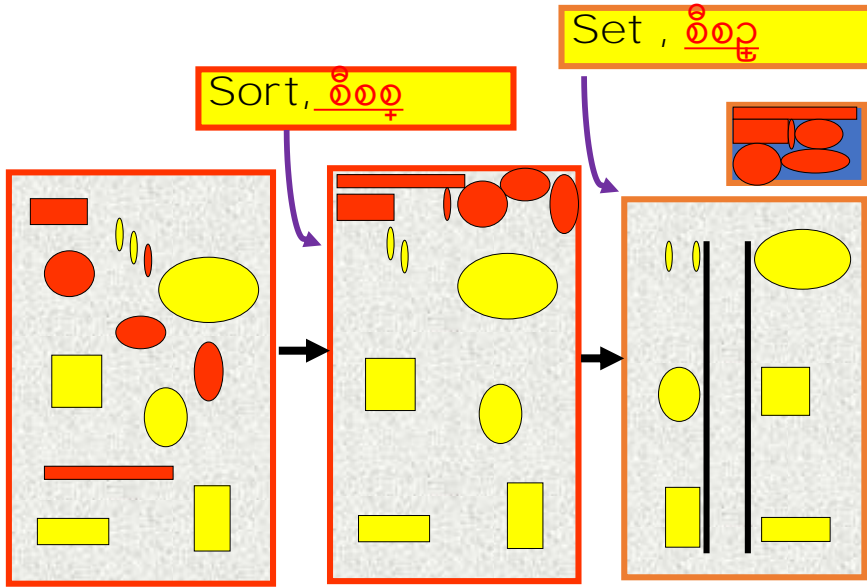
2. Setting (စီစဉ်)

S2: အေရာဇိုက်ပြုထားပူခင်း

အလှေကူ ခြံပေးခင်း



14



15

3. SHINING (စင်ကယု)

- Maintain high standard of cleanness. (Cleanness)
- ပစ္စည်းများအား သန့်ရှင်းစင်ကယု ထားရှိရန်

16

3. SHINING (စဉ်ကယု)

S3: သန့်ရှင်းရေးသုံးပစ္စည်းများကို စနစ်တကျထားရှိခြင်း



17

3. SHINING (စဉ်ကယု)

S3: EVERYONE'S PARTICIPATION (အားလုံးပူးပေါင်းလုပ်ဆောင်ရန်အပ္ပါသည့်။)

- ပံ့ပိုးမှုနှင့်ရှင်းရေး ဖြစ်လုပ်မှု တာဝန်တူးပေးခြင်း



18

4. STANDARDIZE (စနစ်)

- Set up the above three Ss as a part of the routine at every section in your place.

(Sort, Set and Shine as a system)

- လူပုန်းခြင်းနေရာတိုင်းတြင် အထကုဏော့ပုပါ 3S (စီစဉ်၊ စီစဉ်၊ စင်ကယ) မှားကို စနစ်ပုံစံ ပုံစံပြုဆောင်ရွက်။

19

4. STANDARDIZING (စနစ်)

S4: မိမိတို့/ ကိုယ်တိုင် ပြုလုပ်သည့် သဘောပုံစံ



20

4. STANDARDIZING (စနစ်)

“sort”, “set”, “shine” တို့ကို Standard သတ္တုချခုံး

S4: Checklist

Checklist for S1 – S3					
Area: Pharmacy	Supervisor: Razamony H.			July 2017	
	1W 03/07	2W /	3W /	4W /	5W /
Supervisor's signature					
S1-1. Empty boxes are not remained.	✓				
S1-2. Old notices are removed from the notice board.	✓				
S2-1. Drug containers/boxes on the table are all seen.	✓				
S2-2. Labels of ALL the drugs are stuck to the shelves.					
S2-3. FIFO principle is observed when new ones are supplied.	✓				
S3-3. Daily self-arrangement is practiced.	✓				

21

5. SUSTAIN (မြဲစမဲ)

- Train and maintain discipline of the personnel engaged. (Self-Discipline)
- ကောင်းသော အလေ့အကျင့်များကို ထိန်းသိမ်းထားပေးပြီး မြဲမြံစွာ လိုက်နာဆောင်ရွက်ရန်။

22

5 SUSTAINING (ဖြစ်မဲ)

S5: စန္ဒကျပတၢ် သဠုရနၢ် လိုအပ္ပါသညၢ်



23

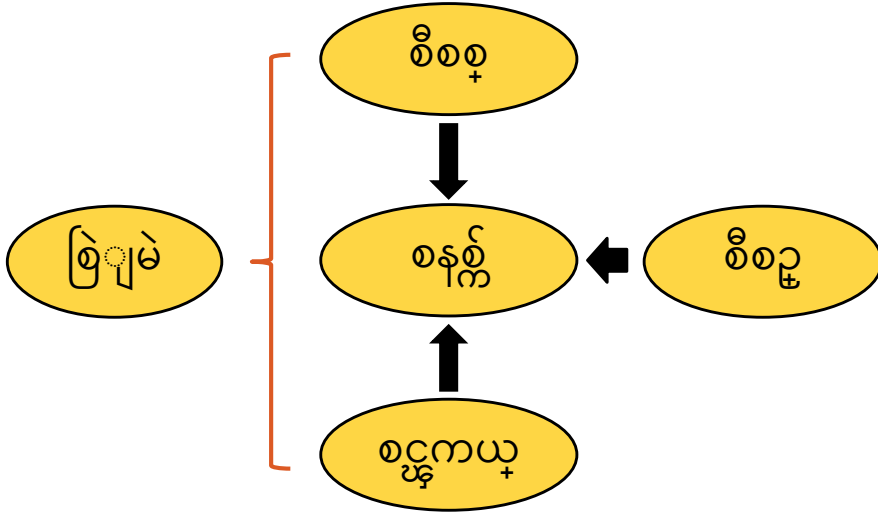
5 SUSTAINING (ဖြစ်မဲ)

S5: အတူတကြ တိုဠုဒှ်ဆၢဠုကနၢ် လိုအပ္ပါသညၢ်။



24

5S လုပ်ဆောင်မည့်ပုံ အဆင့်ဆင့်



25

LET'S TRY 5S ACTIVITY!

When you try, please remember to;

- Start from what we can do (လုပ်နိုင်တဲ့ အသေးလေးကြောင့် စနစ်မယ့်)
- Involve all (အားလုံးပါဝင်အောင် စနစ်မယ့်။)
- Take "before" picture (မူပိုင်သေးတဲ့ ပုံလေးကြိုကူးစနစ်မယ့်။)

We can be a showcase of 5S in Myanmar!
 (ပျံ့နှံ့ပျံ့ပညာ 5S စံချပေးဆေးရုံပျံ့နှံ့အောင်
 ဆက်စားစနစ်မယ့်။)



26



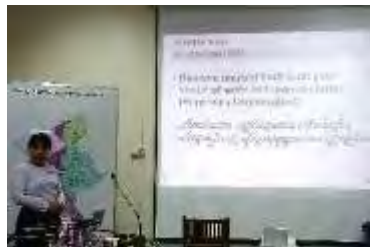
Annex2 The Special Effort: User's Guide (省略)

Annex3 **5S Monitoring & Evaluation Tool** (省略)

Annex4 Monthly record of 5S activities (S1 – S3) in ward/department

(省略)

**Report of the
Introductory Seminar on the 5S-KAIZEN-TQM approach
In Nay Pyi Taw**



November 2018

MoHS/JICA Health System Strengthening Project_Kayah

Contents

1. Introduction	- 1 -
2. Outline of the Seminar	- 2 -
3. Participants	- 2 -
4. Lecturers and Facilitators	- 3 -
5. Contents of the Seminar	- 3 -
6. Key Discussions	- 4 -
7. Conclusion	- 5 -

Annex 1: List of Participants

Annex 2: List of Lecturers

Annex 3: Programme

Annex 4: Photos of the Seminar

1. Introduction

The Ministry of Health and Sports has put utmost effort on achieving Myanmar's Universal Health Coverage as its priority. For accomplishing the goal, which is still far distant, it is essential for all the concerned stakeholders to take part their own role in most effective and efficient way to move forward step by step. Based on this idea, the Loikaw General Hospital had clarified its mission, vision and core values and implemented several activities to achieve the organizational goals. Now, the hospital plays prominent roll to improve the quality of life of people through providing competent medical services, and it pursues the desirable level of both customers' and providers' satisfaction.

<u>Mission:</u>	We are dedicated to improving the quality of life of the people in the state through providing competent medical services and cooperating concerned stakeholders.
<u>Our Vision:</u>	To become a national-showcase hospital which enjoys desirable level of both customers' and providers' satisfaction.
<u>Our Motto:</u>	We belong to the state, we serve the state, and we grow with the state.

In order to achieve its mission and vision, the hospital adopted the 5S-KAIZEN-TQM approach with the support of the MOHS/JICA Health System Strengthening Project (MJHSSP). The 5S-KAIZEN-TQM is a stepwise approach which enables organizations to improve/strengthen its managerial areas and quality of products and services created.

<u>5S:</u>	Work environment improvement through activities of "Sort-Set-Shine-Standardize-Sustain"
<u>KAIZEN:</u>	Continuous quality improvement through participatory problem-solving process
<u>TQM (Total Quality Management):</u>	Managerial effort to achieve organizations' mission and vision with utilizing results, evidence and information which were gained in 5S and KAIZEN efforts.

Although it's just been a year since the approach was adopted, many visible changes have been observed at every corner of the hospital. The hospital areas are kept clean, items at wards are neatly sorted, unused equipment and materials are eliminated from the work places and so on. Remarkably, hospital staff's mindset became more positive on their work. Also, some KAIZEN activities have been implemented in the selected area.

These positive changes were widely introduced to the Ministry of Health and Sports and health delegates from other state/regions through the observation visit to Kayah. Now the ministry to roll-out the 5S-KAIZEN-TQM approaches in the selected hospitals. Therefore, the ministry and MJHSSP jointly planned and conducted the introductory seminar on the 5S-KAIZEN-TQM approach on November 1st 2018 at Nay Pyi Taw with inviting the staff of the Loikaw General Hospital as lecturers.

2. Outline of the Seminar

Title: Introductory Seminar on the 5S-KAIZEN-TQM approach

Objective: 1. To provide basic concept of the 5S-KAIZEN-TQM Approach to participants.
2. To support participants to develop own organizational mission, vision as well as an action plan for starting 5S activities at their hospitals.

Date: 1st November 2018 (9:00 – 16:00)

Venue: Meeting room, Office 4 of MoHS

3. Participants

Four hospitals namely Mandalay Central Woman Hospital, Lashio General Hospital, Magway General Hospital and Dawei General Hospital were selected to be invited to the seminar. And five participants were invited from management (MS, DMS, AMS), specialists (Senior/Junior Consultant, FA), and nurses (NS, Matron or Ward Sister) of each hospital.

Replying to the invitation, following attendants were selected and participated in the seminar.

- | | |
|---|---|
| 1. Deputy Medical Superintendent | Mandalay Central Woman Hospital |
| 2. Junior Consultant Surgeon (OBGY) | Mandalay Central Woman Hospital |
| 3. Matron | Mandalay Central Woman Hospital |
| 4. Sister | Mandalay Central Woman Hospital |
| 5. Sister | Mandalay Central Woman Hospital |
| 6. Medical Superintendent | Lashio General Hospital |
| 7. Senior Assistant Surgeon (Surgery) | Lashio General Hospital |
| 8. Matron | Lashio General Hospital |
| 9. Sister | Lashio General Hospital |
| 10. Sister | Lashio General Hospital |
| 11. Medical Superintendent | Magway General Hospital |
| 12. Senior Assistant Surgeon (Medicine) | Magway General Hospital |
| 13. Matron | Magway General Hospital |
| 14. Sisters (two) | Magway General Hospital |
| 15. Sisters (two) | Magway General Hospital |
| 16. Assistant Surgeon | Dawei General Hospital |
| 17. Sisters (two) | Dawei General Hospital |
| 18. Sisters (two) | Dawei General Hospital |
| 19. Matron | Nay Pyi Taw Retired Government Employees Hospital |

(See Annex 1)

4. Lecturers and Facilitators

The Lecturers were selected from the Loikaw General Hospital and the MJHSSP.

- | | |
|----------------------------------|-------------------------|
| 1. Medical Superintendent | Loikaw General Hospital |
| 2. Deputy Medical Superintendent | Loikaw General Hospital |
| 3. 5S Team (manager & trainers) | Loikaw General Hospital |
| 4. Expert Team | MJHSSP |

(See Annex 2)

5. Contents of the Seminar

5.1 Opening remarks

Dr. Win Naing, Deputy Director General (Procurement), Department of Medical Services officially opened the seminar. He appreciated the effort made by the staff of the Loikaw General Hospital and encouraged participants to learn and the 5S-KAZEN-TQM approach to introduce it into their hospitals.

5.2 Introducing mission and vision of LGH

The Medical Superintendent of the Loikaw General Hospital introduced mission, vision and core values of the hospital. He emphasised the importance of having such organizational principles and goals in written-way so that the hospital staff can tightly unite and tackle the problems together as a team.

5.3 Introducing the concept of 5S-KAIZEN-TQM approach

The sub team leader of MJHSSP_Kayah explained the basic concept of the 5S-KAIZEN-TQM approach. He mentioned that these three-step concept should be understood by all level of the management in the hospital. Because sometimes only 5S (Sort-Set-Shine-Standardise-Sustain) as a measure of work environment improvement is highlighted, but most important purpose is to achieve the organizational goal with this approach.

5.4 Introducing KAIZEN cases at the Loikaw General Hospital

The Deputy Medical Superintendent of the Loikaw General Hospital introduced the activities on establishment of central pharmacy supply system as an actual example of KAIZEN activity. He explained how they examined the root cause of the problems (weak drug management, unnecessary workload for nurses) in the previous system, and how this KAIZEN activity contributed to the hospital management (timely accurate drug order).

5.5 Introducing 5S activities at LGH

The 5S manager of the Loikaw General Hospital introduced the concept of 5S activities and how they actually adopted and started the activities in the hospital. And current implementation structure of the activities including roles and responsibility of 5S team and Work Improvement Team (WIT) were explained. She utilized full of pictures and movies to visibly explain the good practices and

management method of the activities so that participants easily understood the proposed steps for introducing the activities in their hospitals.

5.6 5S demonstration and trial (group exercise)

The 5S manager and trainers of the Loikaw General Hospital facilitated the exercise session. Participants were divided into four groups by hospital order. Each group tried to make “sorted” and “set” emergency trolley with using papers, empty bottles, boxes and their own ideas. After that, they showed their works and explained what they concerned while they made their own trolley. Through this exercise, the participants understood the importance of listening others’ ideas and using available resources to make difference.

5.7 Development of mission and vision (group exercise)

The sub team leader of MJHSSP_Kayah explained how to clarify the mission and vision of the hospitals. He introduced some tools for participants to develop their mission and vision in the future. After that, the Medical Superintendent of the Loikaw General Hospital shared the experience how they clarified these principles, how they disseminate it to their hospital staff.

5.8 Development of action plan of 5S activities

The participants discussed the three months plan of actions to introduce the 5S-KAIZEN-TQM approach at their hospitals. All the hospitals decided to conduct the knowledge sharing session after their return and to assign the 5S manager as a focal to kick-off the activities in the selected areas of the hospital.

5.9 Closing remarks

Dr. Moe Khaing, Director (Medical Care) of DoMS made a closing remark. He appreciated everyone’s active participation in the seminar. And he mentioned that the selected four hospitals are expected to become the 5S-KAIZEN-TQM model hospitals in Myanmar. Therefore, he showed expectations for participants to kick-off the 5S-KAIZEN activities in each hospital as per the developed action plan.

(See Annex 3)

6. Key Discussions

Throughout the seminar, participants and lecturers have actively exchanged opinions. Here are some key discussions made in the seminar.

[Central Pharmacy Supply System]

Participants asked the current medicine distribution method to the respective ward (timing, amount). For this question, Medical Superintendent of the Loikaw general Hospital explained the distribution system in detail.

[Difference between 5S team and WIT team]

Participants asked the difference between 5S team and WIT. For this question, 5S manager of the Loikaw general Hospital explained their roles and responsibility again.

[Clarifying the mission and vision]

Some participants asked why the hospital should clarify its own mission and vision while the MoHS declared its departmental strategy and goals already. For this question, Medical Superintendent of the Loikaw general Hospital answered that, in order to achieve the MoHS's goal, each organization including hospitals should clarify its principles and goals so that each of us can focus on what we are exactly doing and what we should do in each situation. Every hospital is surrounded by different situation and condition so that we should clarify our own principles with considering the local context.

7. Conclusion

The planed seminar was successfully completed with great coordination by the Department of Medical Services. And the objectives of the seminar; 1) to provide basic concept of the 5S-KAIZEN-TQM Approach to participants, and 2) to support participants to develop own organizational mission, vision as well as an action plan for starting 5S activities at their hospitals, were achieved through the programme.

The concept of the 5S-KAIZEN-TQM was well understood by the participants because the lecturers from the Loikaw General Hospital explained it with using their own words, actual experience and lessons learned. Now the participants are keen to kick-off the 5S-KAIZEN activities at their hospitals. Therefore, it is recommended for the Department of Medical Services to provide necessary support to the hospitals with utilizing the resources of the Loikaw General Hospital. First of all, progress of clarifying hospitals principles (mission and vision) should be monitored and encouraged by the central level. At the stage of actual implementation of 5S activities, it is recommended for the 5S team of the Loikaw General Hospital to conduct on-sight training at the hospitals with the support of the central ministry.

Lastly, MJHSSP_Kayah would like to express sincere appreciation to all the concerned personals who supported the achievement of this seminar.

Annex 1: List of Participants

Name	Title	Organization
Dr. Thaw Tar Maung	Deputy Medical Superintendent	Mandalay Central Woman Hospital
Dr. Chaw Su Htwe	Junior Consultant Surgeon (OBGY)	Mandalay Central Woman Hospital
Daw War War Thein	Matron	Mandalay Central Woman Hospital
Daw Thidar Tun	Sister	Mandalay Central Woman Hospital
Daw Zar Zar Ye	Sister	Mandalay Central Woman Hospital
Dr. Myat Soe	Medical Superintendent	Lashio General Hospital
Dr. Soe Moe Aung	Senior Assistant Surgeon (Surgery)	Lashio General Hospital
Daw Mi Mi Maw	Matron	Lashio General Hospital
Daw Phyu Phyu Thet	Sister	Lashio General Hospital
Daw Hla Po	Sister	Lashio General Hospital
Dr. Tin Maung Nyunt	Medical Superintendent	Magway General Hospital
Dr. Pyi Soe Aung	Senior Assistant Surgeon (Medicine)	Magway General Hospital
Daw Khin Swe Oo	Matron	Magway General Hospital
Daw Kyi Kyi Than	Sisters (two)	Magway General Hospital
Daw Win Win Aye	Sisters (two)	Magway General Hospital
Dr. Hnin Ei Hlaing	Assistant Surgeon	Dawei General Hospital
Daw Mu Mu Myint	Sisters (two)	Dawei General Hospital
Daw Swe Swe Oo	Sisters (two)	Dawei General Hospital
Daw Toe Toe Win	Matron	Nay Pyi Taw Retired Government Employees Hospital

Annex 2: List of Lecturers

Name	Title	Organization
Dr. Ye Myint Aung	Medical Superintendent	Loikaw General Hospital
Dr. Zaw Min Thike	Deputy Medical Superintendent	Loikaw General Hospital
Daw Khin Thida Win	5S Manager / Sister	Loikaw General Hospital
Daw Way Nay Htoo	5S Trainer / Sister	Loikaw General Hospital
Daw Francesca	5S Trainer / Sister	Loikaw General Hospital
Mr. Kazunori Iijima	Sub Leader	MJHSSP, Kayah
Mr. Koji Aoki	Coordinator	MJHSSP, Kayah
Dr. Kyaw Thu Htet	Chief Technical Officer	MJHSSP, Kayah
Dr. Thinn Myat Mon	Technical Officer	MJHSSP, Kayah

Annex 3: Programme

Introductory Seminar on the 5S-KAIZEN-TQM approach

Date: 1 November 2018

Time	Contents	Lecturer/ Facilitator
9:00	Opening remarks and introduction of trainers	DyDG (Procurement), DoMS
9:10	Introducing mission and vision of LGH	MS, LGH
9:30	Introducing the concept of 5S-KAIZEN-TQM approach	Expert, MJHSSP
10:00	Introducing KAIZEN cases at LGH	DMS, LGH
10:30	~ Tea break ~	
10:45	Introducing 5S activities at LGH.	5S team, LGH
11:45	Wrap up and Q&A session	Expert, MJHSSP
12:00	~ LUNCH ~	
13:30	Workshop 5S demonstration and trial (group exercise)	5S team, LGH
14:30	Workshop Development of mission and vision (group exercise)	DMS, LGH Expert, MJHSSP
15:30	Workshop Development of action plan of 5S activities	DMS, LGH Expert, MJHSSP
16:15	~ Tea break ~	
16:30	Wrap up and discussion	Expert, MJHSSP
17:00	Closing remarks	Director (Medical Services), DoMS

Annex 4: Photos of the Seminar



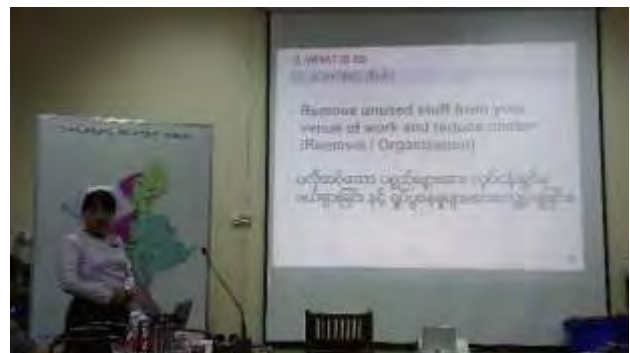
Introduction of mission and vision of LGH



Basic concept of 5S-KAIZEN-TQM



Introduction of KAIZEN case at LGH



Introduction of 5S activities at LGH



Comment from MS, Lashio GH



Group exercise (5S trial)



Group exercise (5S trial)



Group exercise (5S trial)



Group exercise (5S trial)



Group exercise (5S trial)



Group exercise (5S trial)



Group exercise (5S trial)



Group exercise (5S trial)



Explain how to clarify mission and vision

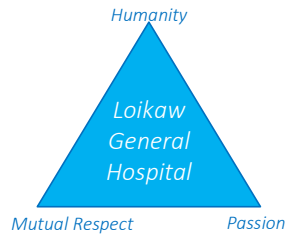


Group work (action plan)



Group work (action plan)

16. 薬局業務の標準手順書作成マニュアル



Loikaw General Hospital

Pharmacy Services:

**Reference for introducing
Standard Operation Procedures (SOPs)**

September 2018

Mission statement of the Loikaw General Hospital

Our Mission

We are dedicated to improving the quality of life of the people in the state through providing competent medical services and cooperating concerned stakeholders.

Our Vision

To become a national-showcase hospital which enjoys desirable level of both customers' and providers' satisfaction.

Our Motto

We belong to the state,
we serve the state, and
we grow with the state.

Our core values are;

HUMANITY We keep mind of kindness, hospitality, compassion and empathy,

PASSION We keep passion for work, sustain good practices and pursue further improvement, and

MUTUAL RESPECT We cultivate mutual respect with all regardless of race, birth, religion, official position, status, sex and wealth.

Pharmacy Services of the Loikaw General Hospital:

Reference for introducing Standard Operation Procedures (SOPs)

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1. Background

Good pharmacy services are critical conditions for the provision of competent medical services. Accordingly, a hospital has to adopt adequate procedures under which patients can be treated in safe. Specifically, delivered drugs shall be adequately stored; a prescription shall be accurate; a medicine shall be dispensed and administered without any errors; and a kind explanation shall be given to a patient. These pharmacy services shall be stably implemented under the standardized procedures.

The determination of the Loikaw General Hospital to address the improvement of pharmacy services is highly appreciated. It is recommended to establish standard procedures of pharmacy services of the Loikaw General Hospital through their Special Effort.

This paper shows tips for the Loikaw General Hospital to achieve their most suitable procedures, expecting the hospital's another evolution in near future.

2. Steps of improving pharmacy services

2.1 Flow of drugs

Firstly, the theoretical flow shall be drawn in a clear diagram, on which the current flow can be reviewed. The flow shall be re-designed, if necessary, considering the available resources, especially pharmaceutical human resources of the hospital.

Current problems of pharmacy services (ex. loss of expired drugs,) shall be clarified, those causes shall be analysed and solutions shall be determined. The solutions of detected problems as well as preventions of any additional problems shall be reflected in re-designing of the flow if the said solutions and/or preventions are directly related to the flow.

2.2 Operating procedures

A flow consists of segments: stock management, prescription and dispensing, and administering to patients. Current procedures how the drugs are placed, dispensed and administered, shall be listed-up on a paper by segment. Any uncertain parts of procedures shall be carefully interpreted to adequate transactions objectively. Those written procedures shall be examined and any points to improve shall be found. Improved procedures shall be practiced for a while, reviewed and improved again till it reaches a satisfying standard operation procedures (SOP) of pharmacy services of the Loikaw General Hospital.

2.3 Prerequisites

Patients shall be kept in safe during the improvement. In any case, temporary changes of the flow and procedures shall never bring any failures of dispensing and administering. An action plan of improvement shall be developed with the highest attention on safety.

3. Consideration of flow of drugs

3.1 Basic flow

The following figure shows a theoretical flow of drugs supposing the current situation of the Loikaw General Hospital. The red line shows the flow of drug from reaching the hospital to being administered to patients, while the blue line shows cues to cause the flow.

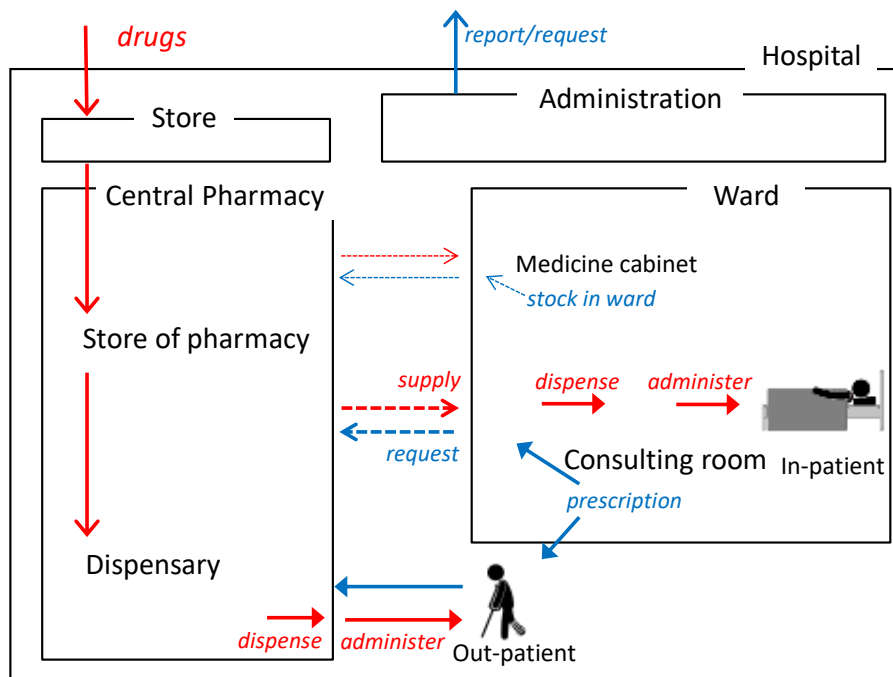


Figure 1. Basic flow of drugs (Conceptual)

Drugs are delivered to the hospital quarterly and kept in the store. The drugs are periodically transferred to the store of pharmacy and placed in the dispensary to be ready for use. A medicine is prepared based on a prescription by a doctor of a ward. The prepared medicine is administered to a patient.

In parallel to this, certain drugs are kept in the cabinet of the ward mainly for a sudden change of an in-patient's condition and/or serious emergency case admitted to the ward. Those stocks in the ward are periodically supplemented.

Delivery, consumption and balance of drugs are totally monitored and reported.

3.2 Segments for standard procedures

Given the basic flow above, SOPs can be drafted by segment such as:

- Stock management,
- Prescription,
- Dispensing and administering to in-patient, out-patient, and
- Request and supply.

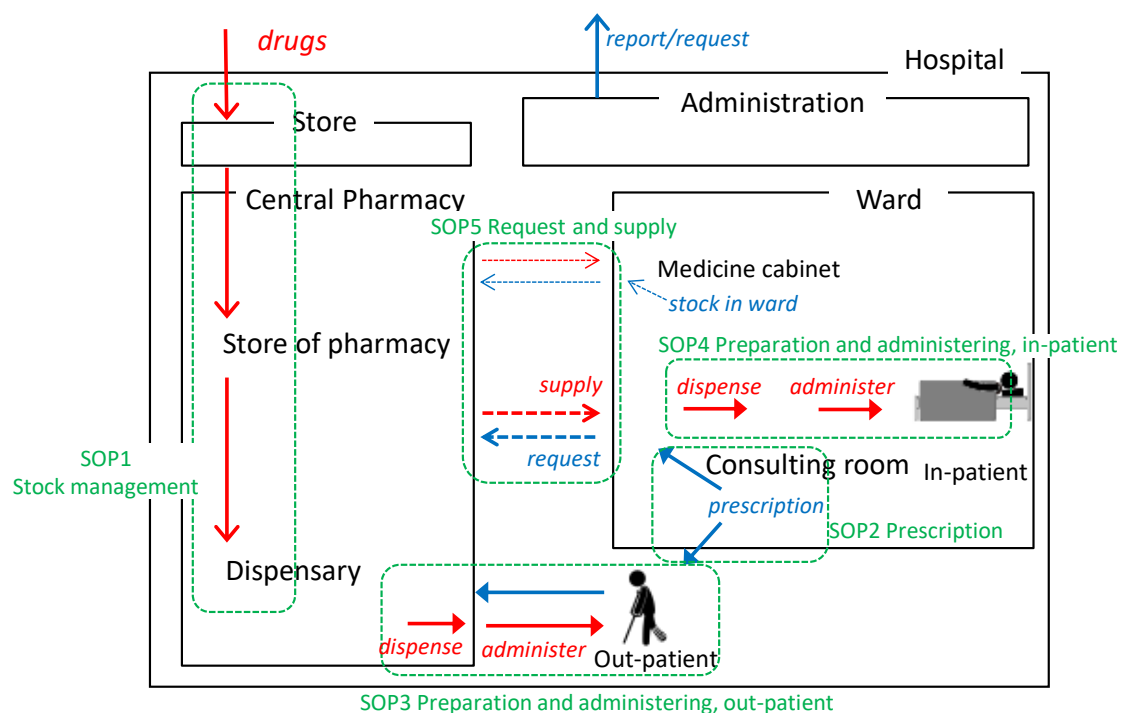


Figure 2. SOPs by segment of flow

4. Recommended outlines of standard procedures

4.1. Stock management

The first segment is from the receiving the drugs to placing them in the dispensary in the central pharmacy, namely, the stock management before clinical use. An adequate stock management can prevent problems of sudden shortage, declining to lower quality and expiring loss of drugs. Accordingly, the following topics are recommended for the SOP of stock management.

<p>SOP1. Stock management</p> <ol style="list-style-type: none"> 1. Inspect and store <ol style="list-style-type: none"> 1.1 Inspect received drugs 1.2 Store inspected drugs 2. Stock control <ol style="list-style-type: none"> 2.1 Record in/out of drugs 2.2 Place drugs by expiring date 2.3 Place drugs by frequency of use 3. Quality control <ol style="list-style-type: none"> 3.1 Temperature controlled storage 3.2 Other criteria of storage 4. Supply drugs to Central Pharmacy <ol style="list-style-type: none"> 4.1 Drugs to be stocked in Central Pharmacy 4.2 Periodical supply 	
--	--

4.1.1 Tools to be developed

The following forms are preferably clarified in the SOP.

- Form of inspection
- Form of in/out record
- Inventory book
- Any other tools to be used

On this occasion, current forms and any other tools in use shall be reviewed and rationalized. Such rationalizing is a first and practical step to standardize the work.

4.1.2 Stocks in the central pharmacy

In the central pharmacy, drugs can be kept in the store and the dispensary.

The dispensary needs drugs for pharmaceutical works of a day, accordingly it is recommended to check and supplement the stock every day. The items and quantities of the stock in the dispensary shall be listed up in the SOP.

The store of the pharmacy needs drugs to maintain the stock in the dispensary. Accordingly, amounts to be stored shall be determined considering a storing capacity and a possible frequency to bring drugs from the main store. The items and quantities to be kept in the pharmacy store shall be listed up in the SOP.

Tools for these transactions are preferably clarified in the SOP.

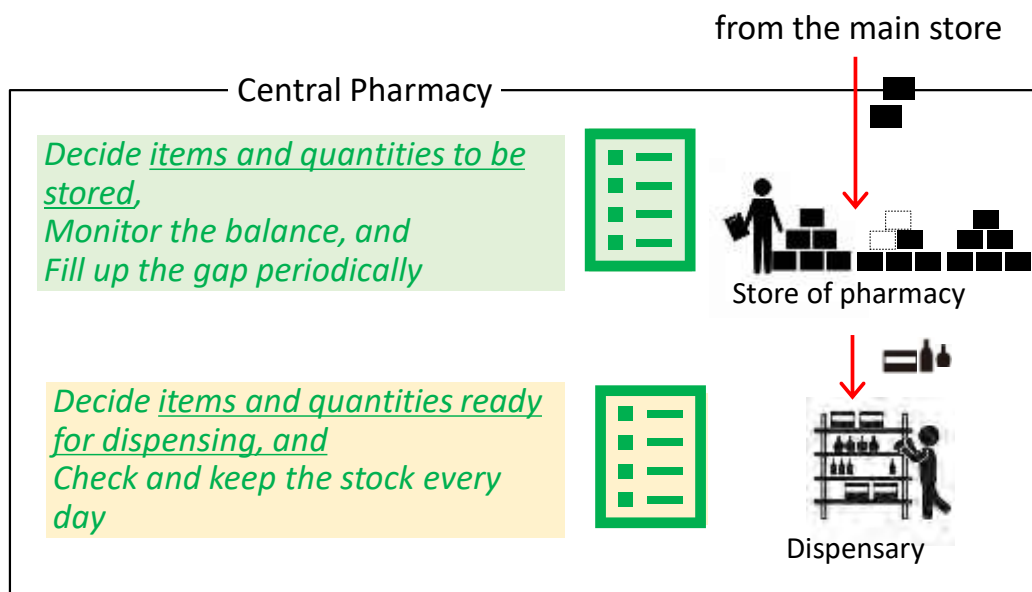


Figure 3. Stocks in the pharmacy

4.2 Prescription

The second segment is prescribing by doctors of wards/departments.

A prescription, which reflects adequate treatment, shall deliver an accurate and sufficient information to a pharmacist in the central pharmacy. A form of

prescription shall be unified so that a patient information, name of doctor in charge and a prescribed content are correctly and clearly understood by the pharmacist. Also, descriptions of drugs shall be preferably unified in order to avoid medical accidents due to human errors. A function to confirm entries on prescription shall be decided (see 4.3.2).

A patient's general knowledge and understanding of medicine can be one of factors to avoid medical accidents. A kind explanation of medicine and a sufficient direction for dosage by a doctor and/or nurse in the ward shall be given to an out-patient who brings the prescription and receive the medicine at the central pharmacy.

The following topics are recommended to compose SOP of prescription.

SOP2.	Prescription	
	<ol style="list-style-type: none"> 1. Prescription <ol style="list-style-type: none"> 1.1 Form of prescription 1.2 Entries of prescription 1.3 Confirmation of prescription 2. Explanation to an out-patient <ol style="list-style-type: none"> 2.1 Explain medicine 2.2 Give directions for dosage 	

As of September 2018, the Loikaw General Hospital tries the following procedures of administering a medicine to out-patients and in-patients respectively.

Out-patient

A Medicine is prescribed and given to an out-patient with an explanation by a doctor in a consulting room.
 The patient brings the prescription to the central pharmacy,
 A medicine is dispensed and administered, and a pharmacy staff explains again to assure the patient's understanding.

In-patient

Medicines for all in-patients are prescribed, A request (aggregation) is brought to the central pharmacy,
 Requested drugs are supplied to the ward, Medicines are prepared and administered to patients with an explanation by a doctor and/or a nurse in the ward, and patients take medicine in the ward.

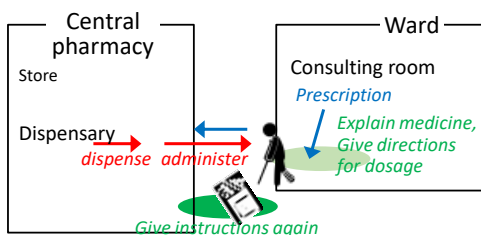


Figure 4. Administer to an out-patient

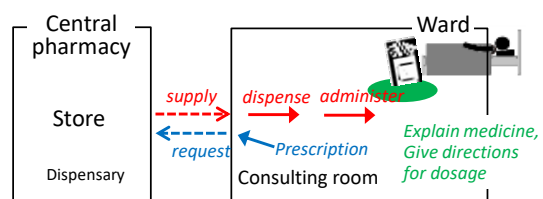


Figure 5. Administer to an in-patient

Given the flows above, explanation by a doctor to an out-patient in a ward is indispensable in the SOP of prescription. After the medicine is dispensed at the pharmacy, a pharmacy staff shall explain again to assure the knowledge and understanding of the out-patient (ref. SOP 3). A medicine for an in-patient is dispensed, administered and explained in the ward (ref. SOP 4).

4.3 Dispensing and administering to an out-patient

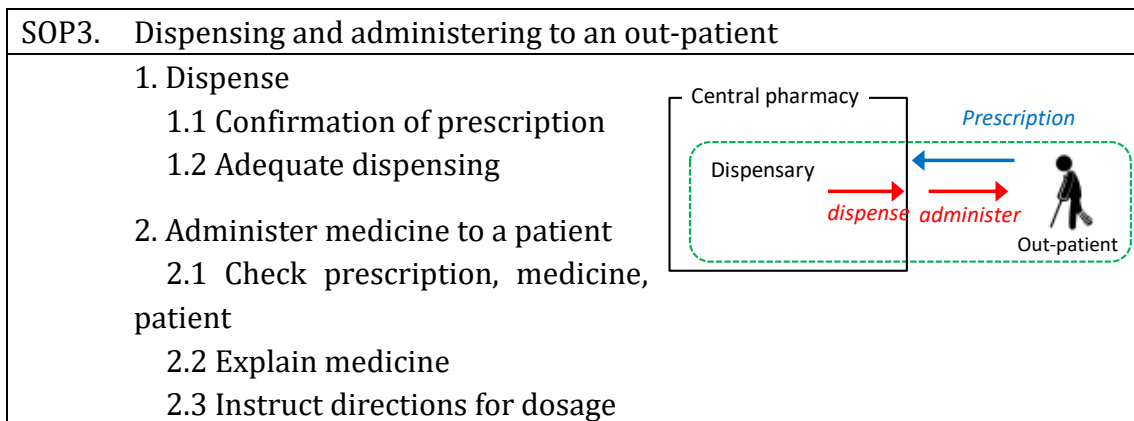
Certain attentions shall be payed to the prevention of human errors during delivery of prescription and dispensed medicine.

A prescription filled out by a doctor shall be confirmed once in a ward (SOP2. Prescription) and again in the pharmacy. In the central pharmacy, annotation of prescription shall be limited to an authorized pharmacist. In case of vacancy of such senior pharmacist, the prescribed contents shall be referred to an original ward if anything is unclear. Those limitations, authorizations and transactions shall be decided based on the latest situation of the hospital and shall be clearly stipulated in the SOP.

A prepared medicine shall be surely administered to a patient who brought the prescription. The medicine, the prescription and the patient shall be carefully confirmed.

A medicine shall be given to a patient with a good explanation to assure the patient's understanding on an instruction given by a doctor who prescribed, and to provide general knowledge of medicine. The pharmacy staff shall recognize that administering to out-patients is a timely occasion of health education on taking medicines at home, and that a successful health education by pharmacy staff at the Loikaw General Hospital is an irreplaceable information source especially for patients and their families from rural villages in the state.

The following topics are recommended for the SOP of dispensing and administering to an out-patient.



4.3.1 Prevention of human error

A probability of human errors shall be eliminated from all the procedures. Especially, in segments of flow where prescription and medicine are delivered between the central pharmacy, wards and patients, an attention shall be paid:

- If entries of a prescription are clear without any omissions,
- If a medicine is given to a correct patient, and
- If requested drugs are correctly supplied.

Double-check decreases the possibilities of human errors.

Example 1: Entries of a prescription can be checked by another staff in the ward before giving to a patient or aggregating a request. It can be checked again in the central pharmacy before dispensing.

Example 2: Supplied items and quantities can be checked in the central pharmacy before sending to wards and in a ward after receiving them.

Example 3: A medicine and a prescription shall be checked immediately after dispensing and checked again by another staff before administering.

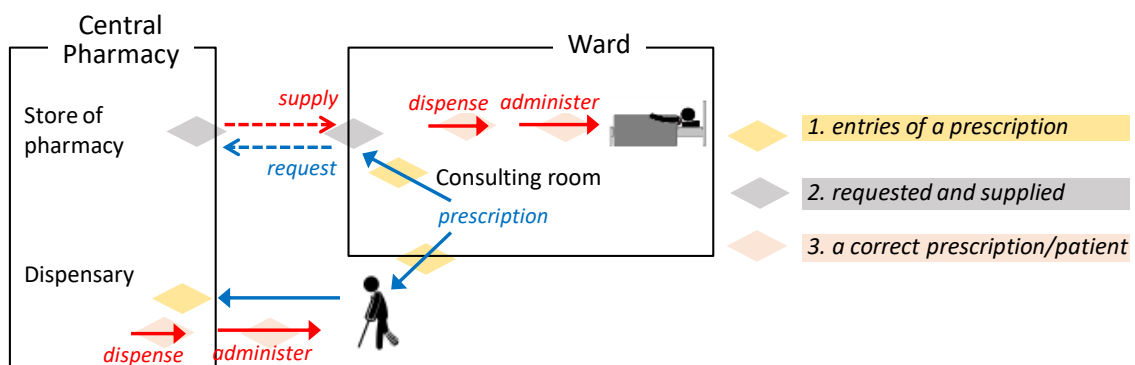


Figure 6. Examples of check-points to prevent human errors

4.3.2 Explanation to a patient

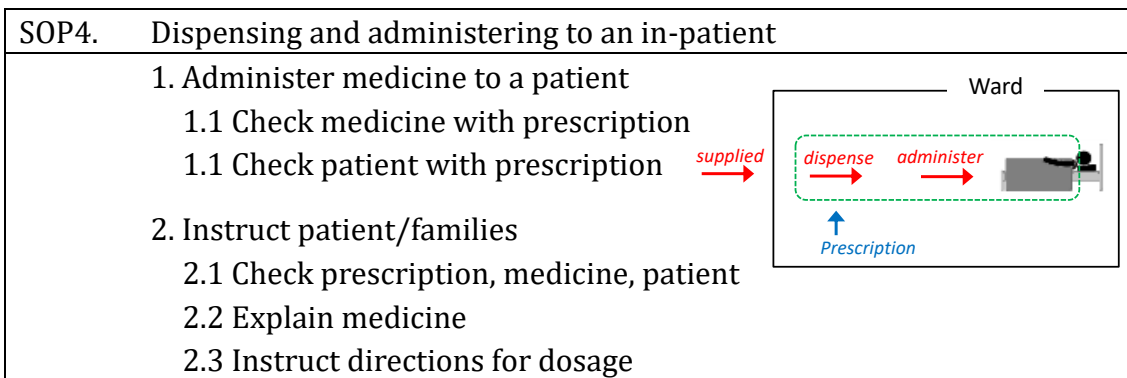
The hospital shall provide patients not only directions for dosage but also clear explanations of purposes, effects and contraindications. Basically, these explanations shall be made by doctors and nurses in charge.

The central pharmacy can contribute to assure patients' understanding on explanations by doctors. Besides, pharmacy staff can provide general knowledges of medicine

4.4 Dispensing and administering to an in-patient

Drugs provided by the central pharmacy upon a request from a ward are dispensed and administered by ward staff to in-patients in the ward.

The procedures of dispensing and administering of "SOP2 Dispensing and administering to out-patient" shall be referred.



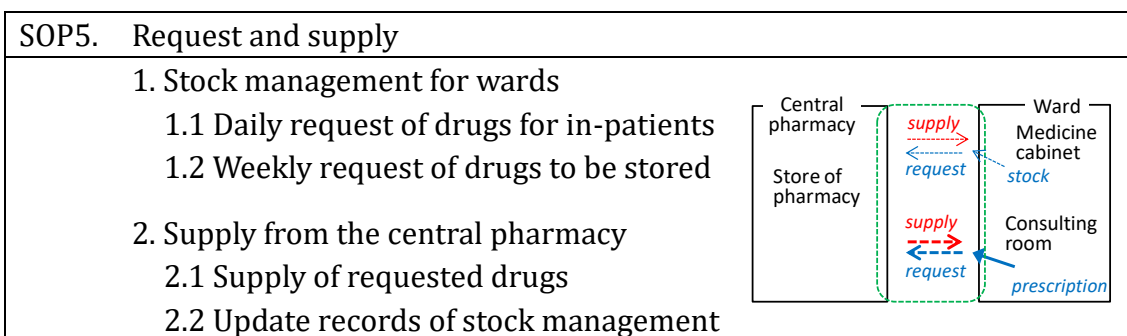
4.5 Request and supply

Drugs to be used/stored in a ward shall be supplied efficiently from the central pharmacy to wards.

A ward shall request drugs for treatment of in-patients every day and other drugs to be stored in the ward weekly.

To assure an efficient pharmacy services, requests from wards shall be objective. A daily request shall be an aggregate of prescriptions of the day, and monthly request shall be one figured out with the balance of stock in the ward.

Supplied amounts or outgoings from the central pharmacy shall be adequately recorded for the stock management of entire hospital.



The tools of request (i.e. a form of aggregation of prescription and a form of supplementation of the stock) shall be preferably clarified in the SOP.

5. Total monitoring of pharmacy services

5.1 Purpose of total monitoring

The main store, the central pharmacy and wards keep their own records on received and spent drugs. Those specific records shall be rationalized so that the pharmacy services of the hospital can be totally monitored.

- To monitor any changes of demands in the hospital,
- To assure the safe pharmacy services in the hospital, and
- To maintain the efficiency of drug supply in the hospital.

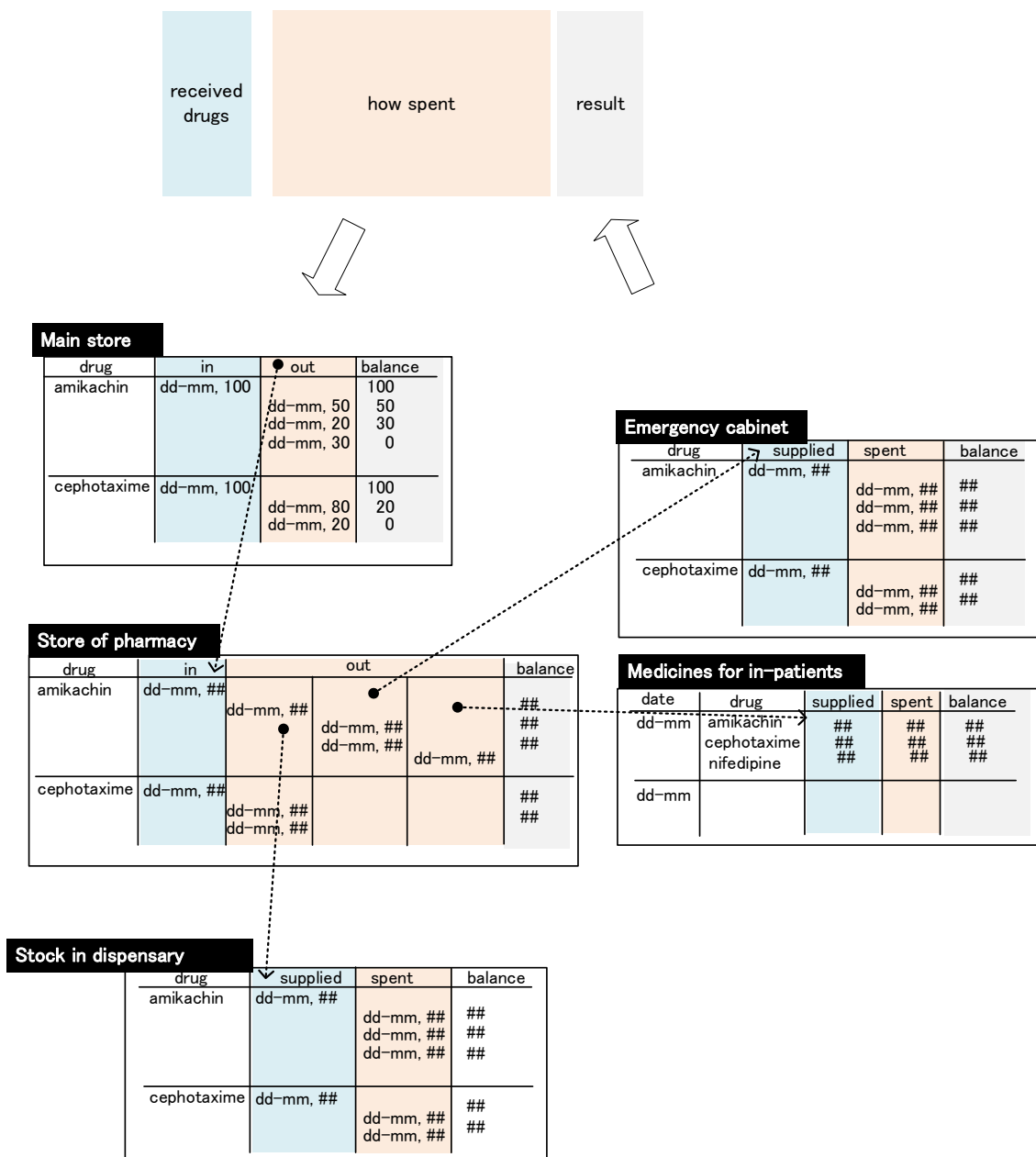


Figure 7. Total monitoring of consumption of drugs in the hospital

5.2 Recording

The current recording tools in use shall be rationalized considering:

- If in/out flow can be traced from the main store to the dispensary and wards, and
- If contents of record are simple and clear enough.

At the same time, monthly or quarterly record shall be grasped.

5.3 Evaluation of pharmacy services

Annually or semi-annually, the pharmacy services shall be evaluated from viewpoints:

- Safety (human errors, medical accidents)
- Efficiency (shortage, expired loss, those reasons)
- Effect

