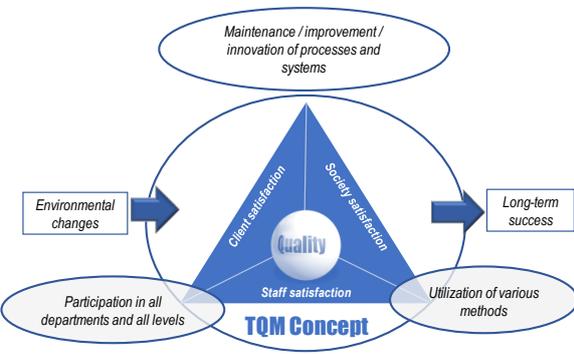


TQM Project Newsletter

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Field activities and trainings resumed after the COVID-19 pandemic

Fiji has faced the most challenging time of the spread of COVID-19 which occurred in April, 2021. The number of new cases per day has reached around 1000 at the peak in middle June in 2021, and the accumulated deaths was 862 (recorded on 13th of April, 2022). Especially, the frontline health professionals at health facilities have been struggling with the over-crowding of patients, shortage of manpower, limited bed-capacity, and over-workload due to the COVID-19 pandemic.

Under the COVID-19 pandemic, some activities such as regular meetings and monitoring & evaluation (M&E) were limited or suspended in the six pilot health facilities; 1) Colonial War Memorial Hospital (CWMH), 2) Nausori Maternity Hospital/ Health Center (MH/HC), 3) Valelevu Health Center (HC), 4) Fiji Pharmaceutical & Biomedical Services Centre (FPBS), 5) Labasa Divisional Hospital (Labasa Hospital), and 6) Sigatoka Sub Divisional Hospital (Sigatoka Hospital). Some of the staff including the Quality Improvement Team (QIT) members or the Work Improvement Team (WIT) members resigned or moved to other facilities under the COVID-19 pandemic. Despite of the difficult time, the pilot health facilities maintained the 5S activities. In addition, the project team conducted consultation visits and 5S follow up in November and December 2021 supported by the Japanese experts remotely.

Through such a challenging time, Fiji has overcome this hardship rapidly through achieving the completion of the 2nd dose vaccination for 94.5 % of population. Several restrictions for preventing infections have been uplifted gradually as the number of new cases reduced. Finally, two of the Japanese experts visited Fiji on early March, and finally re-started field activities including training activities to enhance 5S-KAIZEN activities in the health sectors.



Opening remark for KAIZEN training on the May 28th by Chief Medical Advisor (Details will be on page 3).

Problem Analysis Workshop on March 10th & 11th, 2022

Identifying underlining causes and effects of Core problems for developing an action plan

The results of the latest consultation visit (CV) identified that the degree of progress on 5S-KAIZEN-TQM activities varies among the pilot health facilities. Besides the above, some focal persons such as the QIT or the WIT members, who were trained on 5S in 2019, left from some pilot health facilities. One of the main factors related to the gap of QIT function between the facilities may be due to the exposure to the COVID-19 pandemic; it is assumed that QIT structures and the function might become vulnerable during the pandemic. Hence, this problem analysis workshop was conducted in order for the QIT members and hospital managers of each pilot health facility to obtain sufficient skills to identify the current existing problems related to quality improvement in each facility, and find out some optimal countermeasures against the core problems.

The two days workshop was held in the conference venue of Tanoa Plaza, Suva, Fiji on 10th and 11th of March, 2022. Total of 15 from the six pilot health facilities, the Western, the Northern, and the Central Divisional Medical Offices (DMO) fully participated. The problem tree analysis is one of participatory tool of mapping out existing problems, causes, and effects, supporting participants to identify clear goals and strategies. Advantages of the analysis method are that it present issues that can be broken down into manageable/definable problems, thus enabling prioritization. Also, the method enables participants to see interaction between the causes, which helps the participants to understand more complexed mechanism.



A participant from Valelevu HC presented the results of causes for the core problem with other participants.



Group discussion of Labasa Hospital

As a result of the workshop, it was identified that core problems shared by most of the pilot health facilities are more related to vulnerable QIT functions such as “absence of the Quality Improvement Plan (QIP),” “No-well established QI plan,” “unfunctional QIT.” “Over-crowded in outpatient department” was also shared by Sigatoka Hospital. Hence, strengthening QIT function as well as establishing QI plan is one of the top priorities for these pilot health facilities. Each of the pilot health facility developed action plan for upcoming one year such as strengthening bond among the stakeholders, advocating/training the 5S-KAIZEN in the facility.

KAIZEN training of trainers between March 28th and April 2nd, 2022

KAIZEN training was held between March 28th and April 2nd 2022.

During the COVID-19 pandemic in 2021, some of the 5S-KAIZEN activities were suspended. One of the difficulties faced was the staff changes and transfers due to the COVID-19 response. The QIT and WIT members in many pilot facilities have resigned/moved and health managers and health workers trained before were replaced with untrained staff on 5S-KAIZEN. Hence, the project decided to conduct KAIZEN training to all of the pilot health facilities including additional one day sessions for introducing 5S.

The purpose of the training is to obtain basic knowledge and practical skills on KAIZEN Approach for improving quality and safety in healthcare services and to enhance training capacity as in-house trainer of KAIZEN Approach.

What is “KAIZEN”?



KAI
“Change”

ZEN
“Improvement”

“KAIZEN” is a **“problem solving process”** for improving of quality, safety, and optimizing departmental functions that leads the organizational optimization

It means “Change for the better”



Japanese expert explaining about 5S tools in front of audiences (Tanoa Plaza Hotel)



Group photo with JICA Fiji Office Resident Representatives. Participants wearing on the same Bula-shirt

Cultivating KAIZEN mind: “I want to do something for better!”

There were 36 participants who joined the KAIZEN training (25 from the pilot health facilities, ten from divisional medical offices, one from the TQM project). Despite of the intensive schedule for 6 days, all of the participants were enthusiastically engaged in this training, and achieved a full-completion of this course. Also, all of the pilot health facilities were committed to implement KAIZEN approach in their own facility after this training.

Launching ceremony of 5S-KAIZEN-TQM Implementation Guideline on April 13th, 2022

Completion of developing the 5S-KAIZEN-TQM Implementation Guideline in Fiji

The Ministry of Health and Medical Services (MoHMS) introduced the 5S approach in 2012. The 5S Manual was developed in 2015 with the financial support of the World Health Organization. However, there were some challenges to operate and monitor the 5S activities at the on-site level. Hence, this guideline was developed to guide health managers and health workers to understand the concept and process of implementing the 5S-KAIZEN-TQM approach in the health facilities, and give the recommendations of how to perform Quality improvement activities with 5S-KAIZEN-TQM approach.

This guideline covers not only practical approaches for 5S and KAIZEN, but also quality improvement activities such as patient safety and quality management in the cultural context of Fiji as well as monitoring & evaluation (M&E) activities in health-sectors. The targeted readers are broad from hospital managers, who are expected to understand the Total Quality Management (TQM) concept for creating a better organization environment and to the health professionals engaging in quality and safety improvement activities.



Launching event held at MoHMS, on April 13th, 2022.

Health Minister (Dr. Ifereimi Waqainabete) attended the launching event. In his opening speech, he mentioned the Japan International Cooperation Agency (JICA) has been working closely with the MoHMS and implementing the project since 2019 speech, and 5S implementation improved the workflow in most of the pilot health facilities. After the launching event, the guidelines were distributed to Western, Northern, and Central DMOs, and the pilot health facilities of Fiji.



Tape cut ceremony by Health Minister (Middle), Secretary Embassy of Japan(right), and JICA Resident Representative (left).

5S-KAIZEN Study Tour to Sigatoka Hospital on April 27th 2022

A picture is worth a thousand words

Although six of the pilot health facilities have been engaged in 5S-KAIZEN activities on their own, it would be more efficient if these facilities have a chance to share good practices with each other. Sigatoka Hospital was one of the leading pilot health facilities implementing 5S activities, hence it was planned to conduct 5S-KAIZEN study tour to Sigatoka Hospital. Eighteen participants joined the study tour; 15 from the five pilot health facilities, and three from Western DMO.

The QIT members and the hospital manager of Sigatoka Hospital warmly welcomed these participants with the same-colored shirt. The Sigatoka Team provided lectures including introduction of the hospital, QIT/WIT structures, good examples of 5S and KAIZEN implementation, and audit system of the hospital. In terms of the facility tour, the participants were divided into two groups; One team was led by the Sub-divisional Medical Officer while the other team led by the Nursing Manger. The participants visited the four original pilot units (Maternity Ward, Special Outpatient Department (SOPD), General Outpatient Department (GOPD), and Emergency Department (ED)) as well as additional six departments including the Infection & Prevention Control (IPC), Storage, Female and Male Wards, Laboratory and Physiotherapy departments. The participants in this study tour had witnessed and confirmed the reality of 5S KAIZEN implementation and its effect in Sigatoka Hospital. They were more motivated themselves to do better by observing the good examples of 5S-KAIZEN at Sigatoka Hospital.



Sigatoka Team wearing the same-colored Bula shirt



One example of Quick KAIZEN: The vacant wood house was renovated to store IPC consumables.

Culture for sustaining 5S practices helps to create the working environment safe, quality assured and resilient to the risk of infections.

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**MINISTRY OF HEALTH
& MEDICAL SERVICES**

