Your
P A T H
to Success in
Safety & Quality

A Trainer's Guidebook on 5S Principles and Practices

Your Path to Success in Quality and Safety: A Trainer's Guidebook on 5S Principles and Practices

YOUR PATH TO SUCCESS IN QUALITY AND SAFETY

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SUMMARY

This guidebook was formulated for trainers and/or leaders in management, in order to enhance 5S activities at health facilities under Ugandan government sector health services. By using this book, facilitators and leaders in health facilities will be able to train their trainees and frontline staff to improve their work environment through the Work Improvement Team (WIT), formulated at every work venue of the health facility.

Each health facility, regardless of the size or category, has the potential to be an organization that can create social values without over-dependence on health authorities and external development partners. For this purpose, the "Work Environment Improvement" approach using 5S Principles can ensure a self-reliant managerial foundation for creating clean and user-friendly work venues and encouraging maximal use of available resources.

Hospital management, which creates social values through ensuring the quality and safety of services, should be a lean process of transforming the available resources to the best obtainable results. In order to use 5S Principles most effectively, the employees of a health facility need to understand the total picture of the managerial framework that is in place at their work venue. In the training, the significance and position of 5S and CQI (KAIZEN) in the framework should be highlighted, particularly for WIT leaders.

In the training sessions, trainers should clearly define and explain the components of 5S Principles. There are various techniques and tips for successful implementation of 5S activities. These are fully described in this guidebook.

In addition, it is vital to be well-organised in the operation of 5S activities, since the activities are an intra-organisational movement involving the entire workforce of a health facility. Proper navigation of 5S activities is the key to continuing and perfecting the organisation-

wide implementation of 5S activities. It is mandatory that a systematic approach be taken in sensitization, training, team-building, periodical coaching and supervision of the work units by the QIT, in order to push the process forward to reach full coverage of ongoing 5S activities in all areas of a hospital, including the backyard, central services, in-house logistics and service frontlines. Without hospital-wide implementation of 5S activities, we cannot improve the work environment, which is directly connected to patient care.

GLOSSARY

Hospital management
The process of dealing with or controlling service-creating mechanisms and/or personnel

System
A set of things working together as parts of a mechanism or inter-connecting network

Output
The amount of healthcare results produced by a health facility

Input
What is brought in or taken into the service-creating system of a hospital

Monitoring and evaluation
Monitoring is an observation and check on the progress or quality of work. It uses indicators over a certain period of time as a systematic review.
Evaluation is a judgement based on monitoring results about the amount, number, or value of products or results of work.

Goal
The long-term objective of an organisation's ambition or effort; an aim or desired result

Value co-creation in hospitals
A process or action to create three values (products, patient satisfaction and employee satisfaction) through full participation of hospital employees

Health service
A public service providing medical care

Customer satisfaction
Fulfilment of clients' wishes, expectations, or needs

Employee satisfaction
Fulfilment of staff members' wishes, expectations, or needs

Productivity
The effectiveness of productive effort, especially in industry, as measured in terms of the rate of output per unit of input

Quality
The standard of service as measured against other things of a similar kind; the degree of excellence of something

Cost
An amount that has to be paid or spent to buy or obtain something

Service delivery system
The mechanism of supply or provision of services to patients or clients

Safety
The condition of being protected from, or unlikely to cause, danger, risk, or injury

Morale
The confidence, enthusiasm, and discipline of a person or group at a particular time

Morals
Standards of behaviour; principles of right and wrong

Motivation
A reason or reasons for acting or behaving in a particular way

Attitude
A settled way of thinking or feeling about something

Mind-set
The established set of attitudes held by someone

Resources
A stock or supply of funds, materials, staff, and other assets that can be drawn on by an organisation in order to function effectively

Human resources
The personnel of an organisation, regarded as a significant asset in terms of skills and abilities

Medical equipment
The necessary items for a particular purpose in medical care

Preventive maintenance
The designed activity or process for avoiding malfunction of machinery (equipment)

In-house logistics
The activity of transporting goods to internal customers involved in a certain work process

Work method
A particular procedure for accomplishing or approaching an objective, especially a systematic or established one

SOP (Standard Operational Procedure)
Established or prescribed methods to be followed routinely for the performance of designated operations or in designated situations

CQI (Continuous Quality Improvement)
A management philosophy (called KAIZEN in Japanese) that organisations use to reduce waste, increase efficiency, and increase employee and customer satisfaction

KAIZEN
A Japanese term; an approach to creating continuous improvement based on the idea that small, ongoing, positive changes can reap major improvements. It is based on teamwork and commitment of the staff, and stands in contrast to approaches that use radical changes or top-down edicts to achieve transformation.

Muri, Muda, Mura
Muri: A Japanese term; a burdensome or strenuous situation in the workplace

Muda: A Japanese term; waste in work processes
Mura: A Japanese term; irregularities in processes

Team
A group of staff that acknowledges a common goal, has a stable membership, shares roles, maintains smooth communication, respects leadership, shares outcomes of their jobs, and has mutual trust

Teamwork
The combined action of a group, especially when effective and efficient

Teambuilding
The action or process of causing a group of people to work together effectively as a team, especially by means of activities and events designed to increase motivation and promote cooperation

Leader
The person who leads or commands a group, organisation, or country

Leadership
The art of influencing and directing team members to obtain their obedience, confidence, respect, and loyal cooperation in achieving common goals. The three important aspects of leadership are goal setting, teambuilding, and individual care for the members.

QIT (Quality Improvement Team)
The QIT guides all Work Improvement Teams (WIT) and coordinates training, monitoring, and accreditation on 5S. It also promotes CQI (KAIZEN).

WIT (Work Improvement Team)
A WIT is a small team of staff formulated at each work unit. WIT members hold regular meetings to navigate 5S activities and to try to solve the problems recognised in their workplaces and work processes.

Work environment
The location where a task is completed. Pertaining to a place of employment, the work environment involves the physical geographical location as well as the immediate surroundings of the workplace.

5S principles

The 5S principles are derived from five Japanese words: Seiri, Seiton, Seiso, Seiketsu, and Shitsuke. These have been translated into English roughly as Sort, Set, Shine, Standardise, and Sustain. The principles are a complete set of simple and universal managerial tools for work environment improvement.

ABBREVIATIONS AND ACRONYMS

5S	Sort, Set, Shine, Standardise, and Sustain: a set of practices for the improvement of the work environment
CQI	Continuous Quality Improvement
GH	General Hospital
JICA	Japan International Cooperation Agency
MOH	Ministry of Health
QI	Quality Improvement
QIF&SP	Health Sector Quality Improvement Framework and Strategic Plan
QIT	Quality Improvement Team
RRH	Regional Referral Hospital
SOP	Standard Operational Procedures
TQM	Total Quality Management
WIT	Work Improvement Team

1 INTRODUCTION

This guidebook is intended to enable 5S-Continuous Quality Improvement (CQI or KAIZEN)-Total Quality Management (TQM) (5S-CQI (KAIZEN)-TQM) facilitators and leaders of health facilities to effectively implement the training, supervision, and coaching of 5S principles. It will provide facilitators with tips for conducting high-quality and efficient trainings in 5S principles and for practicing 5S at health facilities, regardless of the level or location.

5S stands for five Japanese words: Seiri (Sort in English), Seiton (Set), Seiso (Shine), Seiketsu (Standardise), and Shitsuke (Sustain). 5S is a universal and basic approach to organising the work environment in order to improve the quality of goods and services, under a philosophy of full participation of staff members. The 5S principles have been used in the manufacturing sector in Japan since the early 1960s, and were later applied to the health sector. Health services require quality, safety, efficiency, and timeliness. In the late 20th century, the principles were actively adopted by government hospitals of several developing countries. Following great success in Sri Lanka during a chronic shortage of resources, 5S-CQI (KAIZEN)-TQM was rolled out to 15 African countries, including Uganda, through the programme "Total Quality Management for Better Hospital Services". The program was implemented by the Japan International Cooperation Agency (JICA).

In Uganda, 5S-CQI (KAIZEN)-TQM was launched at Tororo General Hospital in 2007. Through training and the allocation of volunteers, JICA provided technical support for the extension of 5S activities to neighbouring health facilities. In 2012, the Ministry of Health (MOH) launched the Health Sector Quality Improvement Framework and Strategic Plan (QIF&SP), which recommends that health facilities start 5S as fundamentals of CQI (KAIZEN). The MOH, with JICA's support, implemented "the Project on Improvement of Health Service Through Health Infrastructure Management" (the Project) from 2011 to 2014. The Project focused on implementing 5S-CQI (KAIZEN)-TQM as a

component of QI at seven Regional Referral Hospitals (RRH), two General Hospitals (GH) and one Health Centre IV. The current phase of the Project, from 2016 to 2020, extends the 5S-CQI (KAIZEN)-TQM approach to all RRHs in the country.

5S can be implemented simply, systematically, and logically; it is not obscure or contrary to human nature. It allows health facilities to organise their work venues as safe and efficient places, helping them to save time and reduce waste. The organised work environment promotes the creation of new ideas and innovations. 5S also leads to better routine work processes and provides employees with opportunities to strengthen their sense of ownership and responsibility.

2 GOAL AND OBJECTIVES OF THE GUIDEBOOK

[Goal]

5S-CQI (KAIZEN)-TQM facilitators will contribute to the improved operation of ongoing 5S-CQI (KAIZEN)-TQM activities.

[Objectives]

5S-CQI (KAIZEN)-TQM facilitators will improve their knowledge of planning, navigating, and monitoring 5S activities through practical exposure to various examples.

[Expected outputs as a result of using the guidebook]

1. The guidebook enables its users to understand how to effectively deliver messages related to 5S principles and practices to the trainees at the training courses.

2. The guidebook enables the users to understand the logical structure of managerial frameworks for hospital management (the **"Mountain of Management"**), together with the implications of 5S activities and CQI (KAIZEN) implemented through developed teamwork.

3. The guidebook enables the users to conduct well-structured and effective presentations on the **Mountain of Management**, 5S principles, 5S techniques and tools, and the organisation and navigation of 5S activities, using self-developed teaching materials (in particular, the **"Write, Speak and Discuss System"**).

4. The guidebook enables the users to respond to questions about 5S in the training course with brief, clear, and correct answers.

[Target users of the guidebook]

Principally, the target users of the guidebook are 5S-CQI (KAIZEN)-TQM facilitators at all levels. The guidebook can also be a good reference for teachers, trainers and instructors at schools of medicine or nursing who are going to train learners in 5S principles and practices, and those who plan and coordinate the 5S trainings.

3 REQUIRED CAPACITIES OF 5S-CQI (KAIZEN)-TQM FACILITATORS

Training is the teaching or developing of skills and knowledge which directly or indirectly relate to the learners' specific competencies. Training has the specific objective of improving one's capability and/or performance. Training in training skills forms the core of apprenticeships for facilitators and provides them with content knowledge on 5S.

In addition to the basic training for 5S-CQI (KAIZEN)-TQM facilitators, there is a need to make continuing efforts to be capable 5S facilitators. Facilitators should maintain, upgrade and update their skills throughout their working life.

As described in the 5S-CQI (KAIZEN)-TQM implementation guidelines in Uganda, the required capacities for facilitators at any level are as follows:

- Proper knowledge of 5S-CQI (KAIZEN)-TQM principles, tools and implementation structures.
- Proper knowledge of leadership and the seven elements of management: productivity, cost, quality, delivery of services, safety, morals, and morale.
- Skills in instructing 5S-CQI (KAIZEN)-TQM principles, supporting the implementation structure, and using tools.
- Skills of co-active coaching to seek countermeasures to identified problems together: e.g. listening, intuition, curiosity, deepening/ forwarding, and self-management.

4 PLANNING OF THE TRAINING PROGRAMME

The following topics will be presented at a 5S training programme:

No.	Topic	Objectives (By the end of the session, training participants can ...)	Mode of activities	Time (min.)
1	Management	· Define what management is. · Understand the Mountain of Management (seven steps of managerial actions, including team building, teamwork, 5S principles, and CQI (KAIZEN)), and the seven managerial targets for continuous improvement.	· Lecture · Discussion (Interactive session)	50
2	5S principles and activities	· Understand the definition of 5S as a tool for improving the work environment. · Explain what Sort, Set, Shine, Standardise, and Sustain are.	· Lecture	50
			· Practice · Group discussion · Group presentation	100
3	5S tools and techniques	· Understand which tools are available for implementation of 5S activities. · Use the 5S tools.	· Lecture	50
			· Practice · Group discussion · Group presentation	100
4	Organisational aspects and navigation of 5S activities	· Understand the process of application of 5S at health facilities. · Understand organisational aspects of 5S implementation, such as the Quality Improvement Team (QIT) and Work Improvement Team (WIT). · Understand the navigation of 5S activities.	· Lecture · Discussion · Interactive session)	50

[Programme of the training]

Shorter is better. Training programs can be from one to three days, depending on the time available. The number of key messages presented will depend on the number of days available.

A training day is normally six hours: three hours in the morning and three hours in the afternoon. A key message is delivered in a 50-minute session, followed by a five to 10 minute break. Thus, six key messages can be delivered to trainees in one day of training.

[One message per 50-minute session (module)]

Limit each 50-minute session to one main message. If too many messages are given in one session, it can be difficult for trainees to digest all of the information. 5S-CQI (KAIZEN)-TQM facilitators should set one main message (along with supporting information) per session, and concentrate on teaching the main message to avoid losing focus.

5 TIPS FOR PLANNING HIGH-QUALITY TRAININGS

[Venue]

In terms of size, the training venue should be big enough to comfortably fit the number of trainees who are scheduled to attend the training. For group work, the venue should be spacious enough for three to five groups. Good lighting is important to ensure that trainees can read flip charts and posters on the wall. Electricity should also be checked in advance, to make sure that computers and projectors can be used on the day of the training. Keep in mind that the training organiser may have to adjust some aspects of the training to suit the available venue. It is normally difficult to find a fully equipped venue at hospitals. Therefore, facilitators and the team should be flexible in terms of the training venue environment.

[Size of trainee group]

At hospitals, a good number of trainees for a single training is about 10 to 30. During the training, the facilitator speaks directly to the trainees, without using a microphone.

5S principles are shared most effectively through a "seminar" format. A seminar is a group meeting (either face-to-face or online) in which a number of trainees participate as actively as, or more actively than, the facilitator. The facilitator is responsible for organizing the group work, for example by choosing topics and assigning tasks to individual trainees.

[Tools and materials for teaching]

It is important to ensure that all basic tools are in order. Before a training, facilitators should make sure that the following items are available: a large white board (with eraser), two flip charts, markers, copy paper, a stapler, and other basic stationary.

In addition, facilitators should avoid the overuse of PowerPoint presentations. In order for trainees to better absorb the material, it is

recommended that key messages be delivered in writing, quickly but carefully, using a white board and flip chart, or the "card method". The essential messages should be summarised and given to trainees as handouts, during or after each session.

A facilitator is making a presentation using the card method.

[Language]

The common language of the trainees should be used as the teaching language, and facilitators should avoid using difficult wording and rhetoric in speech. If the common language of the trainees is different from the language used by the facilitator, and an interpreter is needed, a thorough briefing should be done in advance, to make sure that the interpreter understands the definition of terms to be used in the training. If English is used as the main teaching language, the definition of each important term should be expressed in plain English. If other local languages have to be used, the important definitions should be fully scrutinised, in advance, for precise translation from English to the language(s) used in the trainings.

[Tea break]

It is mandatory for both trainees and the facilitator to take regular breaks during trainings. Particularly when the trainees are not familiar

with the topic, a tea or coffee break provides them with an important opportunity to check their understanding and exchange opinions.

[Facilitator's voice]

Facilitators are required to train their voice to reach the entire venue without using a microphone. If a microphone is available, however, it can be used (avoiding over-loudness). In addition, facilitators are expected to pronounce important phrases clearly for better understanding.

[Timekeeping]

During the trainings, timekeeping should be done in a flexible way. However, the starting time and ending time should be kept according to the plan. Both the facilitator and the trainees should make their best effort to avoid delays. It is recommended to have a support staff act as timekeeper.

[Interactive session]

During training sessions, a one-way method of message delivery will not make an impact on the trainees. Interaction between the facilitator and trainees during recognition and understanding of the delivered messages provides an invaluable opportunity for trainees to truly digest and understand the key issues. Meaningful training means that the trainees must go beyond superficial comprehension of facts, ideas or principles to reach a profound understanding of what 5S principles mean to them.

[Group work and group dynamics]

Group work can be an effective approach for motivating trainees, encouraging active learning and developing trainees' communication and decision-making skills. However, if group work is conducted without careful planning and facilitation, it can frustrate trainees and facilitators, and feel like a waste of time. In group work, trainees work collaboratively on tasks set by facilitators. Topics for group work should be prepared according to the training programme theme.

The tasks for group work should be challenging for the trainees. The 5S-CQI (KAIZEN)-TQM facilitator should assign group tasks that encourage involvement and interdependence among the group members, taking into consideration the size of the group (possibly five to six members). Group formulation should be done strategically to

create a competitive atmosphere. After explaining the objectives and the rules, sufficient time should be given to each group.

In addition, facilitators should try to predict the group's answers and/or consensus in advance, in order to be able to respond to the questions that come up in the discussion session after the group work.

5S practice in organizing a notice board (group work)

[Facilitation]

For 5S-CQI (KAIZEN)-TQM facilitators, good facilitation skills are particularly important in group work. When groups need to make decisions or engage in a planning process, a trained facilitator makes the process easier and more efficient for everyone involved. A good facilitator can keep the group work focused on the topic or the problem to be solved by 5S. Also, the facilitator reminds group members to consider the broader context of the issues, and provides a neutral perspective. The facilitator helps the group to achieve useful outcomes and gives the group a sense of accomplishment.

6 TEACHING MANAGEMENT

(1) What is "management"?

The term "management" is a complex word, and the definition is not simple or clear-cut. In our context of training health staff working at government health facilities, "management" can be defined as follows:

Management is the process of guiding an organisation to achieve pre-set objectives through transforming injected and existing resources into goods or services. It is, thereby, possible to explain in the very beginning of the training programme that "Hospital Management" is a process of transforming health resources into services, by which the hospital can contribute to the health of patients and clients.

Good management is a determining factor for the production of safe and high-quality hospital services with the best obtainable utilisation of personnel, machines, materials, and funds. The framework of management comprises the highly influential functions of organising, planning, controlling, and directing resources in order to achieve the objectives of the hospital's policy.

Managers have the power and responsibility to make decisions and oversee all processes to create services. The number of managers can range from one person in a small health facility to more than 10, including the top management, in a large-scale hospital.

(2) 5S activities are the essential foundation of the Mountain of Management

1) Climbing the Mountain of Management

In the 5S training course, a logical framework of hospital management is shared with the participants. It is crucial for the participants to recognise the position and implications of 5S

activities within the management framework, called the **Mountain of Management** or **Pyramid of Management**.

The Mountain of Management

In this session, the seven steps of managerial action should be explained using plain language, with clear demonstrations of the key words for each step. The important message here is that the implementation of 5S activities is not the final goal, but a crucial starting point for achieving managerial objectives at higher levels in the Mountain of Management. Also, it should be emphasised that 5S is a useful opportunity for promoting staff teamwork at their respective work units in a hospital.

2) Team and teamwork

For maintaining teamwork, a group of staff should have specific objectives and the capacity to carry out the job. In order to be called a "team", the group should have the following seven elements: (1) shared goals, (2) stable membership, (3) shared roles, (4) smooth communication, (5) appropriate leadership, (6) shared outcomes of teamwork, and (7) mutual trust between the leader and members. The leader's

role is obviously important in setting goals for the team, doing team building, and taking personal care of team members.

The elements of the Mountain of Management connect to each other logically by a "means-ends relationship" from the foundation (the foot of mountain) to the goal (the top of mountain). During the explanation, 5S-CQI (KAIZEN)-TQM facilitators should highlight this logic when the relationship between the different layers (steps) has to be touched upon.

3) Problem-solving through CQI (KAIZEN)

CQI is a term created in the United States, while KAIZEN (a Japanese word meaning "change for the better") was developed in Japan and used by Toyota Motor Corporation in the 1960s as a management concept for production. CQI and KAIZEN are both systems for problem-solving and seeking sub- or partial optimisation of the work systems of a health facility, whereas Total Quality Management (TQM) is a measure of seeking the overall optimisation of the production (service provision) system of the health facility.

In our context for CQI (KAIZEN), a health facility, the slogan is 3M. 3M stands for three Japanese words: Muri (overburden), Muda (waste of time and resources), and Mura (irregularity). This should be emphasised in the training. These three unfavourable situations should be reduced to create a "lean system" for service provision. If CQI (KAIZEN) activities are conducted at all work units, including the backyard and in-house logistics, partial optimisation of the hospital service creation system will be achieved. The data, information, and evidence related to problem-solving outcomes can be sent through the hospital management information system to the management core group of the hospital, from the work venues where CQI (KAIZEN) activities are carried out.

If there are 30 work units in a health facility, at least 60 CQI (KAIZEN) attempts can be done annually. Two attempts per work unit per year is an ideal number in the beginning of the intra-organisational movement of CQI (KAIZEN). The results of these activities can be used by top management and the management core group for planning, budgeting and resource allocation for the respective work units. However, if there is no sense of teamwork at the work venues, CQI (KAIZEN) problem-solving cannot be properly

implemented as a part of the routines. In other words, CQI (KAIZEN) cannot be accomplished by the efforts of individual staff members, acting alone, or by ad-hoc attempts of the leader.

Once CQI (KAIZEN) becomes an organisation-wide activity, the 4Ms can be stabilised and maximally improved. The 4Ms are:

- Men and Women (the morale and capacity of human resources),
- Machines (the operational condition of the equipment),
- Materials (drugs and other consumables), and
- Methods (Standard Operational Procedures (SOPs)).

The 4Ms are gradually improved by repetition of CQI (KAIZEN) at all work units, including the backyard, in-house logistics, central services, administration, and frontline medical services. Repeated sessions of problem-solving bring about the optimisation of work processes at the work units. The accumulation of positive changes contributes to the total optimisation of resources and work methods in the hospital.

4) Decision-making by top management

Problem-solving results gained through CQI (KAIZEN) activities provide what we call "quality information" to the management core group of the hospital. The data, information and evidence are regarded as more reliable than those compiled without CQI (KAIZEN), since they originate from the "lean work processes" of CQI (KAIZEN). The top management is, therefore, able to make decisions on planning based on the actual needs of each service frontline.

The organisation-wide implementation of CQI (KAIZEN) should be promoted by the QIT and the management core group of the hospital. If a hospital has 30 work units, including the backyard, logistics, administration, and medical service frontlines, the QIT will expect about 60 CQI (KAIZEN) topics and solutions per annum. Each work unit has multiple, area-specific jobs. At each work venue, the jobs (work processes) should be improved. The top management and the management core group are asked to scrutinise the improved results and reflect those results to the allocation of resources.

5) Seven managerial targets that lead hospitals to social value creation

The seven managerial targets are: productivity, quality, cost, service delivery systems, safety, morals, and morale. The top management should monitor these targets and seek continual improvement.

In a sense, these targets are independent variables, which are frequently influenced directly or indirectly by the internal or external environment, and by the direction of the top management. Issues of productivity, quality and cost should be discussed with a sense of seeking balance, since these three parameters are interconnected. In addition, the service delivery system within the hospital is an important parameter for reaching clients and patients without delay. Safety issues come to the management scene as a precondition of service delivery in order to protect clients, patients and staff from incidents and accidents. Issues of morale (motivation and attitude, discipline of staff in a team) and morals (staff work ethics as individuals) are prerequisites for running a hospital as a place to create social values in the community that the hospital belongs to.
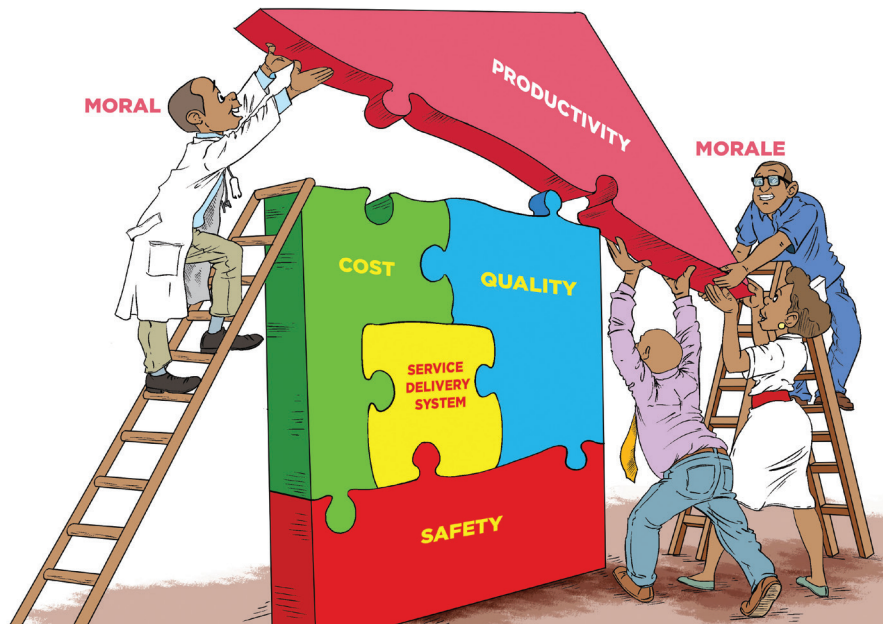
Seven managerial targets

By managing these seven managerial targets with enhanced CQI (KAIZEN) activities, the hospital and its workforce are able to jointly create the following three social values:
1. Improved products (services),
2. Patient (client) satisfaction, and
3. Employee satisfaction.

The final products of health facilities, including hospitals, are of course, the various medical and non-medical services. These services should be the best obtainable, the result of improved productivity, quality and gradually reduced costs. Furthermore, safety should be assured for patients (clients) and staff. Employee satisfaction is an important part of the social values, since we cannot expect staff who are suffering from frustration and stress to produce patient (client) satisfaction. The work environment, after applying 5S, lean work processes and CQI (KAIZEN), is the determinant of employee satisfaction. Through improved attitude, discipline and communication among staff members, the hospital can improve patient (client) satisfaction. We should recognise that only by improving products (services) can we guarantee success in the difficult task of jointly creating these social values.

6) Tips for facilitators for successful teaching of the Mountain of Management

Teaching management in the context of this guidebook is a process of sharing the managerial framework. The term management implies a system for controlling production (service creation and provision) and mechanisms comprised of various decisions made by managers, as well as the participatory process of the workforce in this decision-making. For our trainees attending interactive seminars and workshops, it is vital to have a quick overview of the entire management framework (the Mountain of Management). Without this understanding, trainees might not be able to acquire a multi-dimensional way of thinking about 5S principles and activities.

When training frontline health staff, start the explanation from the base of the Mountain of Management, identifying their daily work of 5S as the starting point of climbing the high mountain, made of managerial steps going up to the "goal of healthcare".

When training managerial staff, including top management, who tend to have a goal-oriented way of thinking, start the explanation from the summit of the Mountain. In this approach, particular emphasis is given to the countermeasures that can be used to achieve the goals.

(3) Ministry of Health (MOH) and health facility managers share management responsibility

It is worthwhile, in the training programme, to reconfirm the fact that we are managing a complicated organisation called a "hospital". Aside from private ward fees, government hospitals do not earn a cash income for the services they provide. The funding for running hospital services is provided by the government, either directly or indirectly. However, hospitals are chronically underfunded, as the demand for services is always increasing.

There is also a chronic shortage of human resources in many health facilities. Often, there are not enough doctors and nurses. Furthermore, staff attrition is also a problem, and the morale of teams in hospitals is not always well-maintained. Some teams have a high morale, but others do not always work with a positive attitude. Often, communication among different clusters of staff is not smooth, and health professionals are segregated according to their specialty and rank.

Hospitals are normally quite large. It is, therefore, difficult for staff and patients to move from one part of the hospital to another quickly. Physical facilities, hospital equipment and other hardware deteriorate over time, but the budget for maintenance activities is not always sufficient. Moreover, the need for funding is increasing with the advancement of medical technology, as medical equipment often needs to be updated or replaced. In addition, the in-house supply system of consumables is often interrupted due to unexpected delays in receiving supplies from outside. The procurement system is not flexible and does not allow the staff to purchase small items like stationary from the market using petty cash.

Internal and/or external development partners also support health services in various ways under the coordination of the Ministry of Health (MOH). However, due to a chronic shortage of government funds, it is not easy to support all health facilities in a

timely and needs-oriented manner. Priorities in terms of needs are carefully assessed by the MOH for maximal use of available funds.

The responsibility for managing each health facility should be taken by the top management team and the management core group, even in the complicated situation described above. Managers should be sensitive to the overall non-medical safety of the hospital premises, as well as the safety and quality of healthcare services being provided by health staff. Just as the government is responsible for funding health facilities, the hospital management core group (the director or superintendent, chief administrator, department heads, principal nursing officer, etc.) of each facility should be responsible for creating the best obtainable working environment for delivering services under the given conditions. Having said so, let us not forget the existence of middle managers and the actual workforce on the ground level. In fact, everyone serving as a government employee shares the managerial responsibility with the management core group. Employees are particularly responsible for the management of their own working territory, which is an important function of the health facility.

(4) Technology and management cannot be separated!

Healthcare services need updated technology. The influence of ongoing innovation is unavoidable, and the cost of healthcare never takes a downward trend. Is it acceptable that Uganda is excluded from the use of modern technology? The answer is "No". In the 5S training, the 5S-CQI (KAIZEN)-TQM facilitator should emphasise that we need to integrate modern medical technology into our routine medical services. To this end, health facilities in the government sector need to strengthen their managerial foundation to maintain medical equipment in good working order.

The managerial capacity of managers at health facilities should always be improving, regardless of whether the facility belongs to the government or the private sector. Otherwise, medical equipment cannot be utilized over a long period of time to create services for our clients and patients. Imagine that a government hospital receives a sophisticated ultrasound machine from the MOH. The hospital is required to fulfil several managerial requirements. Apart from teaching staff how to use the machine

for diagnosis, the following managerial issues are prerequisites for maintaining the function of this machine in the long term:

1. Proper planning for the machine use is in place,
2. The machine is kept in an appropriate room and/or space at the health facility, and
3. Users operate the machine with care to avoid malfunction and breakdown.

It is obvious that the value of the new ultrasound machine cannot be maintained by the machine operators or doctors alone. Managers and staff must discuss the managerial practices necessary to sustain the value of this hardware. Rules should be set for the multiple conditions related to keeping the machine in the best possible condition. The physical working environment (facilities), equipment, consumables, work system, and performance of staff are all important elements of the managerial foundation. In order to stabilize this foundation, the full participation of the staff in routine managerial practices is mandatory. In the 5S training course, the facilitator should emphasize that if management fails, technology fails too. Or "if a system fails, quality also fails." This is a provocative phrase which draws the attention of the audience.

(5) 5S training: An effective way to share managerial keys to success with staff

In 5S training, 5S-CQI (KAIZEN)-TQM facilitators can send the valuable message to trainees that learning and practicing 5S activities is an opportunity to change people's attitudes from negative to positive and to strengthen their self-esteem as health professionals. If they are not confident as health service providers, they cannot see their future as a bright and blessed one. They sometimes underestimate themselves due to their inability to organise their work environment. They are trained at schools and have obtained qualifications. They deserve to have an enabling working environment that will support their pride in their work and their professional capacity.

Obviously, hospital authorities and the MOH are responsible for maintaining the work environment through the proper allocation of funds. At the same time, health professionals should also take responsibility for maintaining the best obtainable work environment. For this purpose, the existence of workable teams and daily teamwork are essential. However, a team cannot strengthen its capacity within a few days, and a positive attitude cannot be created among team members within a short time. One effective way to change the staff's attitude toward their routine work is learning through experience with the "success story in management".

The success story should be created by the staff, not the superintendent or other hospital executives. By creating the story themselves, the staff will have the chance to change something in their work environment. The first step is to remove an inconvenient situation or routine. Even staff members who don't have the energy to think about how a change will benefit the patients/ clients will appreciate the fact that their working life will be made easier. A success story is achieved firstly through improvement of the physical work environment. Thereafter, staff members will begin to make the connection between other issues (such as time saving, safety promotion, and mistake-proofing) and benefits to patients and clients. In terms of problem-solving, 5S activities are like seedbeds for young trees. The repetition of small successes is a source of energy and also the mother of attitude change.

7 TEACHING 5S PRINCIPLES AND ACTIVITIES

(1) Definition: 5S as a tool for work environment improvement

Well-organized shelf with different medicines at an inpatient pharmacy (Kabale RRH)

The work environment is one of the factors that influence the productivity, quality and safety of routine work at health facilities. If the physical environment is not organised, we cannot expect any improvement in employee satisfaction and patient (or client) satisfaction. No one enjoys a disorganised environment. However, it is also true that a cynical attitude still exists among some personnel. This hinders the promotion of teamwork in improving the work environment.

5S principles are a universal tool for improving the work environment across various sectors. This "managerial infrastructure" promotes self-reliant problem-solving and improvement in the quality of products (in health facilities, the products are health services). In our present situation, there is a chronic shortage of resources, and new medical technologies and equipment are brought in mainly from outside of the country. However, without continued efforts to strengthen the managerial foundation of our health facilities, these new technologies and equipment cannot be utilised in a stable manner. At the present time, 5S activities have not been systematically implemented as an organisation-wide practice in many hospitals in the government sector.

The role of present and future 5S-CQI (KAIZEN)-TQM facilitators using this guidebook is to disseminate 5S principles and activities, and to stabilise the implementation of 5S as a part of the routine work of all categories of hospital personnel.

(2) Sort

Separate necessary and unnecessary items in work venues, and remove unnecessary items and clutter.

The first element of 5S, Sort, kicks off the change. In the training, facilitators should emphasise the role of leaders in different positions of the management ladder in kicking off 5S activities by implementing Sort. Once the "red tag system" has been implemented and an "unwanted items store" has been created, it is essential to use a systematic approach in removing the unnecessary items. If this is not done, the process of Sort will gradually become stagnant. Discarding appears to be a simple process, but in practice it is not easy to remove all unnecessary items as an official part of the management system. Discarding can turn out to be a cause of disorganisation in hospital waste management practices if large volumes of solid waste are simply piled up in the hospital backyard.

(3) Set

Put everything in its place neatly in work venues.

Set is the highlight of 5S activities, in which all staff members are asked to join in and offer ideas for reducing their workload and resolving technical difficulties caused by disorganisation. In the training, 5S-CQI (KAIZEN)-TQM facilitators guide the participants in acquiring full knowledge of 5S tools and methods that are useful in the implementation of Set procedures (see Section 8).

Photos of tools, taken by the facilitator or QIT members during their rounds at different hospitals, are essential in teaching. Each photo should be labelled with a clear message about the purpose and actual utility of each tool. Seeing the outcomes of efforts made by the staff of other hospitals will strengthen the trainees' motivation and encourage them to compete with the improvements made by their colleagues. Photos from other countries are also useful in training. Success stories from other countries, particularly developing countries, are motivating to the trainees.

(4) Shine

Maintain cleanliness of work venues, with the full participation of staff.

The cleanliness of a private home is important for keeping the family members healthy and happy. For this reason, people try to keep their homes clean and tidy. Government health facilities, regardless of the category or size, should also be kept clean and tidy, as they are the property of the government and the people. Cleanliness also reflects the staff's mind-set in terms of the sense of responsibility that they feel for their work venue.

For achieving and maintaining the cleanliness of the work environment, the full participation of all employees is essential. Each work territory should be overseen by the staff member in charge, rather than relying only on the regular work of cleaning staff. Cleaning staff cannot touch or move items such as tools and documents. These items should be 100 percent under the control of the staff member in charge of the work area.

The availability and condition of cleaning tools and supplies is a determinant for successful participation in Shine, as well as for

the level of cleanliness achieved. Cleaning tools such as brooms, mops, buckets, dust cloths, dustpans, and dustbins should be stored with essential supplies, such as soap and disinfectants. In addition, the cleaning items should be kept in a designated location, in good order and with good visibility. In hospitals, we need to establish a kind of "organisational culture" in which all staff pay attention to and respect orderliness in cleaning systems and activities.
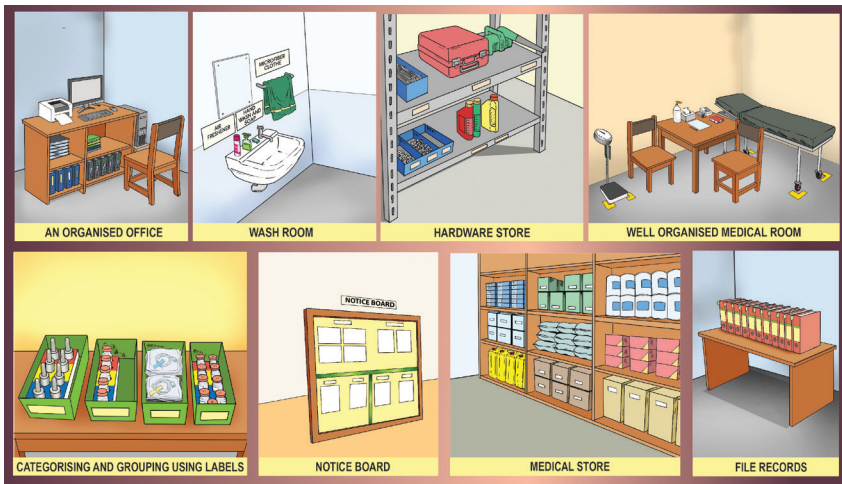
It is a good idea to regularise participatory cleaning activities in all work venues of the hospital, using the initiative of the top management and their core management group. The activity should be done within working hours, to avoid putting an excessive workload on the staff. A 10-minute Sort and Set session before starting work in the morning can be a daily 5S activity for all. Shine can be added as a weekly activity. For instance, a 15 to 30 minute Shine activity every Wednesday afternoon will promote the improvement of cleanliness. A simple checklist can be used for monitoring this Shine activity at each work venue. The checklist can be designed by the QIT and standardised after being trialled and modified.

For better teaching of Shine, the facilitator should emphasise the importance of regularised practice throughout the hospital. In addition, facilitators should repeatedly share the message "A clean and tidy work environment is the manifestation of the staff's positive attitude toward professional perfection." Contrasting photos of a clean environment and an unclean one is also an effective way to shake learners' emotion.

(5) Standardise

Make Sort, Set, and Shine essential parts of everyone's work routine by establishing a work system and rules.

The expansion and standardisation of Sort, Set, and Shine at each work venue, using 5S tools and techniques, is the Standardise step of 5S. The outcome of Standardise is a state in which organised work venues can be observed at any location in the hospital. Once 5S has advanced up to Standardise, the facilitators should conduct additional training for WIT leaders on the three initial steps of 5S, both for horizontal expansion and to perfect each step. For facilitators, it is crucial to teach the standard techniques for handling 5S tools and methods. The techniques for using the tools should be simple but effective. Maximal use of existing resources should be stressed in your teaching, with demonstrable examples.

AN ORGANISED OFFICE | WASH ROOM | HARDWARE STORE | WELL ORGANISED MEDICAL ROOM

CATEGORISING AND GROUPING USING LABELS | NOTICE BOARD | MEDICAL STORE | FILE RECORDS

(6) Sustain

Improve self-discipline for continuing Sort, Set, Shine, and Standardise through periodic learning opportunities organized by the QIT and WITs.

Sustain is the final step of 5S. With Sustain, hospitals can expect further improvement in the staff's attitude toward the implementation of 5S activities. At the same time, this step is an effective transitional phase from 5S to CQI (KAIZEN) for solving problems in routine work. For realising a smooth transition, it is necessary to increase the staff's sensitivity to inconveniences and adverse factors in their work flows. Learning opportunities should be periodically given to WIT leaders and members. The QIT should provide facilitators, who should hold periodic WIT meetings. Short weekly meetings are extremely useful for a quick review of 5S activities, while monthly hour-long meetings are useful for learning purposes; these meetings should become routine management practice in hospitals.
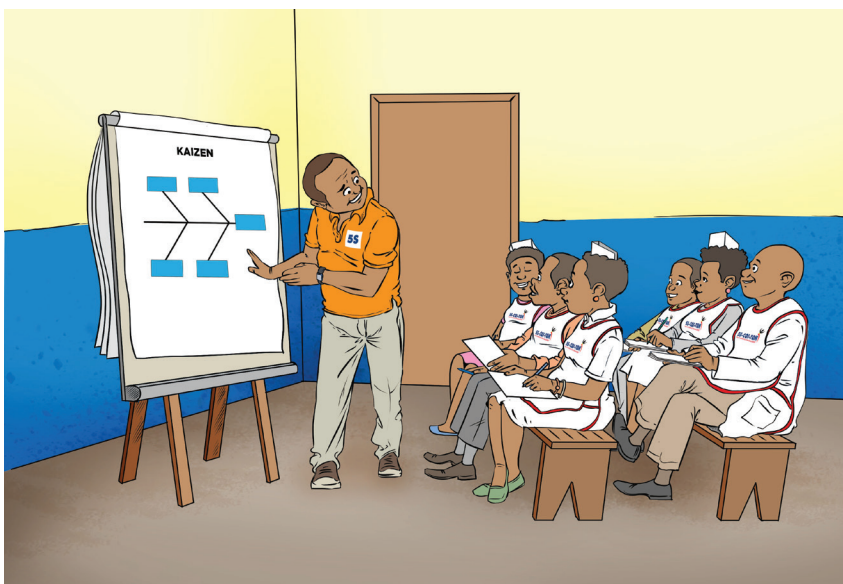
The weekly meetings should be short and efficient (less than half an hour). The meeting should consist of a quick review of 5S practices to monitor advances, stagnation and setbacks. Information exchanges and discussions, particularly on the causes and effects

of visible problems in the work venue, can be interesting topics for the meeting. It should not be an occasion for blaming a person or group, but an occasion for recognising the causes of problems and suggesting countermeasures.

Monthly meetings are an occasion for learning new things. The performance of QIT members is key to the success of these meetings. QIT members are expected to provide topics for learning, such as new tools for 5S activities and/or indispensable elements of CQI (KAIZEN). One topic per meeting is enough. The assigned QIT member should provide the meeting participants with simple and brief, but clearly written, hand-outs.

8 TEACHING 5S TOOLS AND TECHNIQUES

(1) Use of 5S tools and techniques with a flexible way of thinking

The tools and techniques described in this chapter are standard and are applicable to any situation in 5S implementation, regardless of the location or level of the health facility. The use of the tools and techniques does not have to be a precise copy of the methods in this guidebook. Maintaining the basic ideas, the 5S-CQI (KAIZEN)-TQM facilitators can suggest modifications and/or additions, depending on the availability of resources and the preferences of the staff engaging in 5S. It is recommended that, in addition to giving a verbal explanation, the facilitator demonstrate some actual techniques of 5S tools in trainings. For instance, when discussing labelling and tagging, facilitators can use available materials to show trainees how to make an actual label and tag.
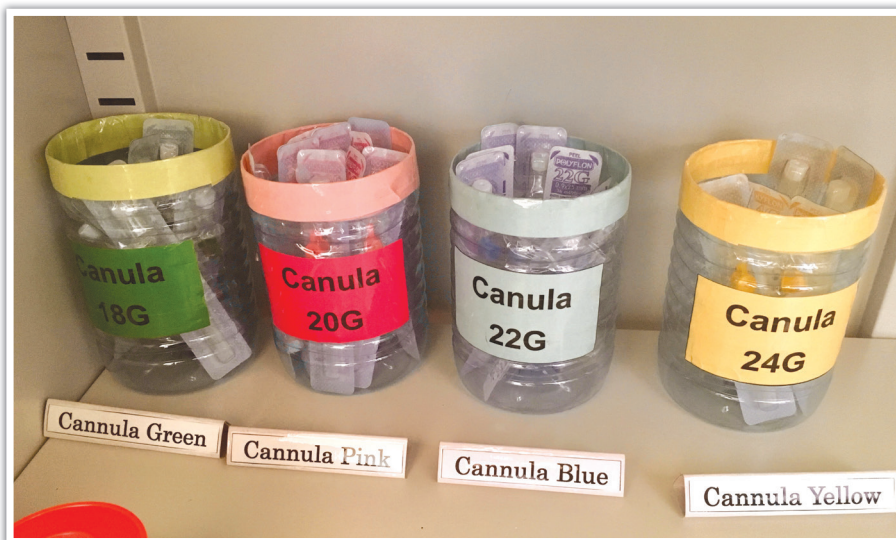

A good example of combination of 5S tools. (Entebbe RRH)

(2) Tools for Sort

1) Unwanted items store

Sort is the first action in 5S. It is effective to explain this important action in the very beginning of your session on 5S tools and approaches. In Sort, the 5S actors have to remove unwanted items such as non-functioning equipment, broken furniture and tools/ devices that are not needed in routine work. A special storage area should be arranged for these items, as the hospital cannot discard them until the permission is issued by the government. Although these items are unwanted, they should be stored neatly and meticulously, following 5S principles.
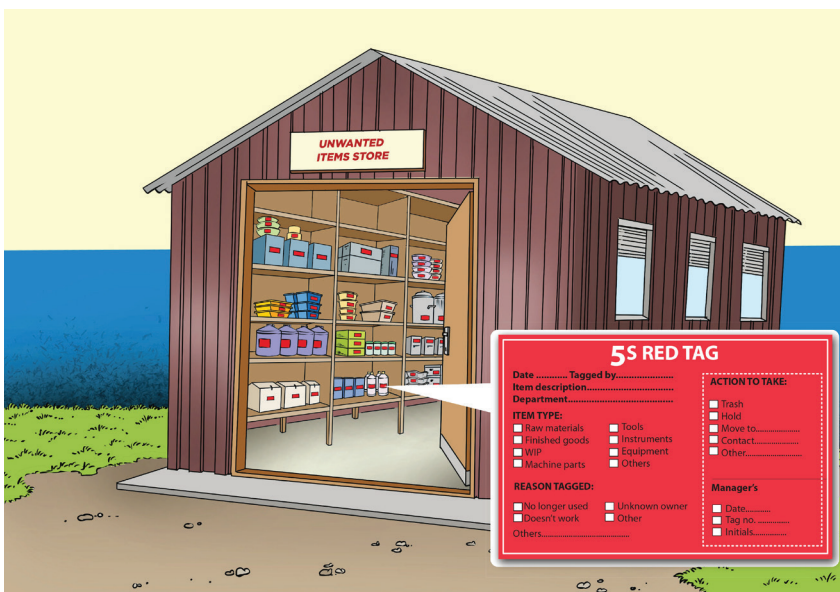

2) Red tags

As the first step of Sort, unwanted and unnecessary items should be identified at every work venue. Red tags should be made with available materials and used for the visual management of items, which should be immediately removed from each work venue. In the explanation to WIT members, stress should be given to the importance of taking immediate action. It is not necessary to have authorized tags issued by the hospital; the WIT can make

their own red tags, using paper and tape. Later, in the Standardise step, the QIT can replace the makeshift red tags with authorised stickers.

3) Dustbin and garbage segregation

Dustbin and garbage segregation is one of the most essential activities in Sort. There is no work venue without a dust bin. QIT members, as 5S-CQI (KAIZEN)-TQM facilitators, can give advice on better dustbin use in conjunction with actions related to removing clutter and trash. The staff at each work venue need to become sensitive in the use of bins. The bins should be neat and tidy, but at the beginning of 5S they do not necessarily have to be formal hospital bins. If there are not enough bins to accommodate all the trash produced in regular daily routine work, the facilitator should take immediate action to provide bins or alternatives (such as boxes) to meet the immediate demand. Later, these temporary "bins" can be replaced by formal ones, if the request made by the WIT to the hospital authority is accepted.
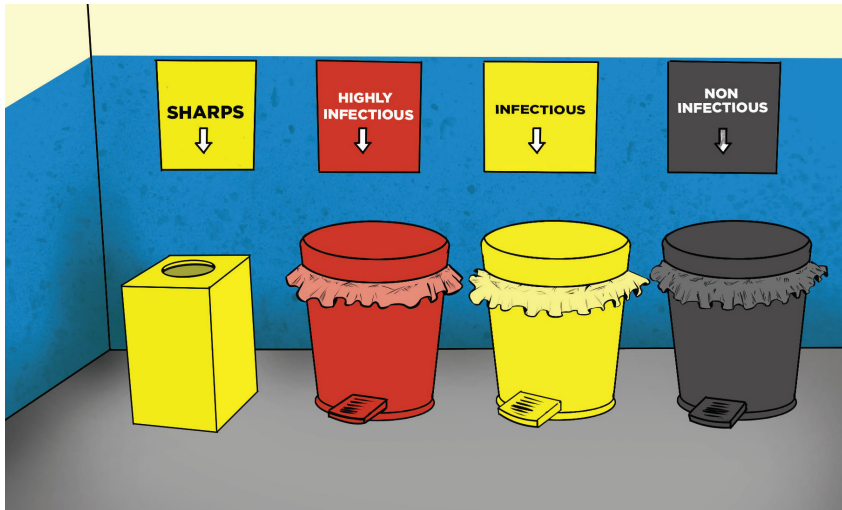
After the above improvements are made, the facilitator and the WIT can look into the most suitable methods of trash segregation. In the very beginning, separate as follows: (1) general waste, (2) infectious waste, except for sharp objects, and (3) sharp objects. Each work unit should then organise a formal waste segregation system. To make this system more effective, a standardised colour-coding system should be used for easy identification of the bins.


Colour-coding for waste segregation can also be used at the final disposal site. (Kabale RRH)

(3) Tools for Set

1) Alignment

Alignment is a basic tool of 5S. Items that have a specific role or function in a work venue should be arranged side-by-side or in a line for visual clarity. Alignment directly connects to the concept of **"easy to see, easy to take out and easy to put back"**. Alignment should be maintained regardless of the size and/or shape of items. Also, staff members are asked to observe carefully and immediately correct any disturbances. Alignment should be observed within cupboards, trays, and drawers, as well as on the floor, and maintained by the small efforts of all staff. The presentation of neatly aligned items reflects the staff's attitude towards and commitment to 5S principles and work environment improvement.

Alignment is obviously a part of daily life -- a tool that we use automatically without thinking about it. In the training, 5S-CQI (KAIZEN)-TQM facilitators should show examples of day-to-day good practices at different work venues. In addition, the facilitators can point out poor practices onsite and correct them immediately, in front of the staff.
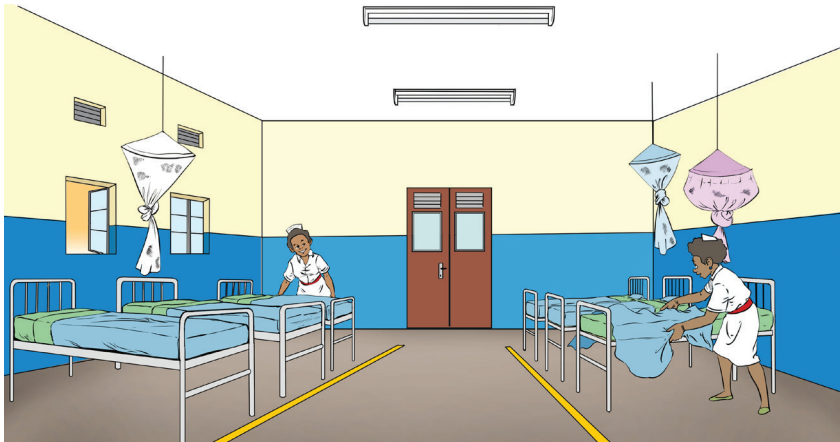

2) Zoning

Zoning means to divide an area for specific purposes, or to designate a specific area for a specific purpose. Zoning decisions should be made by the staff after ascertaining the functions of

the items and the most convenient location for them. A consensus should be established among the team, or among the users of the items. In the training, 5S-CQI (KAIZEN)-TQM facilitators should share essential tips for using this concept.

Notice board management is a useful example in teaching zoning. Zoning can be applied to a notice board with ribbons and pins, dividing the board into zones according to categories such as posters and notices, so that the information on the board is well organized and easy to see. If pins are used for attaching the ribbons to the board, the ribbon can be moved horizontally or vertically as needed.
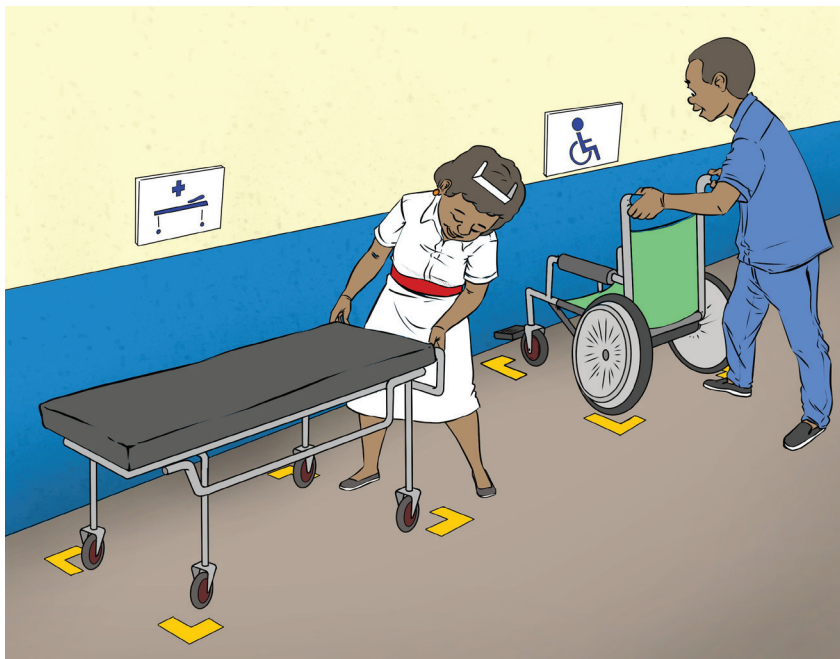
Fire extinguishers are normally placed in designated locations in the corridors of a building. This is a logical location for extinguishers, because of the function of the item. In a health facility setting, certain items are the targets of zoning, and fixed locations are assigned to them. For instance, dustbins should not be moved or removed from convenient locations. Wheelchairs (commonly used by visitors and patients) and stretchers should be stored in

the corridors, where they are visible to people walking through the health facility. This follows the concept of "Easy to see, easy to take out, and easy to put back".

3) Arrangement in order from left to right

Imagine you have to arrange syringes of different sizes on a desktop. The arrangement should be done with the concept of "easy to see, easy to take out, and easy to put back". Otherwise other staff members will have difficulty in accessing and using the syringes in a safe and efficient manner. Basically, a **left-to-right** order is standard. The items can be arranged in eithers ascending or descending order of size.

It is recommended that 5S-CQI (KAIZEN)-TQM facilitators observe the work venue with staff members and discuss how to arrange the items, taking into consideration the size, shape, weight, length, and frequency of use of each item. In training and supervision/ coaching at an actual work venue, the facilitator's guidance will help staff members who participated in the previous step, Set, to figure out the most convenient and safe arrangement of items.

2ml Syringes   5ml Syringes   10ml Syringes   20ml Syringes
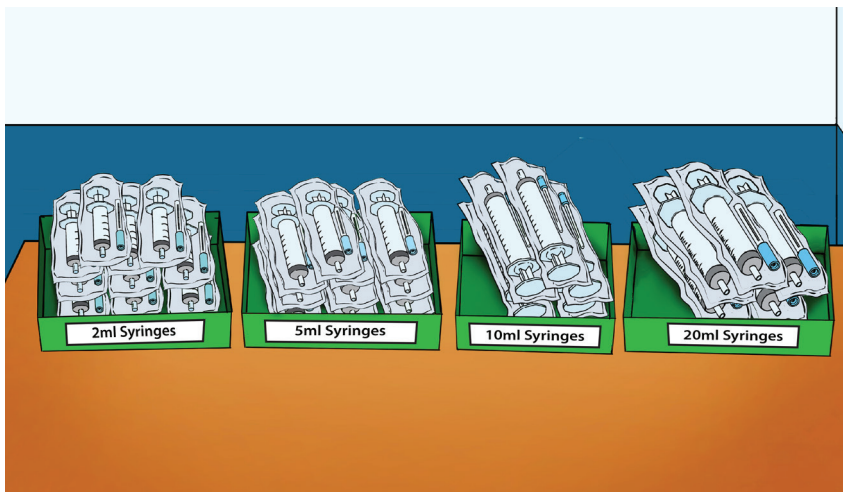
4) Arrangement according to alphabetical or numerical order

If there are multiple items of a similar size, the 5S actors are required to arrange the items according to certain rules, in order to minimize the amount of time that will be spent looking for items. Pharmaceuticals are a good example for this situation. In the case of pharmaceuticals, an alphabetical or numerical order should be used. This is a **"fool-proof fail-safe concept"**; it is used to avoid making mistakes. In addition, sometimes other tools, such as colour-coding, can be used to draw the staff's attention to a specific item.

Furthermore, special arrangements for mistake-proofing can be done; for instance, in the case of an emergency cart, where the drugs are arranged in alphabetical order, "atropine" and "adrenaline" should not be placed side-by-side. The reason is obvious: The function of these two drugs, both starting with the letter "a", is opposite. A mistake in picking up a wrong sample or ampule may cause a serious problem for the patient. The arrangement should, therefore, be done with a strategic way of thinking to promote safety.

5) Labelling and tagging

A label or tag is a small piece of paper, fabric, or plastic attached to or placed close to an item in order to identify it or give information about it. In the context of 5S, labelling is done using a fixed piece of paper, fabric or plastic, whereas tagging is done with a removable piece of paper, fabric or plastic, which is placed on a bundle of documents or tied to devices with string.

Before labelling or tagging, the items should be arranged according to the other 5S steps. Temporary labels and tags should be made for test use, and later checked by the staff members who manage the work venue. Once the finalized labels and tags are made, they should be placed in the most impactful and effective way. Labelling and tagging are part of the Set step of 5S. If the staff members at a particular work venue feel that essential items are disorganised, they cannot start labelling and tagging.

Labels made from available resources

It is recommended that 5S-CQI (KAIZEN)-TQM facilitators and WIT leaders guide WIT members and other staff members to look into the cause of inconveniences, and select one or two symbolic and impactful areas for carrying out labelling and tagging. After achieving perfect orderliness in these symbolic areas, the staff, guided by WIT members, can expand the labelling and tagging to other areas. During these activities, the staff can make labels and tags by themselves, using existing materials. Used paper that is blank on one side, or discarded cardboard, can be used for labelling and tagging.

6) Notice boards

What is the role of the notice boards found in many areas of health facilities? Many people pass in front of these boards, with or without reading the notices. What are people's expectations of the notice boards? If a person passing by is a hospital staff member, he or she will need to read the information quickly. Therefore, the notice board should be systematically organised, so that the various notices from the hospital administration are easy to see. Health messages for patients and visitors can also be posted on these notice boards.

The notice boards should be maintained with proper space zoning, zone titles, and movable zone borders created with ribbon or tape. In addition, a notice board management system should be created for all notice boards. The notices, posters and other materials on the board can be managed by a staff member assigned to a particular notice board. In addition to arranging the notices in an easy-to-read fashion, the staff member should write the date of posting and date of removal on the notices.

Notice boards and their management system are symbolic of the Set step of 5S. As 5S-CQI (KAIZEN)-TQM facilitators, we should draw the attention of hospital managers and staff to the notice boards and explain their role as a reflection of the quality of management and of the staff's attitude.

7) Signs

Hospital premises are normally large and complex, with various buildings and corridors. People entering the hospital, including patients, visitors and staff, wish to find their destination easily. Smooth and easy movement from place to place is a required condition for minimizing stress and the need to rush.

An eye-catching sign can be placed at the entrance of a hospital to guide patients and visitors to their destination. A large bird's-eye view map is the most visitor-friendly. The cost is, however, high, because it should be made in a professional way. Therefore, to start with, a simple board with a combination of arrows and the names of destinations can be used. Additional signs with arrows and the names of the destinations should then be placed in hallways, at every corner leading to frequently visited places in the hospital. Arrows of a standardised shape and size, combined with colour-coding and symbols for the destinations, are practical and easily seen by visitors.
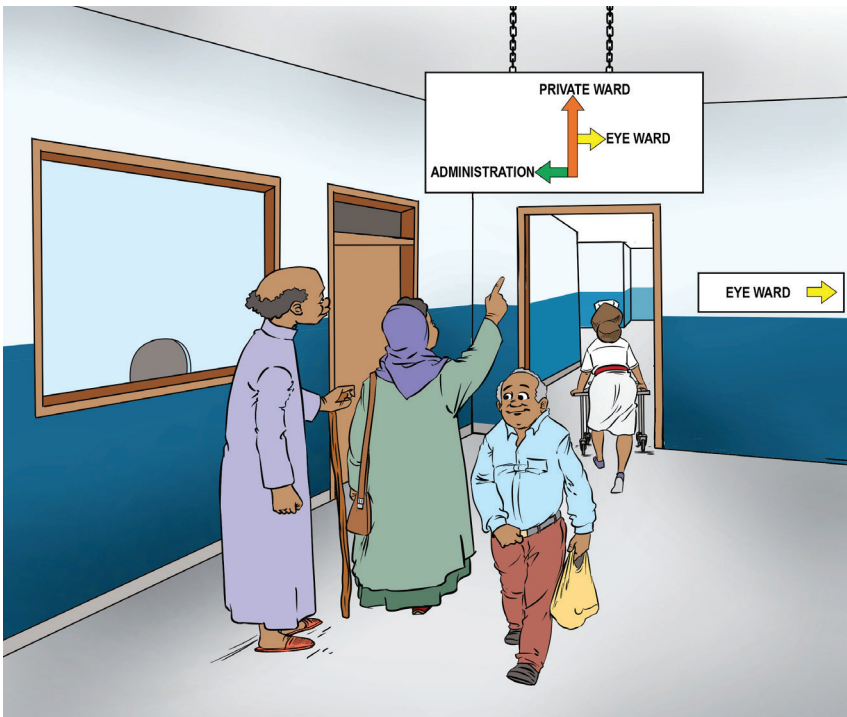
Each room or work venue in a hospital has a specific role and/or function. Signs should be placed on the doors of each room or work venue, representing its role and/or function. It is recommended to use the most convenient language(s) for both staff and visitors, including patients. The format and size of the script is important; the script should be visible and readable, even during a power cut or on rainy days. The door signs should not be made permanent (using plastic or metal) from the beginning. At first, for test use, the signs can be made with paper and attached to the door with tape.

It is recommended that 5S-CQI (KAIZEN)-TQM facilitators take the opportunity to hold strategic dialogues with top management and the management core group of the hospital, to encourage them to make the hospital premises comfortable and easy to walk around, even for the first-time visitors, with properly installed entrance, hallway and door signs.
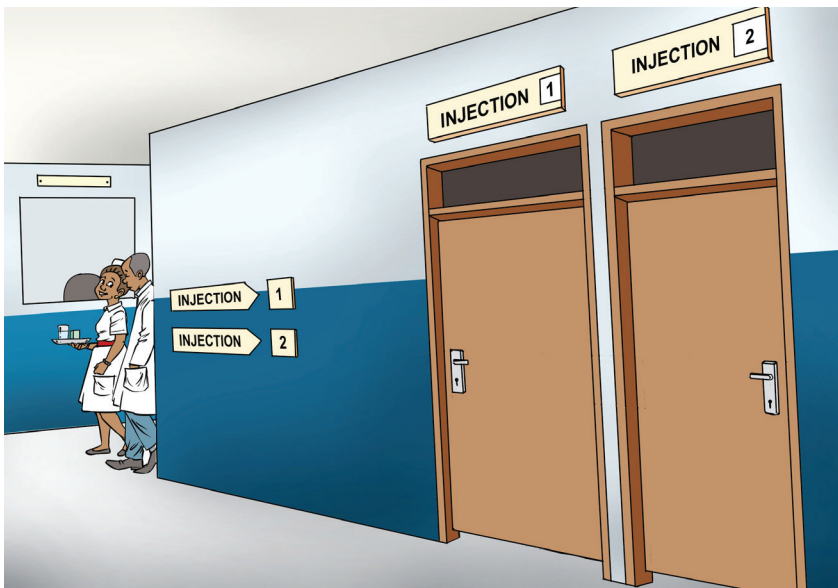
(4) Tools and techniques for Shine

1) Shine should be an activity of "full participation"

In the training and teaching, 5S-CQI (KAIZEN)-TQM facilitators should emphasize that one of the purposes of Shine is to encourage the active participation of all staff, regardless of rank or category. Actually, Shine is a part of our daily lives. No one can deny the value of making their workplace dust-free and tidy, just as they do in their own home. Remind the staff that their work area in the hospital is their second home.

It is also useful to talk about the limitations of the cleaning staff's work. For instance, they are not allowed to clean microscopes in the laboratory, due to the complicated cleaning process and the delicate lens system. Periodic cleaning should be done by technical staff familiar with the equipment, not by the cleaning staff. Even high-ranking managers should participate in the Shine activity, particularly in their own office space. The items stored in desktops, drawers, shelves, cupboards and other important places in the office are all-important for their managerial jobs, and should be taken care of in collaboration with the cleaning staff. These items cannot be handled by the cleaning staff alone.

The time needed for a daily Shine activity is just five to 10 minutes. It is normally done before starting work in the morning, and again at the end of the day. It is advisable that all work units in the backyard, central/logistic services and frontline services make Shine a daily activity.

2) Big Cleaning Day

The **"Big Cleaning Day"** is a hospital-wide event. It should be widely advertised to all areas of the hospital, once or twice a quarter. At this event, which is an official event of the hospital, all staff must participate in cleaning up their work environment. Two to three hours on a Saturday morning is suggested for this activity. Every WIT is expected to tidy up their work venue in terms of 5S, emphasizing Shine. Of course, routine work cannot be stopped during the event. However, except for staff engaged in the essential work of patient services, all other staff should attend the event. The management core group of the hospital and the hospital director or medical superintendent should walk around the hospital and drop-in at various work venues, for the purpose of observing and encouraging the activity.

3) Paying attention to and respecting cleaning tools

Without proper cleaning tools, Shine cannot be carried out with efficiency and effectiveness. A mind-set of taking good care of the tools reflects a positive attitude towards 5S. The tools should have a storage place, with hangers, in order to maintain good sanitation. In the training, teaching and coaching, 5S-CQI (KAIZEN)-TQM facilitators should speak in a gentle way to the staff and evoke their respect for the cleaning staff and the Shine activity of 5S. It may be necessary to communicate with top management to discuss opportunities for obtaining special funds for purchasing new cleaning tools. The engagement of hospital authorities in cleaning tool improvement can have the additional positive effect of improving the contracts with private cleaning companies, by showing the serious concern of the hospital authorities towards the outcome of the daily cleaning service.

4) Transport of segregated wastes from the work venue to the collection site

A dustbin policy will already be in place after the 5S Sort and Set processes. The staff of each work unit will meet the staff in charge of transporting and collecting general and infected, hazardous and highly hazardous (such as sharp) waste. 5S-CQI (KAIZEN)-TQM facilitators must highlight the collaboration among medical and support staff, as the support staff are taking a risk in moving the (segregated) hazardous waste to the final collection site. In training and teaching, facilitators should touch upon attitude: All staff should share the common objective of making their environment safe and comfortable, and express gratitude to the support staff, who are taking a risk in transporting the waste.

5) Preparation phase of Standardise in Shine

It is highly recommended that health facilities regularise daily, weekly, monthly, quarterly and annual activities related to Sort, Set, and Shine, while being mindful of the staff workload. The activities should be conducted within official working hours. First, a five to 10 minute Shine activity before starting work in the morning should be established as a daily routine at every work venue. Then, a weekly 15 to 30 minute Shine activity on a specific day of the week can be regularised by the initiative of the hospital director or medical superintendent's office and the QIT. Next, a one-hour monthly Shine activity at each work venue will come to be a symbolic activity, if it is announced officially by the QIT in advance. Before the monthly Shine event, the QIT can announce the specific areas to be targeted to all staff in the hospital.

The establishment of a system for the above-mentioned regularised activities is the entry point of Standardise, by which the hospital makes Sort, Set, and Shine a part of the routine work of the health facility. This should be clearly explained at the 5S training of WIT leaders, in order to create ground-level leadership for the systematic implementation of Shine.

(5) Tools and techniques for Standardise

### 1) Standardise Sort, Set, and Shine

Before sharing the information on 5S tools for standardizing Set results, it is vital to reach a consensus among trainees and facilitators about the actual implications of the Standardise step in 5S activities. The actions taken by the WITs and QIT in this particular step should establish Sort, Set and Shine as part of the routine work of all staff involved in 5S activities. The hospital should create a workable system to ensure that the activities of these three steps are continued.

The most important aspect of Standardise is to realise that all work units, including the backyard, central services and administration, must conduct 5S activities with the frontline workers of patient care. If a hospital has 30 work units, 30 WITs should engage in 30 sets of 5S activities in every corner of the hospital. 5S activities should be seen in all rooms and spaces of the hospital buildings. All staff members should become knowledgeable about 5S principles. One should not be in a hurry to jump to the "quality" of medical services without achieving 100% coverage of 5S at all work units. Even if you try to achieve "quality and safety of services", it is doubtful that you will achieve it if the managerial foundation has not been constructed. The precondition for establishing quality and safety in a hospital is to improve the work environment with 5S.
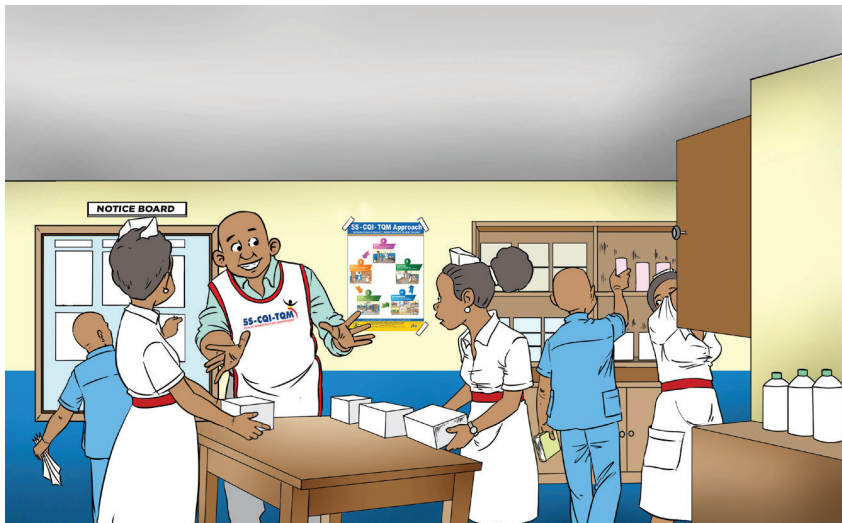
2) Colour-coding for Standardise

Colour-coding is a symbol of the Standardise step. The various attempts to colour-code made during Set activities at different work units are later compared and discussed by QIT and WIT leaders, in order to create a colour-coding standard for the hospital. Once the standard is formulated, it should be disseminated on notice boards and at various meetings. Short but effective training opportunities should also be created by the QIT, particularly for WITs, on how to apply the newly established standard. Colour selection will be an interesting topic for QIT members and WIT leaders, since certain colours evoke a specific image. In the Central Sterilisation and Supply Department (CSSD), for instance, blue is normally used for items that have been sterilized, while red is used for non-sterile items. Yellow is suitable to denote "infection". The Infection Control Unit may wish to use this colour to demonstrate important procedures and to draw the attention of staff and patients.
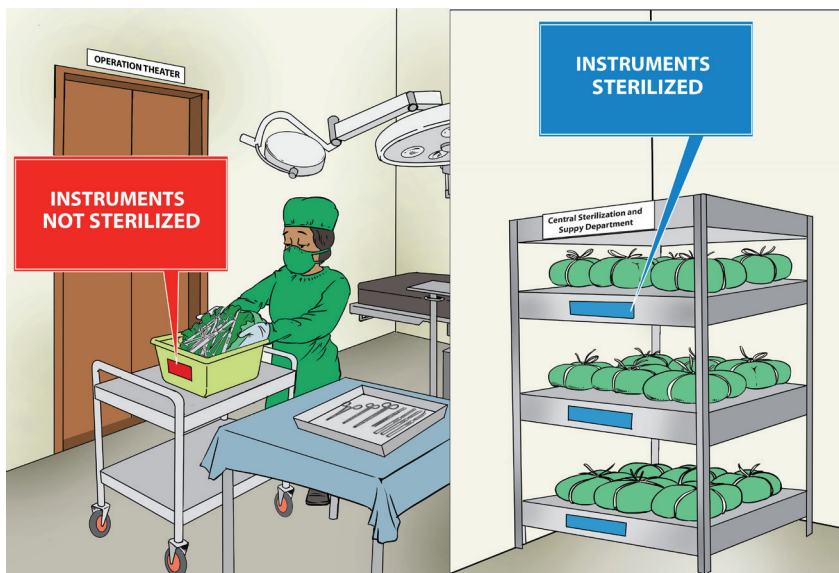
In the training, facilitators can use colour-coding as an example of standardization activities, and discuss strategies for its hospital-wide application. Most of the tools used in Set activities have the potential to guide the 5S actors towards the step of Standardise during the implementation of Set activities. In order to make this

direction clear and visible to all staff, it is essential to involve the hospital authorities in the process of designing the standardised system, rules, and regulations.

3) Checklists or monitoring and evaluation sheets

A checklist is a list of items required, tasks to be done, or points to be considered. It is used as a reminder. When managing a group project at work, planning an event, or organising your daily routine, a detailed task list will help ensure a smooth process and a successful outcome.

Standardise in the context of the hospital is the process of achieving full coverage of 5S activities throughout the hospital. Simple checklists to monitor the proceedings of Sort, Set, Shine, Standardise and Sustain can be used at every work venue where 5S activities are ongoing. The checklists are primarily for self-monitoring.

The 5S monitoring and evaluation sheet can be formulated by the QIT and distributed to WIT leaders at trainings. Sustain, the fifth

step of 5S, is assessed together with leadership. In order to avoid redundancy of monitoring, Sustain is not included in the format as an item. The sheet should include a minimal number of monitoring targets, as follows:

1. **Leadership in WIT for 5S**
2. **Sort (The status of unnecessary items in the work venue)**
3. **Set (The status of the orderliness of necessary items in the venue)**
4. **Shine (The status of cleanliness in the venue)**
5. **Standardise (The establishment of norms and mechanisms to maintain the status of Sort, Set and Shine in the venue)**

Each monitoring target consists of a minimal number of checkpoints. The number of checkpoints has been minimised so as not to give too much work to WIT leaders on top of their routine work. The total number of checkpoints is 18.

[Leadership]

1. A work plan on 5S is available at the work venue.
2. Regular meetings on 5S are held.
3. Orientations and/or trainings are held within the work unit.
4. Written materials on 5S are available at the work unit.

[Sort]

5. Unnecessary items are removed from the work venue.
6. Notice boards and wall posters are managed.
7. Dust bins are used, and waste segregation is practiced in the work venue.

[Set]

8. The system "easy to see, easy to take out and easy to put back" is used.
9. Alignment respecting X-Y axes and parallelism is used.
10. Items have a home position and are zoned.
11. Coding and symbols for categorisation, grouping, and differentiation are used.
12. Signboards, door signs, and maps are used.

[Shine]

13. Walls, windows, toilets, and changing rooms are clean.
14. Cleaning tools are available and properly stored.
15. Cleaning checklists are available and are used.

[Standardise]

16. Checklists for Sort, Set, and Shine processes are used.
17. Standard Operational Procedures (SOPs)are available and used.
18. Photography is used for observation, comparison and evidence creation on 5S.

In the training, the 5S-CQI (KAIZEN)-TQM facilitator should touch upon the checklist as an instrument of monitoring evaluation. It is vital to stress the importance of analysis and reporting after data collection, in addition to the proper use of these checklists.

4) Seeds of CQI (KAIZEN) sprouting in 5S

The process of Standardise is a highlight of 5S activities, after efforts have been made to expand the movement to all areas of the hospital. You may observe changes in the mind-set of WIT leaders. If Sort, Set, and Shine are well managed by each work unit, the interest of both WIT leaders and staff members will gradually move from the physical work environment to the work system and the content of the services being provided. If staff members are motivated to seek higher employee satisfaction, ideas for further improvements will emerge during their routine work. With this expectation, we can say that the seeds of CQI (KAIZEN) can be found at every work venue in the hospital.
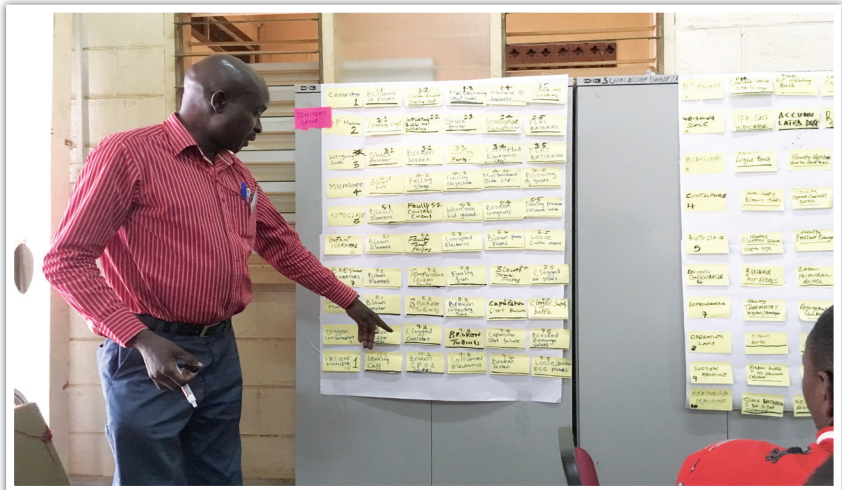
Staff at a regional workshop are analysing the failures of medical equipment.

(6) Tools and techniques for Sustain

1) WIT as an essential system for sustaining 5S activities

Sustain is a process for promoting perfection in work environment improvement. The main activity of Sustain is a short bi-weekly meeting at each work venue, managed by a WIT leader with the work unit staff. The topic of the meeting should focus on 5S activities and related issues, particularly routines and work processes. It is advisable to obtain suggestions from staff at the meeting for further improvements.

The meeting should be held within official working hours. It should not be long--preferably no more than 30 minutes. The following is a sample agenda:

1. Short icebreaker
2. Review of the checklists and a brief observation report by a WIT leader on 5S activities
3. Report from 5S implementation team(s) on progress and constraints
4. Learn more about 5S (e.g. a short introduction of a 5S tool and its application)
5. Discussion

It is not necessary to seek perfection in capacity building from your WIT members and the work unit staff in just a few meetings. The important thing is to hold the meetings regularly, with proper planning. At each meeting, provide ONE new message about 5S. Your WIT members and the staff will be stimulated towards better

actions in ongoing 5S activities. If the staff's awareness of the work environment and work processes is further stimulated, you can promote problem-solving on both the work environment and service provision processes. For this purpose, you can ask questions at the meeting about the inconveniences and hindrances that your staff have encountered during their routine work.

2) Role of the QIT in Sustain

The QIT navigates the hospital-wide activities of 5S, as well as CQI (KAIZEN). Without this navigation, the WITs might lose control of the ongoing 5S activities. In this context, "navigation" is the process of accurately ascertaining the position of hospital-wide 5S activities, and planning and following a route to the implementation of hospital-wide CQI (KAIZEN) activities. In collaboration with the QIT, the hospital director or medical superintendent and his or her core management team are required to navigate the entire hospital in the direction of well-balanced achievement of the seven managerial targets (productivity, quality, cost, service delivery system, safety, morale and morals). The QIT should be responsible for the actual daily navigation work for 5S, and be proactive in guiding the WITs towards CQI (KAIZEN).

The important tasks for the QIT's navigation activity are as follows:

1. Guide WIT leaders in making WIT meetings regular and constructive.
2. Create ideas for checklists and other training materials for 5S activities.
3. Train and motivate WIT leaders to use the checklists and report back to the QIT about the data collected by the checklists.
4. Visit the WITs at least once a month to monitor the situation and encourage the staff on better implementation of 5S activities.
5. Hold monthly QIT meetings for planning and navigating the activities of QIT members.
6. Plan and implement a 5S-CQI (KAIZEN) training course for hospital staff.
7. Maintain an information exchange with the superintendent and hospital management core group on 5S activities and CQI (KAIZEN).

The Sustain activities are regarded as a learning opportunity for WIT members and other staff, for further enhancement of 5S activities. For the staff, in particular, periodic stimulation is necessary to avoid a feeling of enforcement and weariness. Learning from the successes of other sections in the hospital is stimulating to the staff. Also, information about 5S tools used in other hospitals is a good reference for them.

3)   QIT leaders and the QIT office

The position of QIT leader should be appointed by the hospital director or medical superintendent. Ideally, it should be a full-time position; however, some hospitals cannot allocate a full-time leader due to a shortage of senior staff or unavailability of the position slot in the cadre structure. In many cases, QIT leaders work part-time on this task, in addition to their regular position. Whether full-time or part-time, the QIT leader's role is vital in overseeing 5S activities, particularly for the Sustain phase, which requires the active participation of QIT members.

It is expected that hospital authorities will allocate an appropriately located one-room office, or some desks in the general management office, to the QIT team. If the hospital already has a Quality Secretariat Office or its equivalent, the QIT can be accommodated there. As 5S activities are a hospital-wide movement for improving the work environment, the managerial job for the QIT is not a light duty, but a heavy one, requiring documentation, site visits, the arrangement of trainings, and so forth. A certain amount of space should be given to this office for the smooth and efficient progress of the QIT.

4) Sustain and top management-QIT-WIT interaction

The regular Sustain meetings at the WIT level can also be utilised as a mode of policy deployment by the top management. 5S activities must be one of the strong interests in the hospital director's or medical superintendent's managerial job. The top management can send announcements and encouragement through WIT leaders at the WIT leaders' meetings periodically held by the QIT. The following can be noted as a sample meeting strategy of this policy deployment:

1. Weekly short briefings by WIT leaders for WIT members
2. Bi-weekly meetings with the WIT and unit staff at each work unit
3. Monthly QIT meetings with the QIT leader and members
4. Monthly meetings between the QIT leader and hospital management core group

(7) Bridging 5S to CQI (KAIZEN) through work process analysis and SOPs

The Sustain phase of 5S activities is inserted into the continuing processes of Sort, Set, Shine and Standardise. These occasions provide an opportunity for the staff to investigate their routine work. The staff can examine their work flow and each process of their routine work, while asking themselves about the obstacles and areas of inefficiency. Since the work environment is already more organised than before the application of 5S, the staff will be aware of the workflow and processes, and wish to save time and reduce stress by making additional efforts towards the ongoing 5S.

At the bi-weekly WIT meeting, WIT members, with the assistance of other staff members, should describe/write down the existing workflow in the work unit (department or division) on paper. This becomes an opportunity to reconfirm the existing tasks and organize the processes as SOPs.

Imagine a division of the in-house pharmacy at a hospital. It has one pharmacist, three dispensers and two support staff. The division wants to go over their routine work at a WIT meeting (as a mode of Sustain) during the regular, stabilised practice of Sort, Set, Shine, and Standardise. The categorised jobs are as follows:

Job 1: Dispense drugs to patients and explain how to use them.

Job 2: Take the drug inventory, make adjustments, and do orders.

Job 3: Manage the Drug Shelf, including 5S activities for stored drugs.

Job 4: Conduct 5S activities for all floor areas of the pharmacy.

Job 5: Collect and manage information on drugs.

Next, the WIT members can go over the workflow and processes in detail. For instance, for Job 1 (Dispense drugs to patients and explain how to use them), the following processes could be stipulated:

1.1 Receive and check prescription forms from patients at the counter.

1.2 Hand the form (with check marks) to the staff member in charge of dispensing.

1.3 Collect the drugs and place on a tray. The second staff member double-checks the prescription form.

1.4 Do record-keeping for prescribed drugs (pharmacy ledger and medical records).

1.5 At the counter, triple-check the drugs on the tray.

1.6 Call the patient to the counter.

1.7 Explain the purpose of the drugs to the patient and how to use them.

1.8 Give the drugs to the patient.

The above is an SOP. It was not merely cited from the existing manual, but discussed and written down by WIT members, with the assistance of other staff members. It is possible to modify the work processes, depending upon the needs and any changes in the environment. Using this SOP, the staff, including WIT members, can have further discussions about reducing the workload and improving work efficiency. If any inconveniences are noticed by the staff through this exercise, the WIT should encourage problem-solving, with the full participation of the staff. In WIT meetings, as a part of Sustain, the WIT can make changes for better working conditions and work outputs, together with a reduction of unnecessary stress and waste.

9 TEACHING ORGANISATIONAL ASPECTS AND NAVIGATION OF 5S

(1) Introducing 5S to the uninitiated

It is recommended that the following sequence of actions be referred to when 5S is applied for the first time at a health facility:

1. Decision-making by the top management
2. Initial exposure to 5S for the management core group through a short seminar
3. Appointment of the 5S manager (future QIT leader) and QIT formulation
4. Showcase of a 5S success story
5. WIT formulation at all work units
6. Training of each work unit by the QIT
7. The first "5S Day" event and declaration
8. Training of WIT leaders
9. Rollout of 5S activities to all areas of the hospital
10. Enhancement of QIT-WIT interaction using the self-monitoring scheme
11. Biannual 5S award
12. Introduction of the suggestion scheme
13. Annual 5S festival

(2) Kick-off of 5S activities and top management's consent

Hospital workers are often presented with new attempts and/or approaches in managerial practices, particularly by an influential middle manager or health professional, through a training course, journals or other reading material. However, the worker is not always capable of immediately introducing these new approaches to the workplace. Sometimes the attempt will not be successful due to the resistance of other staff members. People are normally conservative, and it is natural for human beings to feel comfortable by staying on the safe side and not changing anything. However, if the top management of an organisation

grants permission to try new things by written notice, the situation can dramatically change, because it becomes an official activity, not just a personal attempt.

(3) The QIT: The main engine in expanding 5S activities to the entire hospital

The QIT is an engine. An engine should not consist of too many parts. Only the essential parts are necessary. The stereotypical situation of inviting all section heads, as a formality, to join the QIT should be avoided from the beginning. It is important to have active members only. The QIT leader should discuss the selection of members with the management core group and the hospital director or medical superintendent to nominate five to 15 QIT members, depending upon the size of hospital. The members do not represent each work unit, but each cadre. Initially, the QIT can be a group representing different areas of the workplace. The QIT leader should nominate leading staff members, representing frontline clinical areas, central services, logistics and backyard services, including medical equipment management. In addition, the administration section must not be forgotten.

(4) QIT leader (Quality Manager)

The QIT leader should be an influential position in the hospital. Even without the presence of top management, it is expected that the QIT leader's guidance and instruction will have a positive effect on the workforce's morale and morals. The hospital director or medical superintendent, therefore, should appoint a senior (or semi-senior) middle manager who is well-known among the staff as a person of professional integrity. The QIT leader should have enough time to work on the introduction, training, and navigation of 5S and CQI (KAIZEN) activities, even though he or she has other tasks as a health professional or administrator. The leader is asked to formulate the QIT as the engine of 5S activities, and must manage their movements to attain full coverage of all work venues in the hospital.

(5) The WIT: The 5S promotion team at each work venue

The WIT is a small group of staff formulated at each work venue (including departments and divisions) to introduce, conduct, facilitate and monitor 5S activities. Normally, the department head or unit leader will assign tasks to the WIT to lead and guide

staff on 5S activities, with the full participation of the staff working at each work unit.

In the training, facilitators should emphasise the importance of the WIT as the leader of 5S activities. Kick-off activities for 5S should be impressive and eye-catching, to capture the interest of WIT members and other work unit staff. To ensure better involvement of the staff, the reduction of unnecessary processes and its time-saving effect should be highlighted at the preparatory phase of 5S.

(6) WIT leaders: The real key persons of 5S activities

The WIT should provide guidance to each work unit (department or division) on improving the work environment using 5S principles in their daily routine work. For this purpose, WIT members, appointed by a WIT leader, should have full knowledge of 5S, as well as positive intentions for implementing the activities in order to make their work venue tidy, safe and convenient.

The main role of WIT leaders is to motivate WIT members to apply 5S during working hours in their routine work. The following is a sample sequence of a WIT leader's job:

1. At a regular divisional meeting, a WIT leader announces that 5S activities are to be introduced under the initiative of the hospital director or medical superintendent's office. The leader emphasizes that 5S activities are not a burden, but an effective measure for reducing unnecessary workloads and making the work venue more comfortable.

2. Within two weeks, the leader holds a separate short meeting (no longer than 45 minutes) to explain 5S principles to WIT members using materials (flyers, leaflets, flipcharts, etc.) provided by the QIT. At the same time, the leader announces a few pilot areas as common targets of the WIT. Cupboards, shelves, worktables, storage spaces and other common facilities within the work unit can be selected as pilot area candidates. Then, together with WIT members, the leader visits the pilot areas and takes photos for recording purposes.

3. The leader allocates tasks on 5S activities to each WIT member for the selected pilot areas. At the same time, the leader guides WIT members to encourage and involve

(without forcing) the other work unit staff in the process of 5S.

4. The WIT leader should maintain communication with WIT members during the activities, and in particular, observe the details of handling 5S tools. It is sometimes recommendable to demonstrate how to do something, do it together, and then allow the members to do it by themselves, praising their efforts.

(7) Navigation for 5S activities

"Navigation" is the processes or activity of accurately ascertaining one's position, and planning and following a route to reach the goal. This should be touched upon interactively at the ending of the training of WIT leaders and members. Navigation of 5S activities should be done by the QIT, working closely with WIT leaders.

Imagine that your hospital has 32 work units, including patient care frontline, central services/logistics and the backyard. There are 32 WITs. In the QIT, eight members are active and working on 5S activity dissemination. The QIT leader can allocate four WITs to one QIT member for their technical supervision/coaching and regular monitoring. QIT members should meet with their WIT members once every two weeks for about 20 minutes. Therefore, QIT members will need to allocate 80 minutes (plus travel time) to their allocated units every two weeks.

The purpose of this periodic visit is to observe the actual state of 5S, particularly the progress and constraints, to prevent set-backs. Based on this observation, the QIT member is requested to guide the WIT leader and members in generating a means of problem-solving in the work environment by themselves. If 5S has been successfully implemented at the intra-divisional pilot areas, the QIT member should praise this success and promote further expansion of the activities to other areas in the work unit. On the other hand, if the 5S activities have stagnated, QIT members should sit down together with the WIT leader, and thereafter with WIT members, to pinpoint the causes. If the WIT leader and members can agree upon the causes, you can suggest feasible countermeasures and encourage them to re-start the activities.

If you detect a set-back in 5S in a target area, it means that the WIT in the work unit is not functioning well. QIT members should bring this information to QIT meetings and discuss countermeasures to

revitalise the 5S activities at that particular work unit. In this case, careful consultation with the WIT leader and members is vital. In some cases, an occasion to jointly work with a few QIT and WIT members at the work venue may create a breakthrough. "No blame strategies" are often effective in this situation. QIT members can help the struggling WIT by working together in actual Sort, Set and Shine activities at the work venue, in order to demonstrate the process to the WIT members, as well as to the other work unit staff.

(8) Reporting 5S activities to the hospital management core group

It is mandatory for the QIT to construct a mechanism by which all necessary information and data on 5S activities is accessible and transparent, particularly to decision-makers in hospital management. The reporting system should be simple and reliable, and should not burden staff with a massive workload. The system should share information with the hospital director (superintendent), management core group (senior doctors, principal administrator, matrons, chief technologists, etc.), QIT leader (Quality Manager), QIT Members, WIT leaders, WIT members and workforce (staff).

A monthly summary of 5S checklists (described in the previous chapter) should be shared with all staff, including all managers of different cadres. The QIT leader is expected to write a short message about the activities of the previous month, with a few observations, particularly on progress made and good practices.

The monthly summary should include the following items:
1. Cover page with a message from the QIT leader
2. Summary of 5S checklists, with figures collected from 32 work units
3. Examples of good practices, with photos
4. Plans (if any) for the coming months

These reporting activities will create a good foundation for CQI (KAIZEN), which will be put into practice once 5S activities are fully functional at all work units in the hospital.

(9) Biannual 5S award

Once full coverage of 5S activities is achieved throughout the entire hospital, and the implementation period has reached six months, the QIT, in collaboration with the management core group, will plan an award ceremony. The QIT will summarize the 5S monitoring data sent by all WITs, and announce (with short comments) the winners of gold, silver and bronze medals. Certificates created by the QIT and signed by both the hospital director/medical superintendent and the QIT leader are awarded at the ceremony. The laminated certificate should be placed in a visible place in the work venue, as a symbol of the effort made by everyone in the work unit. It is not necessary to provide an expensive prize with the award. This award is not for praising individuals, but teams.

(10) Annual 5S Festival

5S activities are not voluntary activities carried out by a limited number of staff. Once the practice has been disseminated to all divisions and departments in the hospital, it must become an official part of the routine work of all staff.

The annual "5S Festival" can be an enjoyable event for the hospital staff, and can help motivate them to continue the 5S activities. The festival is a two- to three-hour event and is held at the hospital. It should include speeches and entertainment, such as music, singing and dancing. The hospital director or medical superintendent can deliver messages to both staff and outside guests, such as members of the hospital board and the chief administrative officer. Ideally, the event can also be open to patients and clients. The director's advocacy on the continuing improvement of the hospital becomes a declaration of the hospital's strong engagement with the community. The hospital director or medical superintendent can mention that hospital staff members are doing their best to use 5S principles to create better services for patients and clients.

The hospital can also extend official invitations to local politicians and representatives of the business sector. The QIT can demonstrate some of the changes that have taken place, particularly regarding the physical environment and work efficiency. These influential guests will be impressed with the changes achieved despite a shortage of resources.

The facilities of government hospitals are government property. At the same time, the hospitals serve the local community. By enhancing an intra-organisational movement towards better quality and safety of healthcare, the hospital employees can contribute good ideas for further strengthening the capacity of the hospital. Using 5S activities, the community and the hospital will be united as one team to achieve their common goal. Patients, clients, and visitors should also be involved in maintaining the hospital as a centre of excellence of management. The goal is to make people healthier and happier.

10 SUPERVISION AND COACHING OF 5S

(1) 5S-CQI (KAIZEN)-TQM facilitators and QIT members as supervisor and coach

5S-CQI (KAIZEN)-TQM facilitators and/or QIT members are supervisors and/or coaches for WIT leaders. They are supposed to guide WIT members and other staff on the ground to seek perfection in 5S activities. The role of WIT leaders is not only to oversee the ongoing 5S activities, but also to guide WIT members in further developing their capabilities in various 5S activities. These roles of supervision and coaching should be clearly understood by leaders at all levels of the organisation. Using these approaches, they can lead the WIT in the right direction.

Supervision is a widely misunderstood term. Many people believe that it is conducted together with the auditors, who oversee the health facility and development of health staff and workers. This is not true. Supervision in the context of 5S activities means giving technical help to 5S actors to promote the SOPs of 5S activities. It can be done by QIT members and/or 5S facilitators, with either an individual or a group of actors. Demonstration, observation, collaboration, suggestion, correction, and praising/ encouragement are the main processes of this supervision.

Coaching is, on the other hand, a process that promotes the capacity strengthening of an individual in situation analysis, in relation to his or her task and objectives, with the necessary planning for achieving the objectives. The coach does not give instruction, enforcement or instant answers to the coachee's questions. Instead, the coach poses effective and constructive questions, guiding the coachee to come up with ideas and countermeasures, which he or she must utilise in order to have a breakthrough.

(2) Technical supervision of 5S actors

The process followed by the supervisor is as follows:

1. **Identify the objective(s) and process of the work.**
2. **Share the objective(s) and the sequence of work with the supervisee(s).**
3. **Have the supervisee(s) start the work.**
4. **Observe the work process.**
5. **Correct any inappropriate procedures and actions.**
6. **Demonstrate the appropriate actions if necessary.**
7. **Do the actions together with the supervisee(s) if necessary.**
8. **Allow the supervisee(s) to do the work by themselves.**
9. **Praise the progress made by the supervisee(s) and their improved skills.**
10. **Ask the supervisee(s) to standardise the sequence of work and the skills they have learned.**

(3) Coaching for WIT leaders

The process followed by 5S facilitators or QIT members in coaching WIT leaders in 5S-CQI (KAIZEN)-TQM is as follows:

1. **Identify the topic of the coaching session and agree to talk about it with the coachee(s); e.g. "How can a WIT leader revive the 5S activities that have stagnated at their work place, where 5S activities were kicked off a few years ago?"**
2. **Create a friendly and informal atmosphere between the coach and the coachee(s).**
3. **Listen attentively to the remarks of the coachee(s).**
4. **Ask a combination of open and closed questions, avoiding demanding ones, to guide the coachee(s) toward a positive attitude about the future.**
5. **Assist the coachee(s) in sorting out the issues/causes, using simple logic to clarify the structure of their situation.**
6. **Acknowledge the reflections of the coachee(s) on the topic.**
7. **Continue asking questions to induce in-depth awareness about the specific actions the coachee(s) should take in the next few days regarding their objective.**
8. **Connect the coaching results with the action plan made by the coachee(s).**

(4) Tips for better coaching

1) Encourage the coachee to think well and deeply

The aim of coaching is to promote the coachee's behaviour modification, not just to discuss the coachee's issues or give them encouragement. Even if a WIT leader's performance is satisfactory, coaches should continue to hold periodic coaching sessions, as further improvement of the WIT leaders' capacities is highly expected through coaching.

However, the reality at an actual healthcare facility may not be so simple. Very often, staff members who are confronting various personal and professional difficulties are not able to modify their behaviour, even though they understand that the change is necessary. In our coaching, a mere verbal agreement is not enough to guarantee the change in behaviour. The coaches have to bridge the gap between the coachee's hopes (how they want to be) and the existing situation. Coaches, therefore, must first help the coachee to visualise the direction to future betterment, using simulative training.

In 5S training seminars, 5S-CQI (KAIZEN)-TQM facilitators/teachers should apply coaching methods and provide opportunities for the trainees to think through problems by themselves, rather than just sitting and receiving a one-way delivery of knowledge. For this purpose, group work assisted by trained coaches is the most effective way to stimulate the onset of behaviour modification.

A coach and coachee can communicate with each other during the seminar. If a coachee's objective is ambiguous or unclear, the coach can help the coachee to create a clear objective. The coach can then make suggestions to the coachee about how to obtain the skills and knowledge needed to realise their objective.

It is important that the coach poses questions to the coachee, rather than immediately giving hints for the answers. A coach can use a simple question, such as:

"What do you think are the causes of this problem?"

In this way, the coachee will think about their daily routine work, and may come up with some good ideas for solving the problem. At the same time, it is important not to over-question the coachee. The coachee will start to feel fed up if they are asked "Why?" or "Why not?" too many times. In addition, coaches should use softer questions, rather than strong ones, such as "How would you like to be after one year at your work venue?" or "What kind of topics are the most interesting to you?"

2) There is not only one mode of solution!

It is useful for the coach to promote multiple answers by asking well-prepared open questions. When there is an inconvenience or bottleneck in the work routine, the solution is not always just one; there may be multiple solutions, if the problem is observed from different angles. When you meet staff in a work unit, you have an opportunity to ask questions. Instead of asking "Why are there too many things in this cupboard?", you can use the following strategic phrase:

> There are a lot of things in this cupboard. There may be some reasons for that. Can you think of two or three?

The coachee now has a chance to consider the causes critically and answer the question; then you can continue the conversation, guiding them toward concrete ideas.

3) Priority setting and decision-making

Coaches have the capacity to provide the coachee with opportunities for priority setting and decision-making. These opportunities are not the result of leading questions, but of facilitation. Listening carefully to the above-mentioned coachee, who uses the cupboard in their work routine, the coach kindly asks a follow-up question:

> "You identified several causes. Which do you think has the greatest influence on the present unfavourable situation?"

The coachee can prioritize one matter, and focus on the identified causes as the targets of problem-solving using 5S. The development of countermeasures can be done by the coachee if the coach provides continuous support through questioning.

THE REPUBLIC OF UGANDA

5S-CQI-TQM
HEALTH INFRASTRUCTURE MANAGEMENT

JICA