

An attempt to make 5S-KAIZEN a managerial foundation for patient safety at government hospitals in Uganda

Needs of parallel application of IHI-GTT and Tracer Method to accelerate the improvement

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01 Introduction

1. 18 hospitals in Uganda as the Project targets



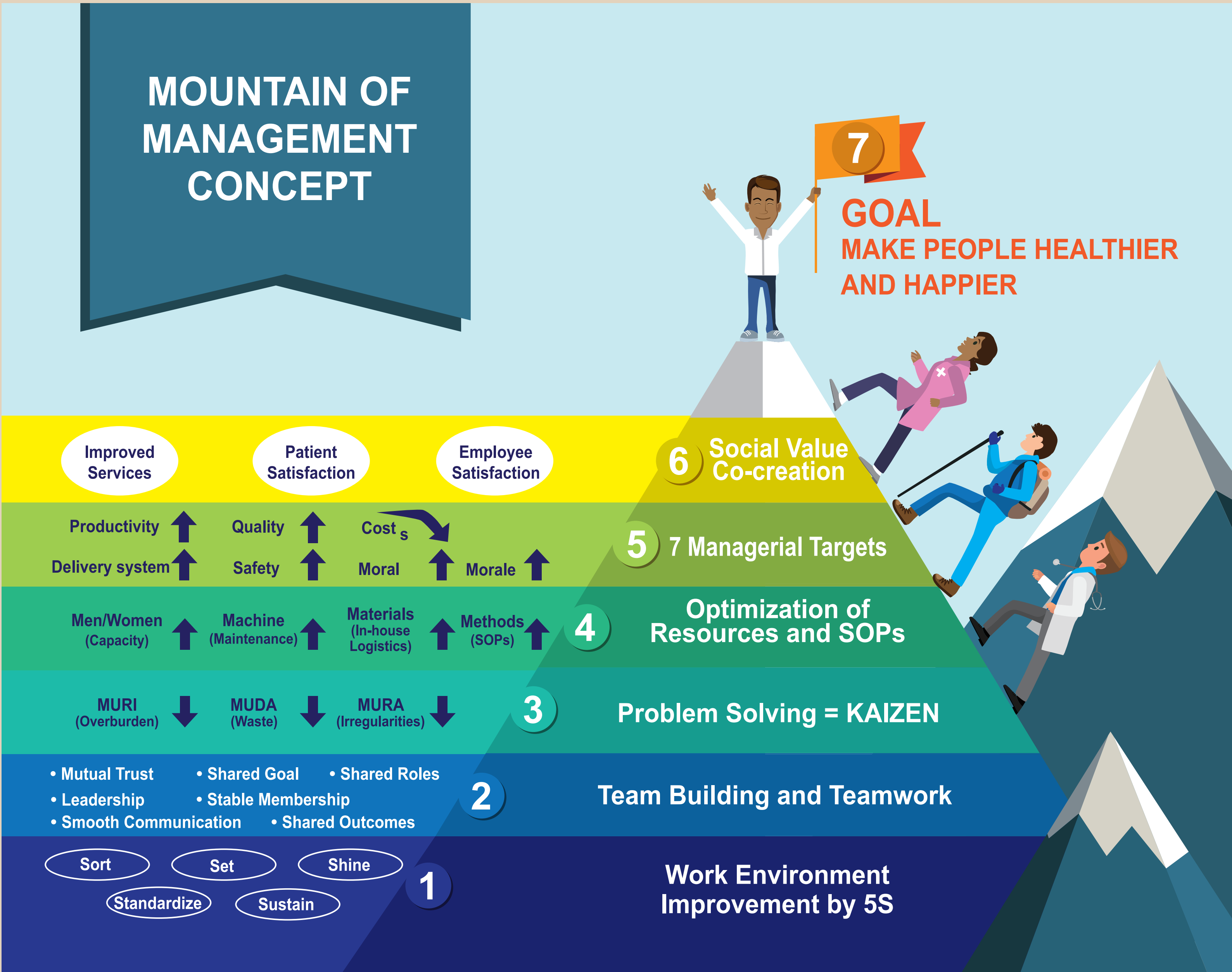
3. Original wording of 5S in Japanese and its English version



4. The stickers offered by the Project as the verification of successful implementations



2. A conceptual framework of routine managerial activities in hospitals



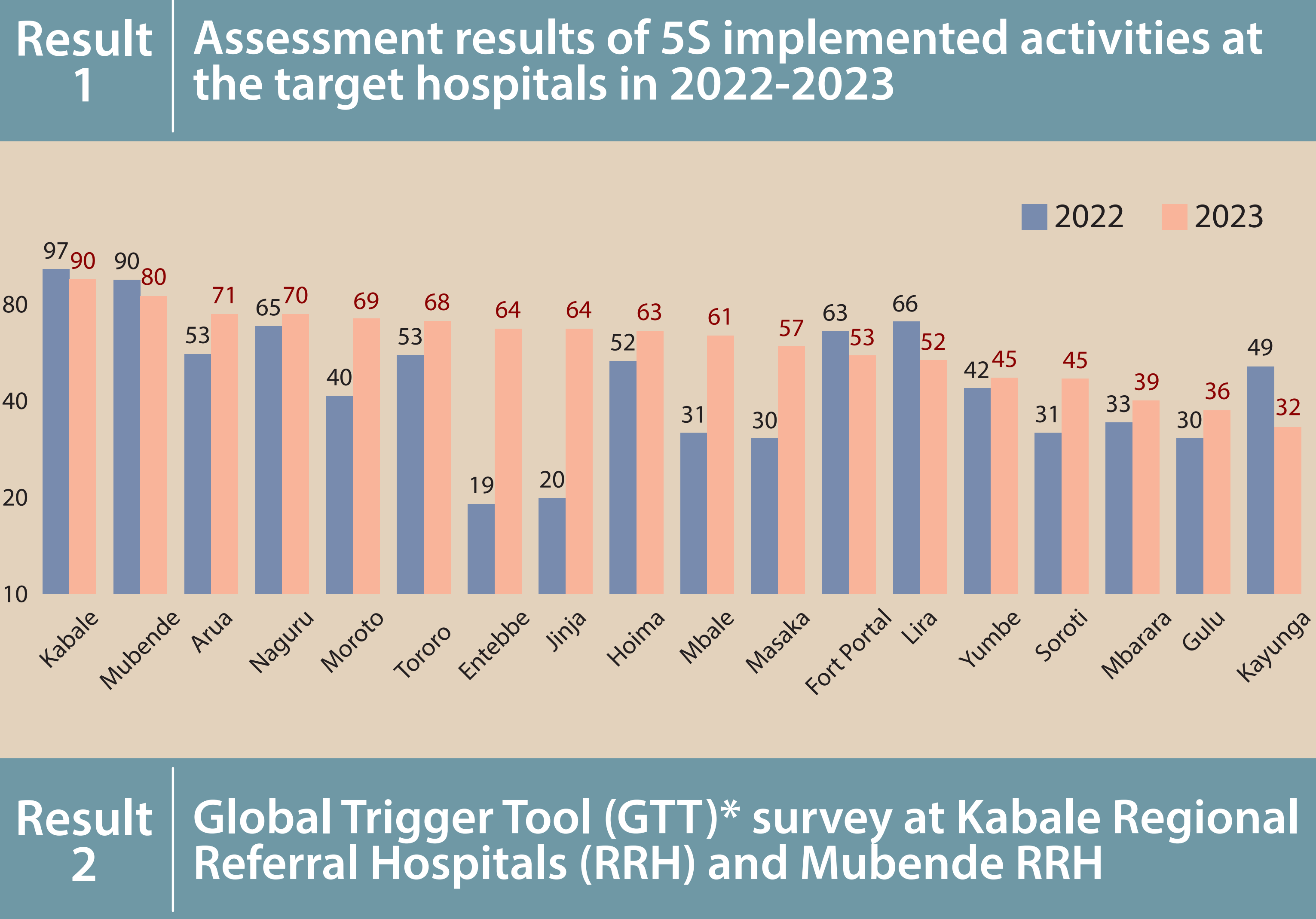
02 Interventions

What we have done	What we are doing now	What we plan as the future work
1 Introduction of 5S activities at 18 hospitals	4 Identification of KAIZEN themes with coaching	7 Parallel use of “Tracer Survey” to improve the clinical work processes
2 Assessment of implemented 5S activities	5 Coaching on the implemented KAIZEN	
3 Selection of hospitals for IHI-GTT implementation	6 Review of the KAIZEN Results	

04 Conclusion and Discussion

- 5S activities are useful to formulate management foundation of patient safety for government hospitals in the context of chronic shortage of health resources.
- To discover peri-clinical and clinical KAIZEN topics and countermeasures, IHI-GTT for identifying adverse events is useful if it is applied parallelly with 5S-KAIZEN.
- As a future target, Quality/Safety Office (QSO) of hospitals should apply "Tracer Method (JCI)" with modification as a dialogue among clinical teams and QSO to review routine clinical procedures and identify KAIZEN needs.

03 Results



Materials
285 Cases (Kabale RRH) and 279 Cases (Mubende RRH)

Screeners
4 Nurses (Ns) with 1 MD (Kabale RRH) and 6 Nss with 3 MDs

Detected Adverse Events (AEs)
AEs at Kabale RRH
11.58 cases in 100 admitted in-patients
24.77 cases in 1,000 days of hospitalization
33 cases = 18 (needed additional OPD treatment) + 14 (needed delay of discharge) + 1 (death)

AEs at Mubende RRH:
11.47 cases in 100 admitted in-patients
20.25 cases in 1,000 days of hospitalization
32 cases = 18 (needed additional OPD treatment) + 7 (Delay of discharge) + 1 (Permanent sequelae) + 6 (death)

References:

- Handa Y, Denekew G, Taka K, et al.; Your path to success in quality and safety, A trainer's guidebook on 5S principles and practice, Second Edition, 2023; Japan International Cooperation Agency (JICA), ISBN 978-8-6766-3176-6, ONWARD Communication, Addis Ababa, Ethiopia
- *Griffin FA, Resar RK. IHI Global Trigger Tool for measuring adverse events (second edition). IHI innovation series white paper. Cambridge: Institute for Healthcare Improvement; 2009. Available from: <http://www.ihi.org/resources/Pages/IHIWhitePapers/IHIGlobalTriggerToolWhitePaper.aspx>
- Ikeda S, Kobayashi M, Kaneko T, et al.: Identification of adverse events in inpatients: Results of a preliminary survey in Japan, Asian Pacific Journal of Disease Management, 2010; 4(2), 49-53
- Kurutkan MN, Usta E, Orhan F, et al.: Application of IHI Global Trigger tool in measuring the adverse event rate in a Turkish healthcare setting, International Journal of Risk & Safety in Medicine, 2015; 27, 11-21
- Siewert B, The Joint Commission ever-readiness: Understanding tracer methodology, Current Problems in Diagnostic Radiology, 2018; 3, 131-135