

CONCEPTUAL FRAMEWORK

Title: Improvement of hospital service delivery through TQM application

Goal : Quality Assurance of Hospital Service Delivery through Total Quality Management concept.

Hospital service attained with highest level of quality care with client and provider satisfaction through work environment improvement and optimum utilization of resources.

Objective

- a. To improve the hospital care through the application of 5S
- b. To improve clients and providers satisfaction
- c. To start the change management for the application of 5S of TQM
- d. To explore & best utilization of the available resources
- e. To Improve the working environment effectively & efficiently
- f. To develop a local level plan for the effective implementation of 5S concept .
- g. To develop the process of inviting commitment and change of attitude of service provider
- h. To strengthen the performance management system

Strategy:

Step:

- Preparatory work:** Development of strategic plan
1. Policy dialogue of different stakeholder
 2. Selection of 3 DH for piloting
 3. Development of outline of piloting of 3 DH by 5S
 4. Development of training material / package
 5. Exploring the probable resources for piloting
 6. Approval of task & technical committee of National QA

Resource mobilization

Base line assessment

1. Development of tools and format of baseline assessment
2. Selection of assessors of baseline assessment
3. Orientation of assessors
4. Conduction of baseline assessments
5. Preparation and finalization of baseline reports
6. Sensitization of service provider on 5S concept

Capacity development:

- a. Orientation / training of different categories of service provider on 5S
- b. Training material

Disseminations of Baseline assessment & Development of LLP

Implementation

1. Formation, functioning / revitalization of QA team
2. Formation of different team in pilot hospitals
3. Implementation of plan activities of LLP

Development of MIS

Conduction of PA centrally & locally

LOG FRAME:

SI	Output	Activities	MOV	Time frame	Responsibility	Remarks
1	Preparatory work completed and at 3 DH for piloting with 5S concept of TQM	Policy dialogue with different stakeholders on implementation of TQM activities	Examining reports/minutes of policy dialogue	By last week of December 10	DG, Director Hosp, Dir PHC, Jt. Sec. Hospital and JICA	Coordination by Dir Hospital
1.2		Development of training materials for different categories of service providers	Examining the developed training materials	By last week of December 10	Dir Hosp, Dir PHC & JICA	JICA will provide technical support
1.3		Selection of DHs for piloting and approval by the competent authority	Document review	Already done		
1.4		Exploring the requisite fund from GO and DPs to implement the piloting	Documents review	By last week of Nov 10	DG, DGHS, Jt. Chief planning, LD – IHSN, Hosp	
2	National strategic plan developed	Formulation of strategic plan for the implementation of 5S by the relevant stakeholders	Verify the strategic plan	By 2 nd week Dec 10	Dir Hosp, dir PHC, JICA	JICA will provide technical support
1.2		Finalization and approval of the formulated strategic plan by the NTG & NTC	Verification of the approved plan	By last week Dec 10	Dir Admin, Dir hospital, DPM QA, DPM training (hosp)	
3	Baseline assessment completed for 3 piloted hospitals	Development and finalization of tools and format for baseline assessment in a consultative way	Verification of the approved tools and formats	By 2 nd week of Jan 11	DPM QA, DPM training (hosp), AD PHC	
3.2		Selection of 4 assessors for the assessment of each dist hospital	Official order	3 rd week of Jan 11	Dir hosp, DPM QA and DPM Training (Hosp)	
3.3		Orientation of the selected assessors	Orientation report	4 th week of Jan 11	Dir hosp, DPM QA and DPM Training (Hosp)	
3.4		Conduction of baseline assessment by the trained assessors two days at each hospital	Assessment report	Feb and 3 rd week of March 11	Dir hosp, DPM QA and DPM Training (Hosp)	

SI	Output	Activities	MOV	Time frame	Responsibility	Remarks
3.5		Preparation, finalization and submission of the report to the competent authority by the assessor for each hospital	Assessment report	3 rd week of March 11	Dir hosp, DPM QA and DPM Training (Hosp)	
3.6		Sharing major findings of the individual hospital baseline report to the respective hospital service providers by the assessors on completion of the assessment	Verification of the report submitted by the assessors	3 rd week of March 11	Dir hosp, DPM QA and DPM Training (Hosp)	
4	Different categories of hospital service providers developed capacity on implementation of 5S	Selection of participants, date, venue, & trainers for the conduction of the planned training	Verification of preparatory report	1 st week of April 11	Dir hosp, DPM QA and DPM Training (Hosp)	
4.2		Mobilization of training materials and other resources to the respective hospitals before the training schedule	No. of hospital supplied with training material	1 st week of April 11	Dir hosp, DPM QA and DPM Training (Hosp)	JICA will provide necessary resources
4.3		Conduction of training for the different categories of hospital personnel (batch by batch)	- No. of batch received training against the developed plan - verification of training reports	2 nd week of April 11	Dir hosp, DPM QA and DPM Training (Hosp) & selected trainers	
5	LLP developed for implementation of 5S by the hospital authority	Development of LLP incorporating the baseline survey findings with an aim to improve the hospital service in the light of 5S	- No. of developed plan - Verification of documents	2 nd week of April 11	Respective CS/hosp super, director Hosp,	Technical support from JICA & Dir Hosp
		Dissemination of LLP to all respective service providers and to figure out the process of implementation by the respective department	- No. of dissemination session conducted - Verification of documents	2 nd week of April 11	Respective CS/hosp. super	
6	Individual performance management system for appraisal established and functioning properly	Orientation of service providers on IPM	No of service providers trained on IPM	1 st week of May 11-1 st week of April 11	Dir Hosp, dir admin, respective CS/super	

SI	Output	Activities	MOV	Time frame	Responsibility	Remarks
6.2		Development of yearly individual development plan (contractual agreement) for each category of personnel by the respective supervisors with an aim to invite the commitment	No of individual plans developed	2 nd week of April 11 – last week of May 11	Respective CS/hosp. super	
6.3		Quarterly appraisal of the developed plan between the supervisor and supervisee	No of quarterly review meetings conducted between the supervisor and supervisee against the developed plan	Continued process	Respective CS/hosp. super and supervisors	Technical support from Dir Hospital & JICA
7	QA cell with team & other teams (dept. and area wise) formed for practicing 5S	Formation of QA Cell with a QA team & other teams for effective practicing of 5S in different areas of the hospital	- No. of teams are functioning and submitting their report - Verification of performance report	Continuous process	Respective CS/hosp. super, QA team	Technical support from Dir Hospital & JICA
		Implementation of the planned activities by QA team to transform the hospital from the existing situation to the sense of quality on the basis of 5S	- % of planned activities executed	April 11 to April 12	Respective CS/hosp. super, QA team	Technical support from Dir Hospital & JICA
8	System developed for regular performance appraisal	Quarterly monitoring visit from central QA team for performance appraisal, sharing best practices and to provide technical support (hands on training) for improvement	No. of appraisal visits conducted against the plan by the QA team	Continuous process	Respective CS/hosp. super, QA team	Resources from JICA
9	Reporting system developed for monitoring performance	Formulation and finalization of monthly reporting format in consultative way	No. of documents prepared	1 st week of Jan 11	National QA team and respective stakeholders	
10	Evaluation report prepared and disseminated at the end of piloting	Contractual agreement with 3 rd party to evaluate the pilot	Evaluation report	July 12	JICA, Director Hospital,	Resources from JICA
		Conduction of evaluation, preparation of report and dissemination of the findings	No. of evaluation reports	1 st week of September 12	JICA, Director Hospital,	Resources from JICA