

# Experiences of KGHP in using quality improvement approaches

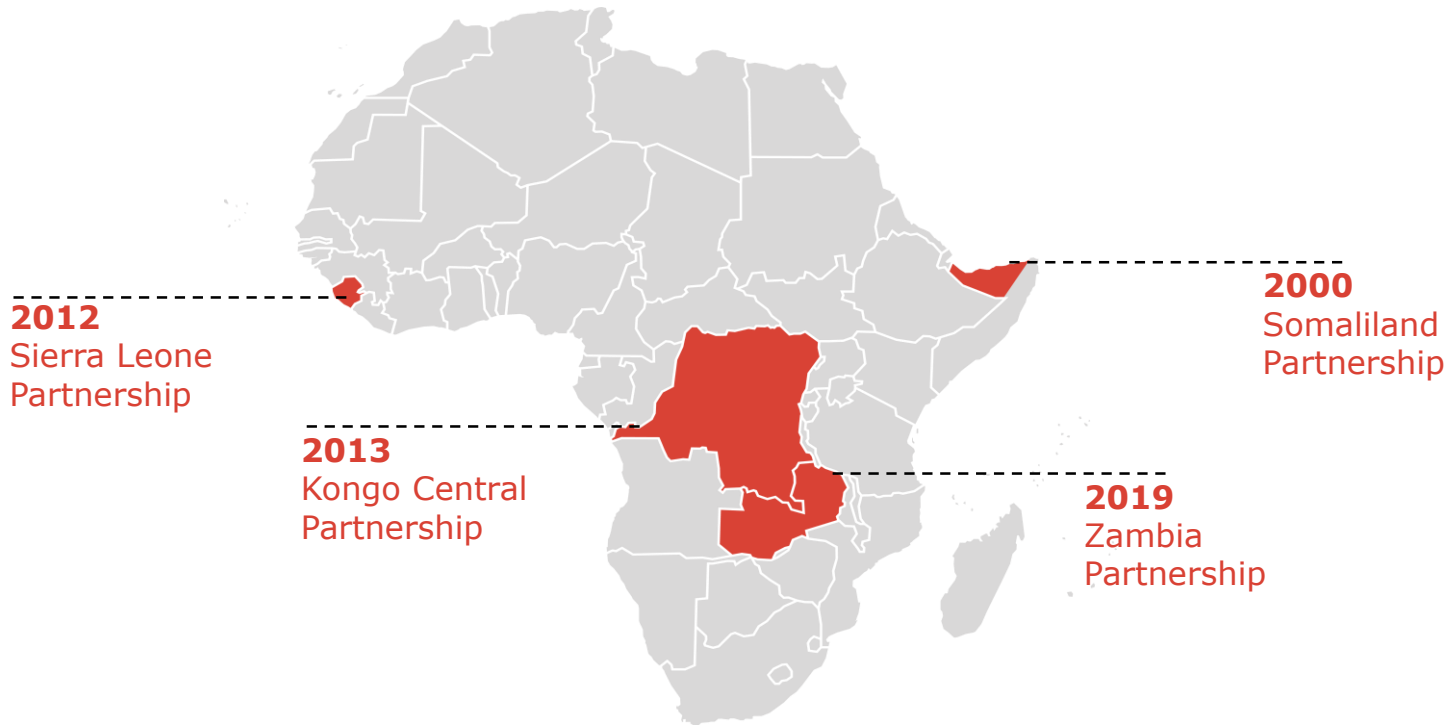
Through health partnerships between the UK National Health Service (NHS), King's College London and Sierra Leone, Somaliland, the Democratic Republic of Congo and Zambia



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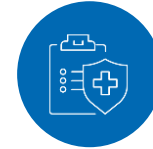
# Where we work



## 4 PRIORITY AREAS FOR CROSS-PARTNERSHIP PROGRAMME ON HOSPITAL MANAGEMENT AND LEADERSHIP:



Quality Improvement (QI)



Patient records systems



Human Resources



Strategic planning

# Partnership with Connaught Hospital, Freetown

*"Narrative + Data + Action = Change"*

*- David Ansell MD*

In 2016 KGHP responded to partners' requests for support to improve the **patient records system** at Connaught Hospital, Freetown.

- In partnership with the hospital's records team, **a new system was designed and implemented in 6 months**, bringing immediate benefit to the quality of clinical documentation
- Time invested in developing **a context-appropriate and reproducible patient unique identifier**, which includes a 4-digit code signifying the patient's chiefdom of birth
- The new records system continues to be refined by local staff, with **records being regularly used by clinicians for QI and research**
- **Quality Improvement** is a priority area for the SL Ministry of Health and Sanitation. KGHP volunteers continue to support QI activities at Connaught Hospital.



# Strengthening Health systems to Improve Fever management (SHIFT at Connaught Hospital, Freetown: 2017-21)



## IMPACT

Improved care and outcomes for patients with fever

## OUTCOME

Improved understanding of the barriers to delivery of effective care for patients with fever

Enhanced capacity to collect, manage and utilise data related to patients with fever

Strengthened knowledge and attitudes of healthcare professionals regarding the care of patients with suspected malaria

Improved care for patients with suspected malaria

## OUTPUT

Baseline study and continuous evaluation approach

Data available to patients, clinicians and decision makers

Sustainability of commodities

Increased capacity and knowledge in healthcare workers

Patients supported to access care and enact their rights

## ACTIVITIES

Monitoring & Evaluation (M&E) of patient pathways and outcomes of care for evidenced driven implementation

Support to M&E and surveillance teams

Piloting eLIMS (electronic Laboratory Information Management System)

Strengthened supply chain and reporting of commodities

Formal training in fever management, Rapid Diagnostic Test (RDT) and laboratory capacity building. Introduction of guidelines, SOPs and job aides

Patient, Advocacy and Liaison Service

# Quality Improvement at Ndola Teaching Hospital, Zambia

- Ndola Teaching Hospital is the second largest tertiary hospital in Zambia built in 1968 and officially opened in 1972
- 27 wards with a bed capacity of 760 and 97 baby cots, 420 inpatients and 500 out-patients on a daily basis
- Connection with Kings Global Health Partnerships focuses on: infection prevention, strengthening the biomedical engineering team and research
- Ndola Teaching Hospital is **committed to strengthening QI** and has established a **monthly QI committee with multi-disciplinary representation** from: clinicians, heads of clinical departments, pharmacy, nursing, administration, environmental health unit, infection prevention, maintenance, nutrition, social worker
- **Reciprocal visits** to King's Health Partners and Ndola have taken place to develop our shared understanding of the environments and what can be done



## Purpose of the QI committee:

1. To ensure the provision of quality healthcare services that meet the standards set
2. Identify gaps between the required standard and actual service provision
3. Design and implement interventions for the identified gaps



# Quality Improvement project to improve neonatal & maternal outcomes at Ndola

## Objectives

- To reduce stillbirths and neonatal deaths by 50% in 2021
- To reduce maternal deaths by 50% in 2021

## Gaps/Causes:

- Neonatal sepsis and birth asphyxia
- Inadequate skills among clinicians, nurses, anaesthesiologists & poor staff attitudes
- Early diagnosis and management of hypertensive diseases in pregnancy and haemorrhages

## Current interventions:

- QI workshop with KGHP and support for clinicians to lead QI projects that address neonatal sepsis
- Focus on safe use of partogram during labour
- Mentoring of clinical staff and random checks of individuals' practice
- Improving management of obstetric emergencies through improved communication and availability of senior clinical staff



# Our learning so far

- **Be specific** about what you are trying to achieve as a partnership. Quality Improvement is very broad. It's key to have a clear problem statement, clear aim and clear method of change with systems for data capture so that progress can be tracked.
- KGHP has a **hospital management advisory group** which provides technical support from NHS colleagues (wide range of relevant disciplines, including QI)
- Vital to establishing **strong relationships around areas of common interest** between NHS and African partners which form the foundation of long-term engagement, for example the partnership work between the Maudsley's QI team and Zambian partners.
- **On-the-ground support for implementation of complex changes**, with sustainability built in from the start, is important and NHS volunteers learn a great deal from this (=mutual benefit).
- **Quick wins** are important for creating momentum.



- Take a **system approach across the whole patient pathway** instead of working on small pieces in isolation – strongly recommend starting with a **good process map**
- **Real change happens in real work** – frontline staff must be centrally involved in leading the change, with good project management support to bring all the pieces of the puzzle together
- Behavioral change is “small small”

# Thank you

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