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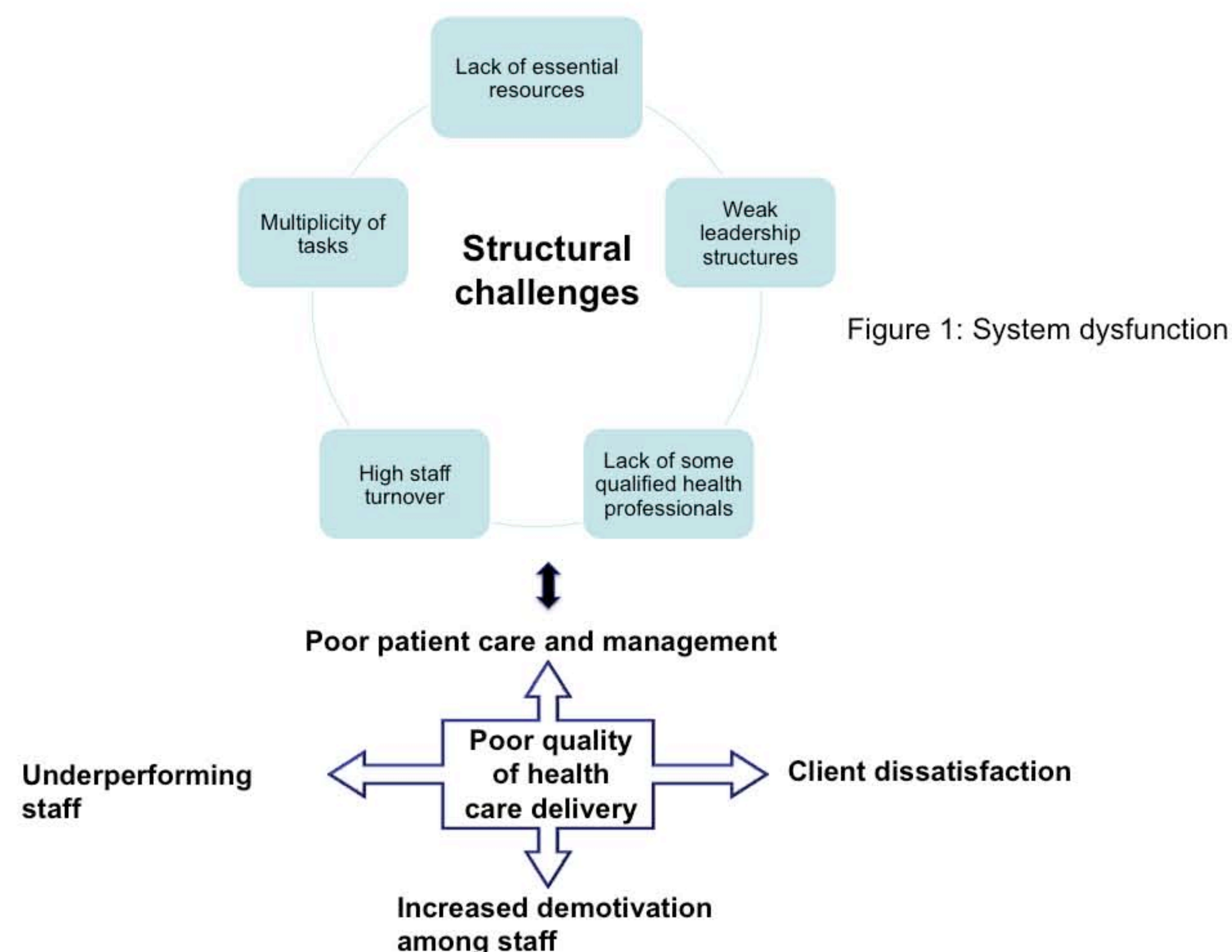
SETTING UP A QUALITY IMPROVEMENT PROCESS IN RESOURCE LIMITED SETTINGS: A SITUATIONAL ANALYSIS AT THE MEDICAL DEPARTMENT OF KAMUZU CENTRAL HOSPITAL IN LILONGWE, MALAWI

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Context

Health care delivery in Malawi is hampered by poverty, low health budget, severe crisis in human resource, high HIV prevalence and inadequate material resources essential for health care while at the same time expectations are high in particular for the tertiary hospitals for quality care, training and supervision. Against this background a situational analysis was performed at the Medical Department (MD) of the Kamuzu Central Hospital (KCH) in Lilongwe as a starting point towards quality improvement. The call for a quality intervention in the MD was initiated by the management of the MD and the Malawi German Network for capacity building in treatment, training and research at the KCH (MAGNET).

Problem



Assessment of problem

In a triangulated approach we assessed workload, patient flow and key processes using observation, document review, semi-structured interview with patients and in-depth interviews with stratified purposively sampled key informants including staff, clients, affiliates and management in June 2010. Comments from the 4 different respondent categories, confirmed through the triangulation of methods identified common contributing factors to poor performance in the department to include:

- Shortage of some drugs and essential medical consumables
- Weak processes for patient care,
- Weak leadership and management structures for the department
- Poor pre-service-training, supervision and mentoring for juniors
- Lack of a medical consultant to champion the quality improvement initiative
- High staff turnover
- Insufficient documentation of patient and staff activities
- Poor data management.

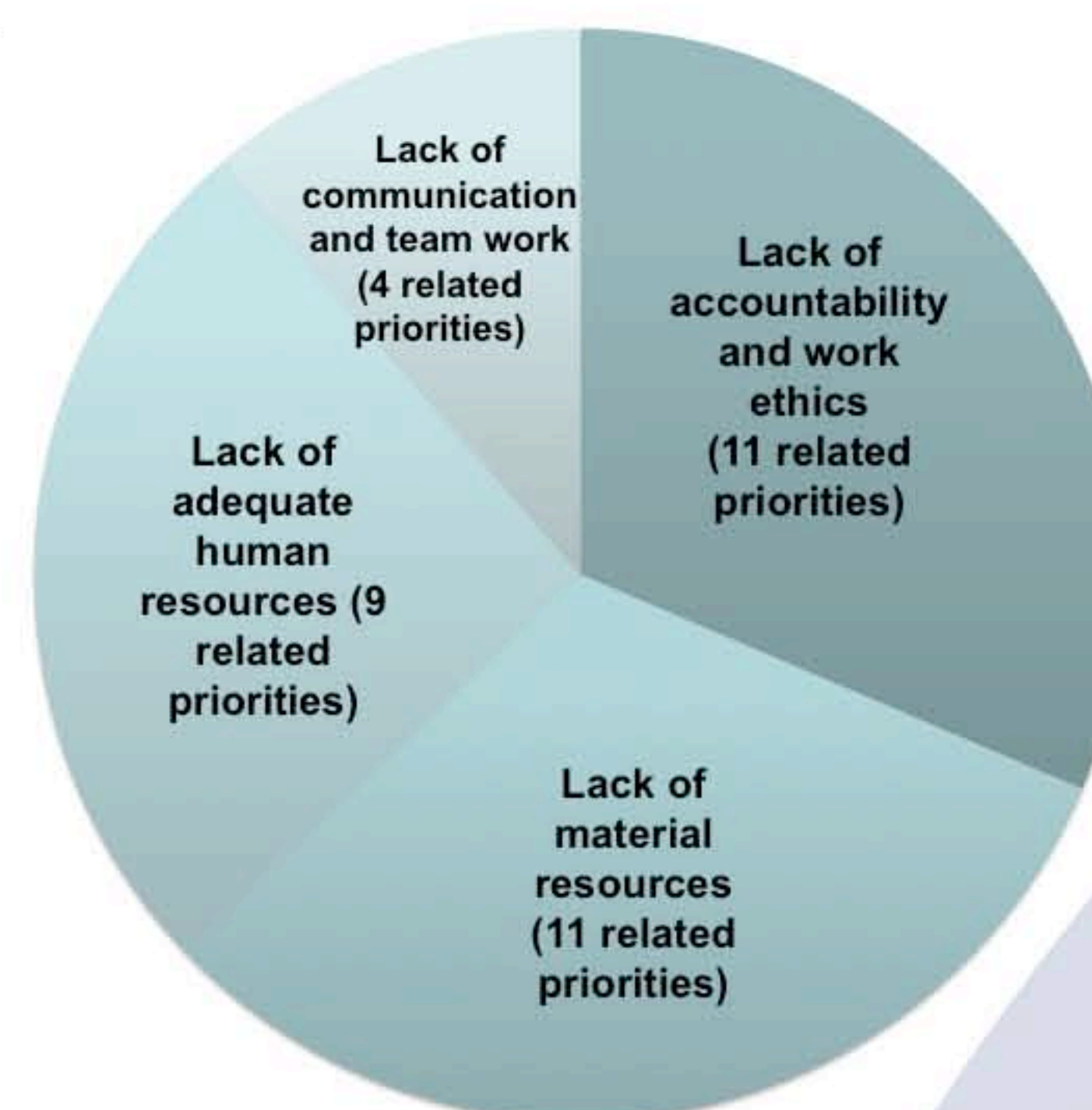
Strategy for change

Following the analysis, an annual operational plan including indicators for the department was drafted in December 2010. The department needs a consultant to fill up the vacant position, more qualified health professionals and essential resources with which to operate and improve upon patient care.

Other strategies which are being adapted include identifying modifiable factors which are under the control of the department: strengthening accountability of all staffs activities, efficient use and management of resources, proactive leadership and a system of informed decision making. There is an ongoing lobbying for strengthening of capacity through the external partners MAGNET in strategies such as using information technology for structured teaching and learning and addressing priority conditions by operational research.

Measurement of improvement and effects of changes

While it is too early to assess quality improvement results in the MD, the situational analysis stimulated the awareness for the necessary change: In December 2010, a planning meeting was held in the MD and it was attended by 18 staff members from all cadres. The meeting served the dual purpose of teambuilding and appreciation of staff work and also created genuine momentum for the quality effort for 2011. Now the staffs have by themselves been able to identify the top four obstacles which they would address for better quality in the MD.



Lessons learnt

Profound deficiencies in the management of the department, patient care and staff training have been identified. Identifying modifiable factors which are under the control of the department is a prerequisite to starting to reverse the process of staffs being overwhelmed by their tasks, complacency, demotivation and poor performance. A starting point for a quality improvement strategy in healthcare in resource limited settings will involve staffs and management being able to agree on achievable goals, define and implement appropriate processes.

Message for others

Tasks for tertiary health care centers in resource limited settings like in Malawi are multiple and constitute a huge challenge for the staff. Quality improvement initiatives can serve as a tool for staff empowerment and better quality of patient care.

MAGNET Hospital Co-operations: Malawi German Network for capacity building in treatment, training and reserach at the KCH



Partners:

- Kamuzu Central Hospital, Malawi
- University Hospital Cologne Medical Clinic 1 Infectious Diseases, Germany
- University Clinic Bonn Medical Clinic 1 Infectious Diseases, Germany
- Institute of Public Health, Ruprecht-Karls University of Heidelberg, Germany