

QUALITY IMPROVEMENT.

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Introduction.

- The Jeeplines.
- Constituency development funds improved the H/F coverage since 2003.
- Transition from the Jeepline to new way of working.
- Request by both County Government and change in disease.
- Emerging new medical challenges (NCD, Antibiotics Resistance and patients care)
- Three sub-county and a health centre were included in the program.

ENDEBESS

- ❑ A level 4 hospital (sub County Hospital)
- ❑ 19 beds
- ❑ Has 3 medical officers.
- ❑ 7 Clinical officers.
- ❑ 17 Nurses
- ❑ 8 departments.



KWANZA

- A level four hospital (Sub County)
- Has 10 beds.
- 1 medical officer (special Clinic)
- 5 Clinical officers.
- 10 nurses
- 8 different departments.



KACHILIBA

- ❑ A level 4 health facility (sub-County)
- ❑ 2 medical officers.
- ❑ 11 clinical officers.
- ❑ 33 nurses.
- ❑ 9 departments (Kalazaar/TB)



Objective.

Increase level of care to the clients by imparting skills and knowledge to the healthcare givers through training and mentorship.

FOCUS AREAS

These are the four areas agreed upon by the RDS/Sub-county/County team.

- ❖ RATIONAL USE OF ANTIBIOTICS.
- ❖ PATIENTS PHYSICAL EXAMINATION/INVESTIGATIONS.
- ❖ INFECTION PREVENTION AND CONTROL.
- ❖ TRIAGING AND EMERGENCY CARE.
- ❖ BASIC HYGIENE.

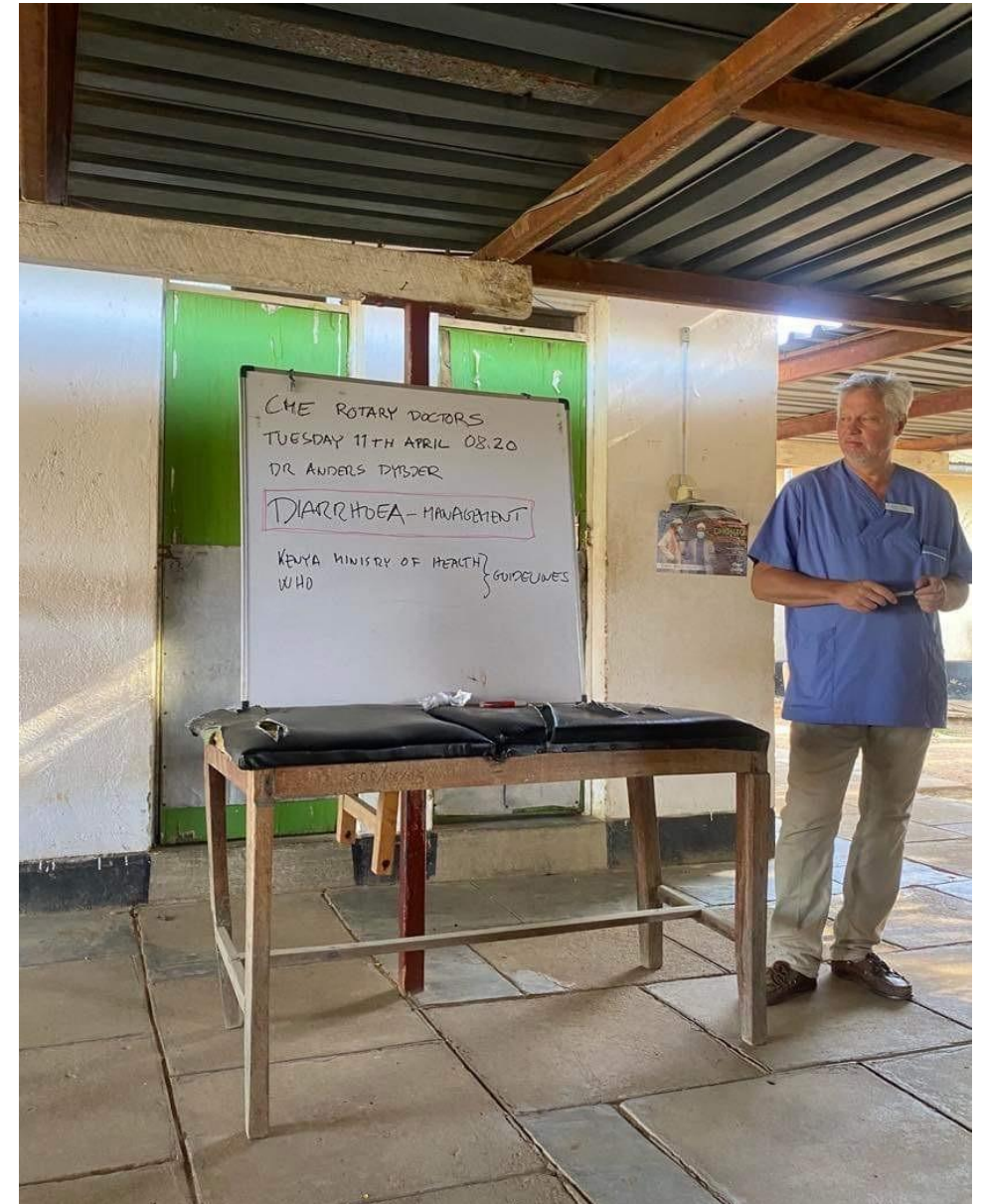
BASIC APPROACHES

- Continuous Medical Education.
- Mentorship.
- Working with a small team.
- Focus on using the available resources.

CME

To all cadre of staffs once per week.

- Rational use of antibiotics.
- Identification of sick clients (triaging).
- Patients resuscitation.
- Infection prevention and control.
- Management of NCD/Communicable diseases.





MENTORSHIP.

- Working together side by side.
- Demonstration using dummies.
- Skills/techniques demonstration.



MENTORSHIP

SKILLS AND TECHNIQUES



Quality Improvement Teams.

- Influencing formation of QIT.
- Doctors entry point.
- Training of the team.
- Regular review meetings.



QIT TEAM



COMMUNITY NURSING SERVICES ROLE

- The CNS roles includes.
 - Introduction of doctors.
 - Follow up on quality improvement tasks.
 - Ensure policy/regulations compliance.
 - Monitoring and evaluation.
 - Networking with stakeholders.



AREAS WITH NOTICEBLE IMPROVEMENT

- ✓ Antibiotics use – Antibiotic register data.
- ✓ Patients examination – Clients feedback.
- ✓ Triaging tables – presence of triaging tables manned by nurses.

CHALLENGES

KACHILIBA.

- Leadership, time management and transfers.

KWANZA.

- Leadership

ENDEBESS.

- Med-sup not always present.

DOCTORS.

- Expectation of rapid result.

QUALITY IMPROVEMENT CHALLENGES.

- The quality improvement teams are mostly composed by managers and departmental heads.
- The long running cultures (behavior change)
- Attitude.
- Focus on the materials rather than skills.
- I know it better attitude.
- The desire to impress foreign doctors.

FACTORS PROMOTING QUALITY IMPROVEMENT.

- Identify improvement areas together with your team.
- Choose simple improvement areas to start with.
- Work with a small team (group) and connect with them.
- Listen to both verbal and non-verbal communication of your team.
- Follow the policy guideline.
- Avoid frustrating yourself/be patients.

- THE END