

**QUALITY IMPROVEMENT
AT THE SHELL
HOSPITAL, WARRI**

DR. OLUFEMI MOSURO

Dr. Okuns Ohiosimuan

Dr. Rita Akintola

Mrs. Nkem Osakwe

SHELL IA HOSPITAL, OGUNU

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- **To protect and preserve the health of staff ensuring a healthy workforce.**

SCOPE



- Preventive & Curative Health
- Occupational Health
- Community Health
- Projects & products

To deliver effective and quality Health strategies and services in order to optimise the health of the stakeholders (employees, dependant, contractors and Neighbours)

QUALITY IN HEALTHCARE

Doing the right **thing**

At the right **time**

In the right **way**

For the right **persons**

&

Having the best **results/OUTCOME** possible

CRITICAL SUCCESS FACTORS IDENTIFIED

- ❖ Quality of staff.
- ❖ Quality of infrastructure and equipment.
- ❖ High quality drugs and consumables.
- ❖ Ready access to quality information, whilst maintaining confidentiality.
- ❖ Quality of procedures and controls.
- ❖ Timely emergency response capabilities.
- ❖ Visible management commitment and adequate funding.
- ❖ Good communication process in place.

ACCIDENT & EMERGENCY



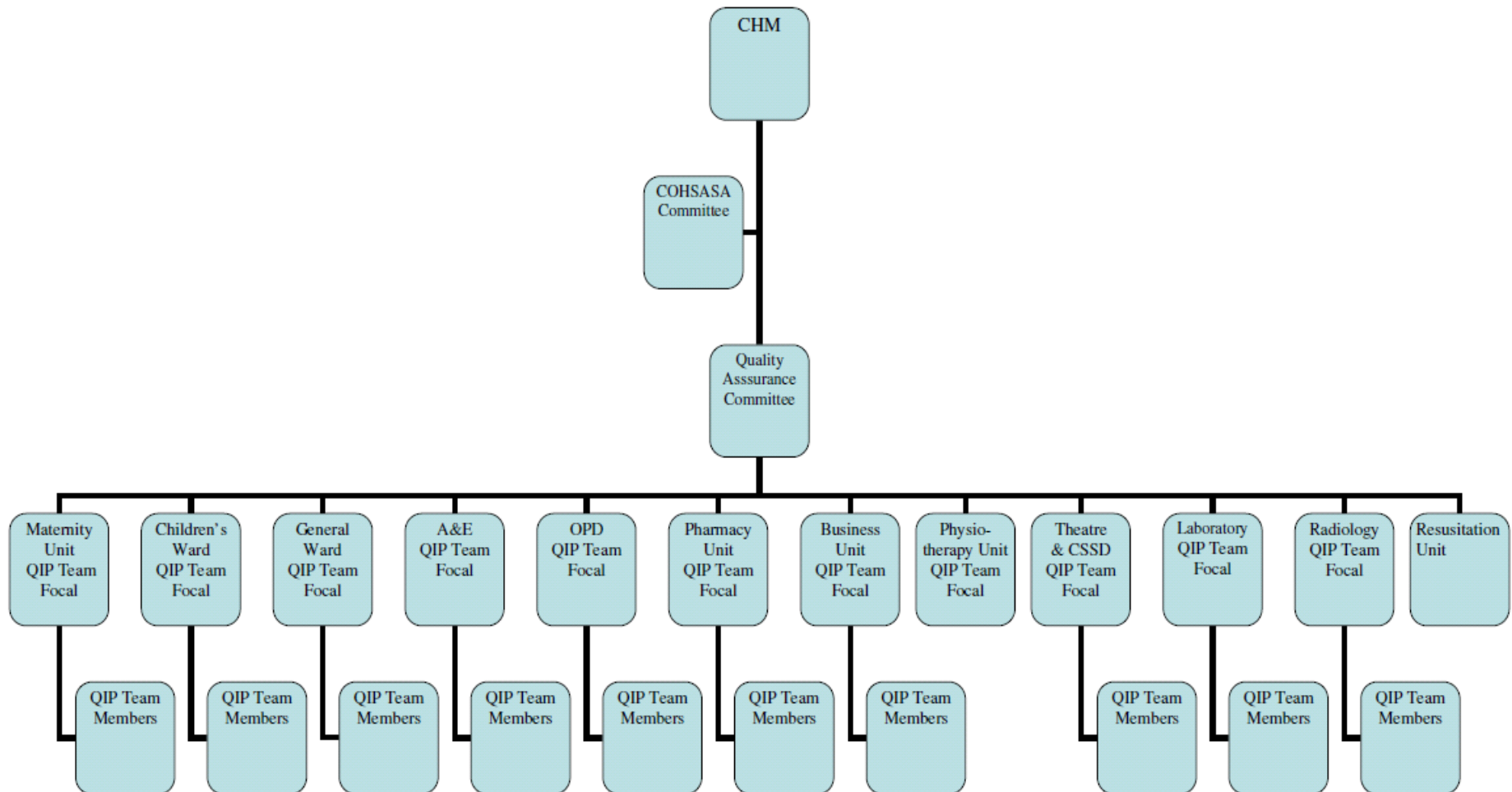
HISTORY

Before 2000	Health and Safety audits Site and facility inspection / audits Total Quality Management process External Clinical audits 2 yearly
2000 to 2003	HSE-MS ISO 14001 validation in 2000 Revalidation in 2003.
2005	UK IHC (SAQ) was used as a template to assess our quality of care
2007	In-House quality improvement program initiated with the partogram in labour review
May 2008	Enrolled in the COHSASA(ISQua) quality improvement and accreditation program
August 2010	Awarded Certificate of Accreditation for 27 elements of the hospital services

QA / QIP STRATEGIES

- ❖ Awareness lectures
- ❖ Part of Individual Tasks and Target (GPA) for yearly assessment
- ❖ Developed a written guideline for implementation of QA and QI process
- ❖ Defined roles and responsibilities (organisation chart)
- ❖ Training in the use of IT tools (excel, PowerPoint, etc) and PDSA cycle.

Organisation Structure for Warri QIP



STRATEGIES

- ❖ Individual projects
- ❖ Sectional projects
- ❖ Cross sectional projects
- ❖ Cross divisional projects

WORKING GROUPS

Malaria, Infection Control, Medical Emergency Response, Resuscitation, HIV/AIDS, Patient Medical Association, Communication (newly implemented)

OTHERS:

Computerisation of clinical process (SHIMS)

METHODOLOGY

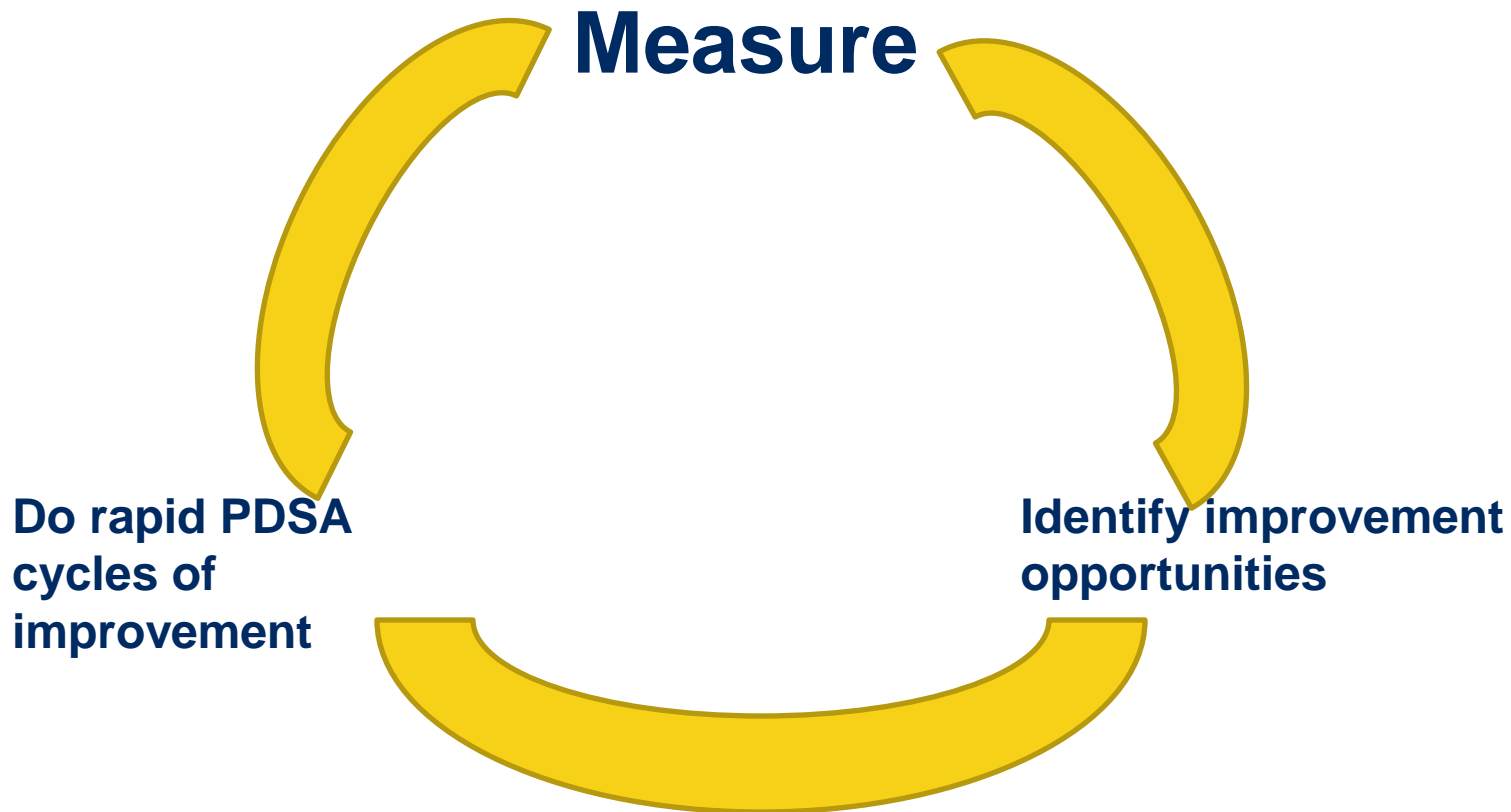
Areas for improvement identified by:

- ❖ Gap analysis of status quo against identified goals
 - ❖ Gold standard of practice (EBM)
 - ❖ ISQua requirements (COHSASA)
 - ❖ National policy on health
 - ❖ Patient preferences, etc
 - ❖ KPIs
 - ❖ Benchmarks
 - ❖ Learnings from Training updates
 - ❖ Customer satisfaction surveys
 - ❖ Transit time measurement
 - ❖ Management targets and business plan.

CRITICAL ACTIVITIES

- ❖ Data collection: quality of data is very critical
- ❖ Data analysis and reporting
- ❖ **Audits:**
 - ❖ Nursing Audits
 - ❖ Documentation Audits
 - ❖ Housekeeping audits
 - ❖ Case outcome reviews
 - ❖ Review and development of guidelines, protocols and policies
 - ❖ Ensure ownership of all documentations and procedures (bottom up approach)
 - ❖ Ensure value and quality of projects
 - ❖ Proposal reviewed to assess value of projects
- ❖ **Tools:**
 - Training to use:-**
 - ❖ Excel spreadsheet / PowerPoint etc
 - ❖ PDSA cycle (Plan-do-Study Act)
 - ❖ COHSASA SAQ

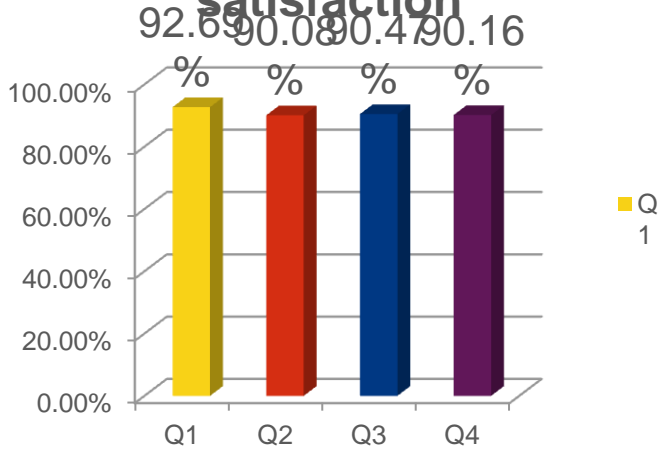
QUALITY IMPROVEMENT CYCLE



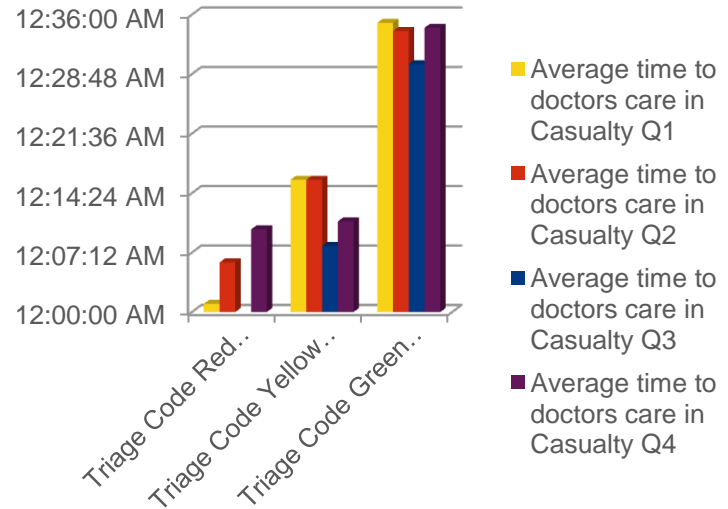
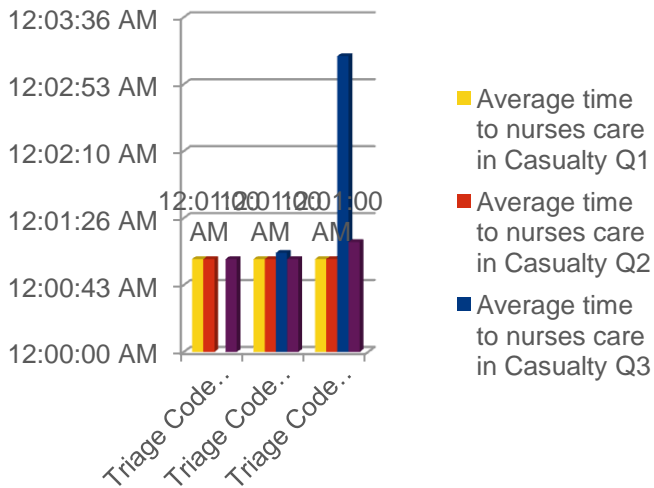
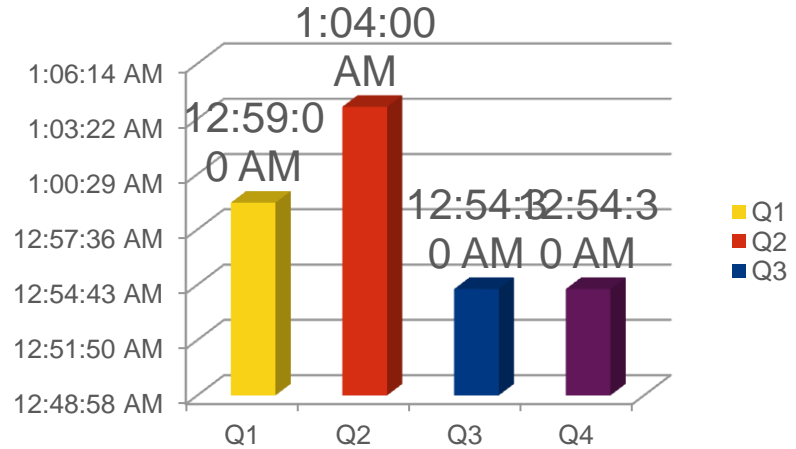
Quality Assurance Indicators

OPD & ER QA INDICATORS

Out patients satisfaction

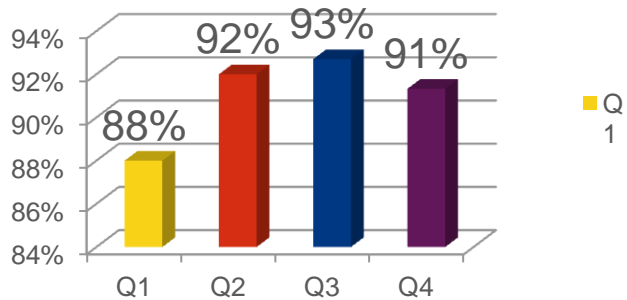


OPD transit time for 2010

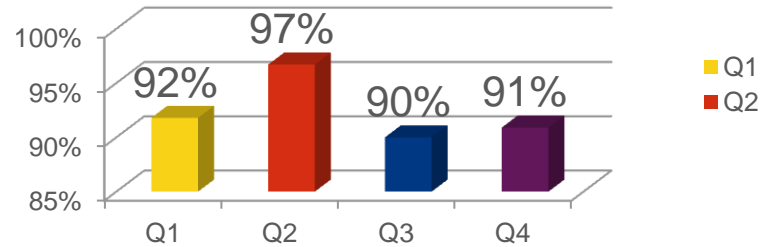


CHRONIC ILLNESS QA INDICATORS

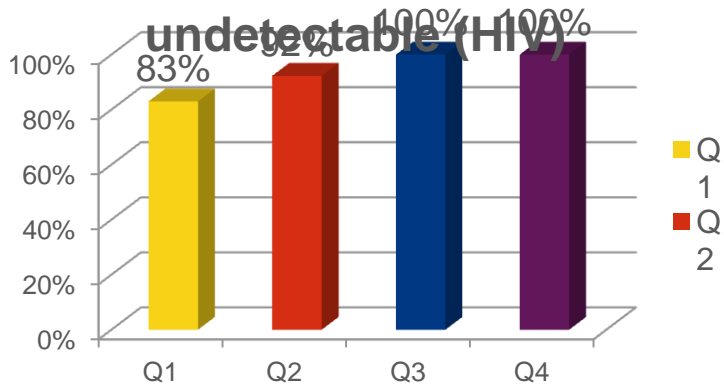
%HbA1c less than 7.5% (Diabetics)



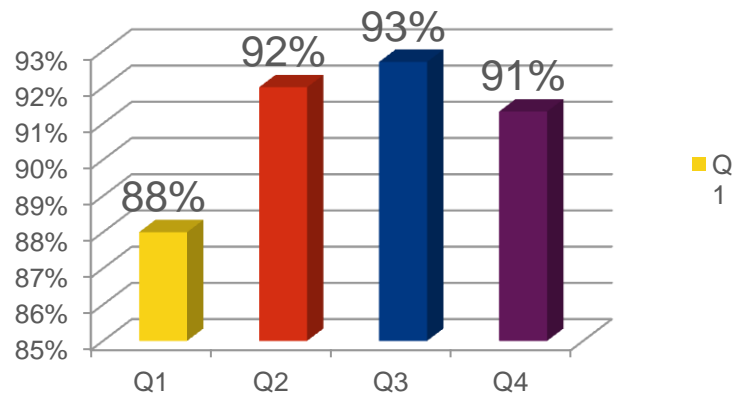
Diastolic less than 90mm of Hg



% Viral load undetectable (HIV)

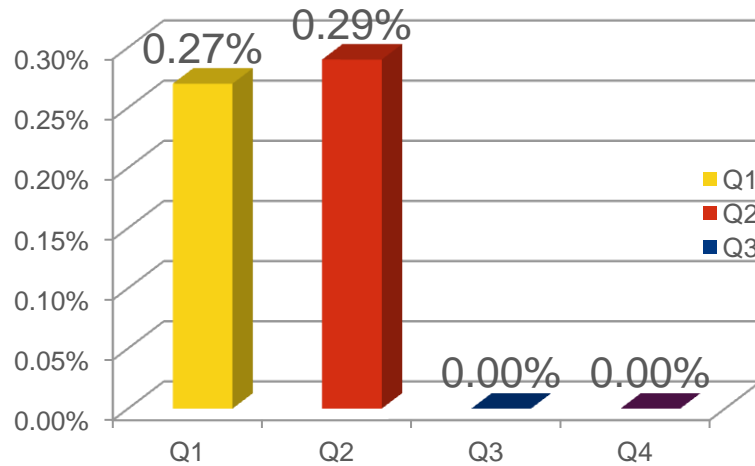


%HbA1c less than 7.5% (Diabetics)

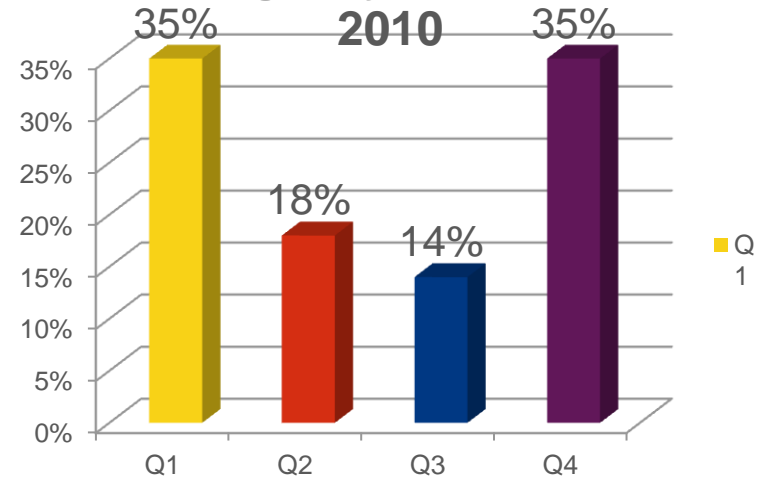


OBGY & INFECTION CONTROL QA INDICATORS

Hospital wound infection rate

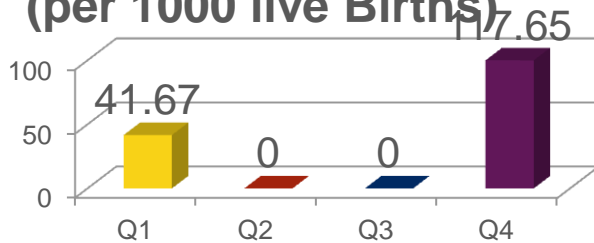


Emergency CS rate for 2010

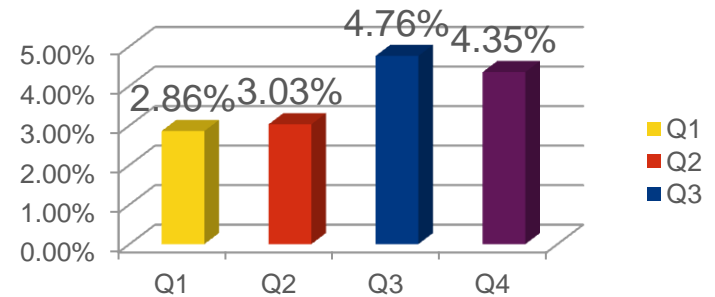


Perinatal mortality rate for 2010

(per 1000 live Births)



Malaria in pregnancy rate for 2010

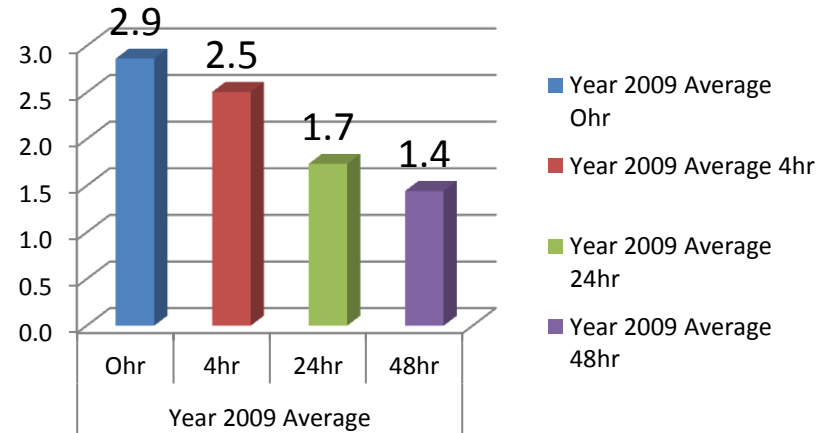


Some unit based QI
projects

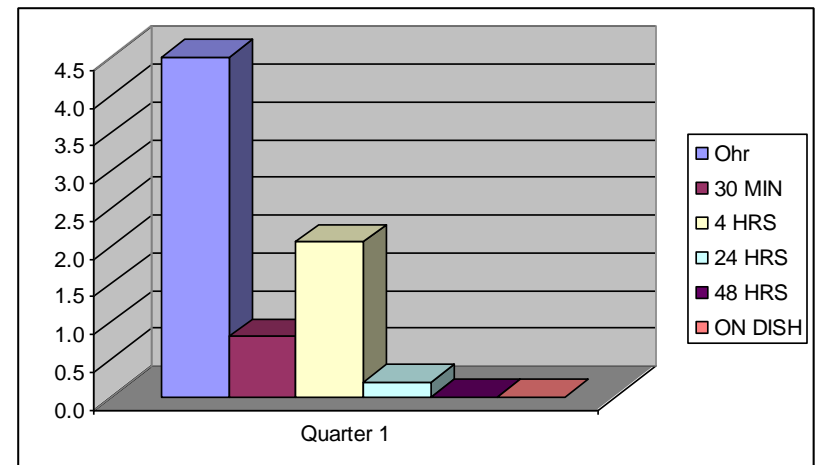
Pain management

- Prior to 2009, there was no formal policy on pain management in the children's ward. Pain scales existed but there was no documentation of their use.
- Training of nursing staff and doctors was undertaken using formal and informal lectures
- A significant improvement in documentation was noted in 2000 in scores in the first 48 hours
- There was a decision to further expand the monitoring and documentation period and Q1 of 2010 shows more scores of zero at 48hr and on discharge
- Monitoring will be quarterly to maintain this quality of care that has been attained

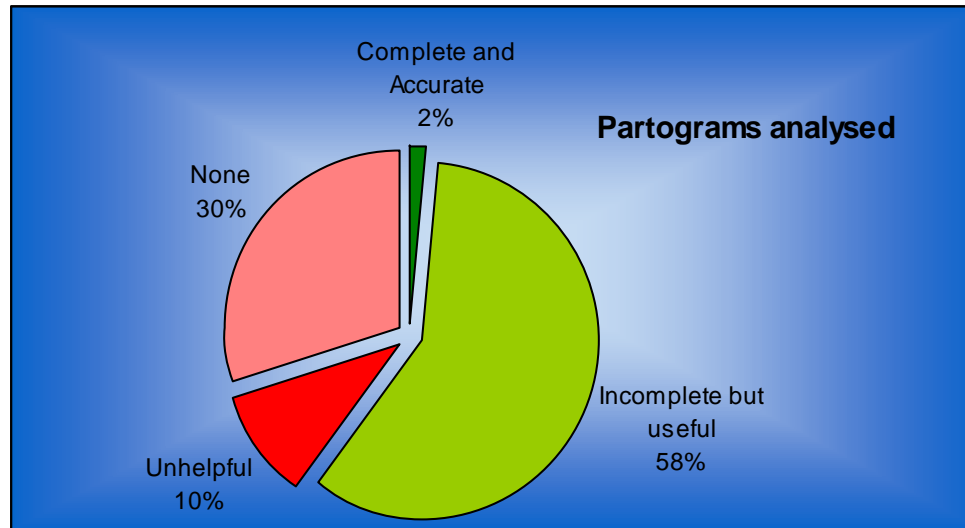
Score 2009



Score Q1 2010



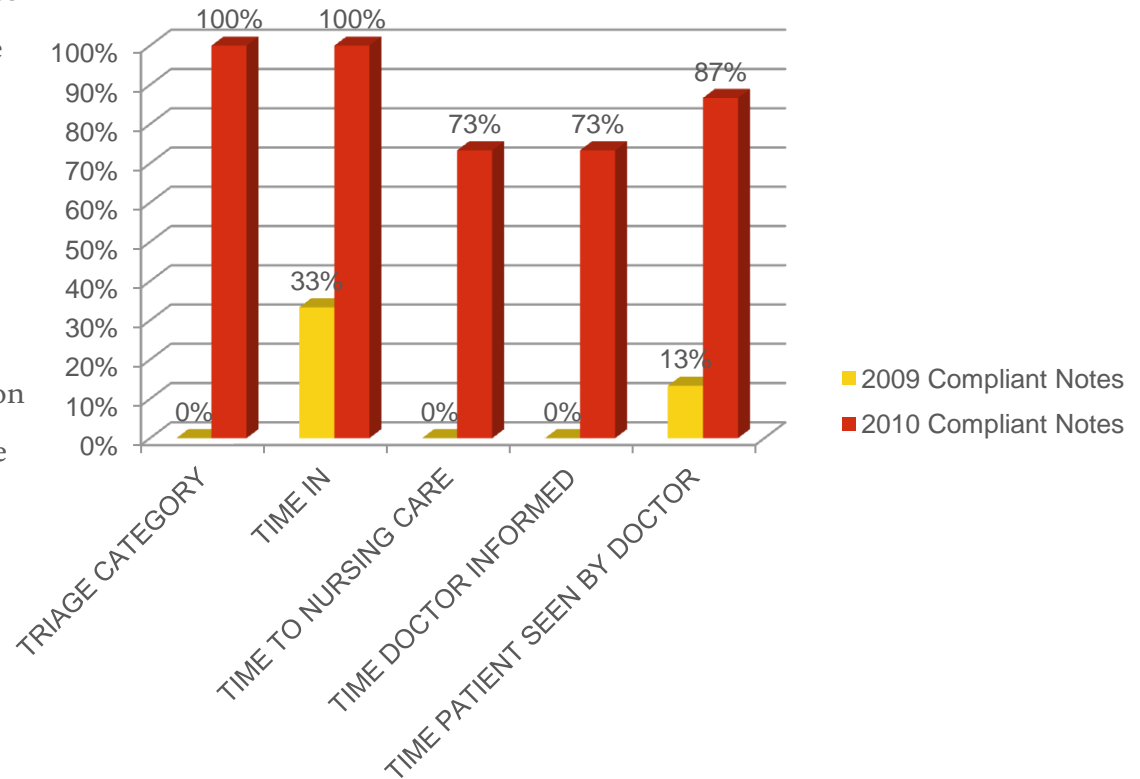
Partogram use in labour



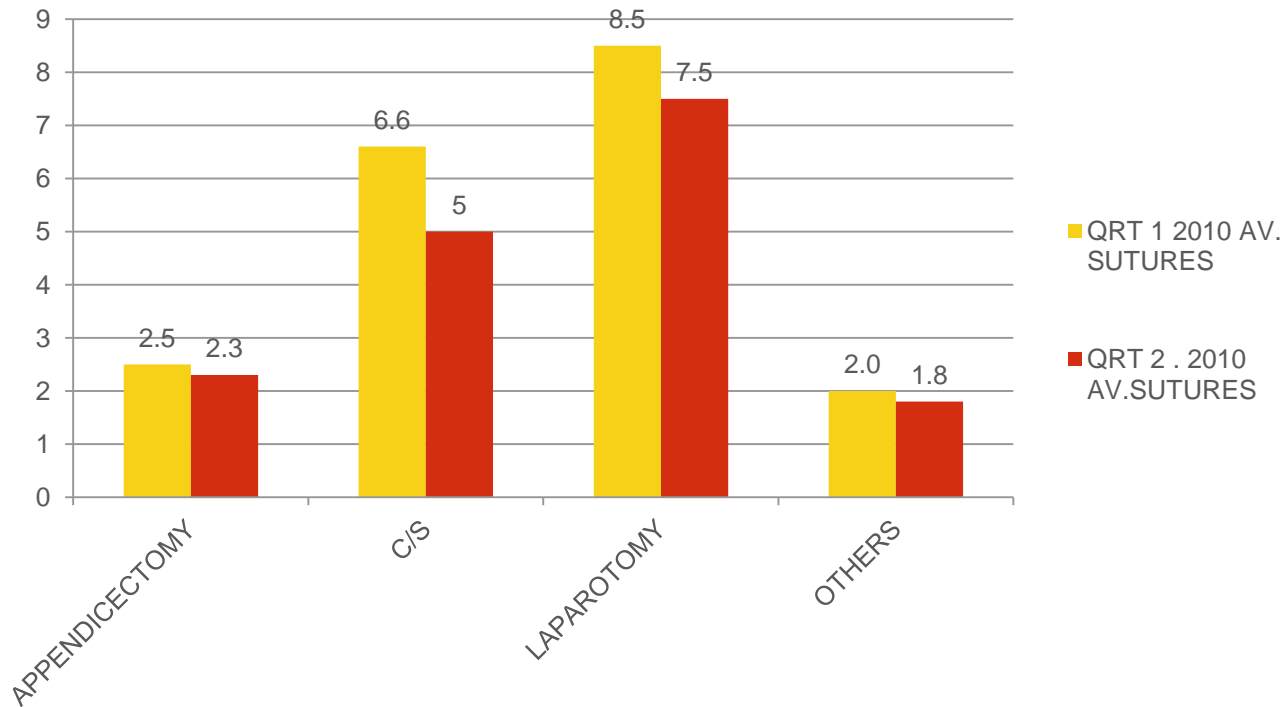
- Many patients (30%) were delivering without a properly filled partogram as at 2007
- An intervention was initiated that involved an in-house training of our midwives on the use of the WHO partogram
- Result: partogram use is now 100%
- Repeated randomised checks are in place to insure that this is sustained

Documentation in A&E case notes

- Attempts at analysis the doctor's response time to the A&E revealed in 2008 that entry into the case note for critical times were not consistently entered.
- In spite of appeals to improve on this, the analysis of data from 2009 showed still no significant improvement.
- Following some brainstorming sessions, a decision was reached to implement a stamp in which these times are entered.
- Result: A significant improvement in time entry. Some gaps still remain and this is currently been addressed.

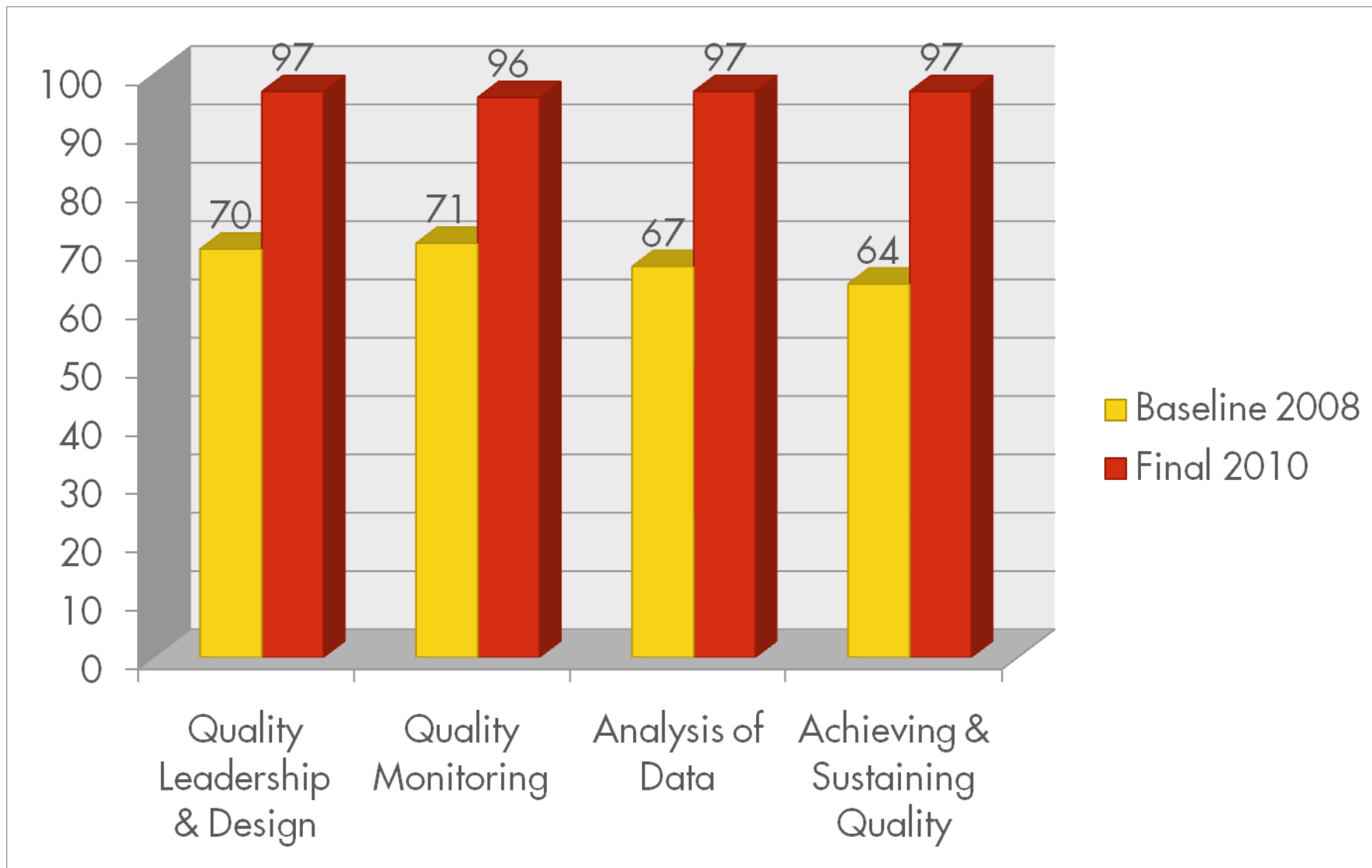


Cost of suture materials during surgery

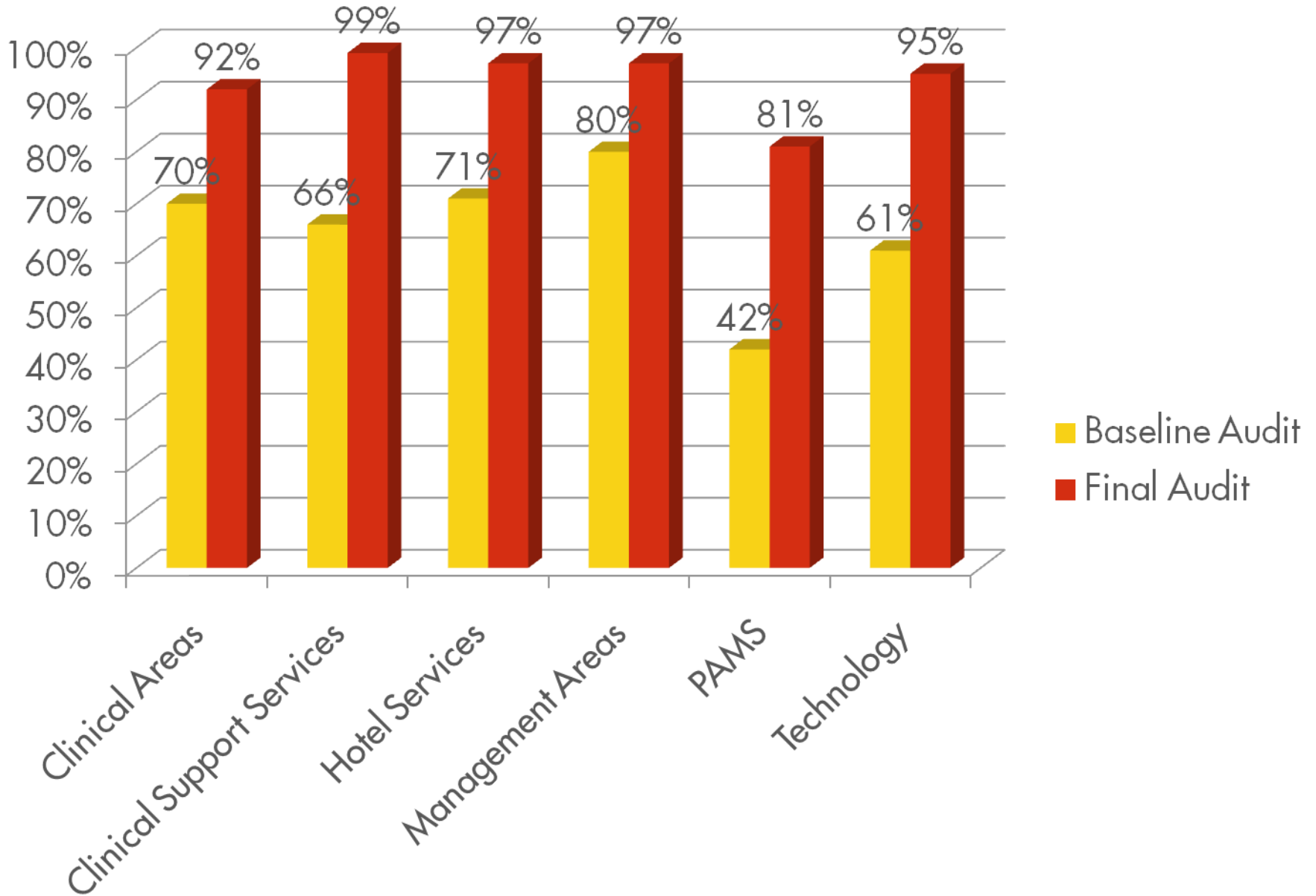


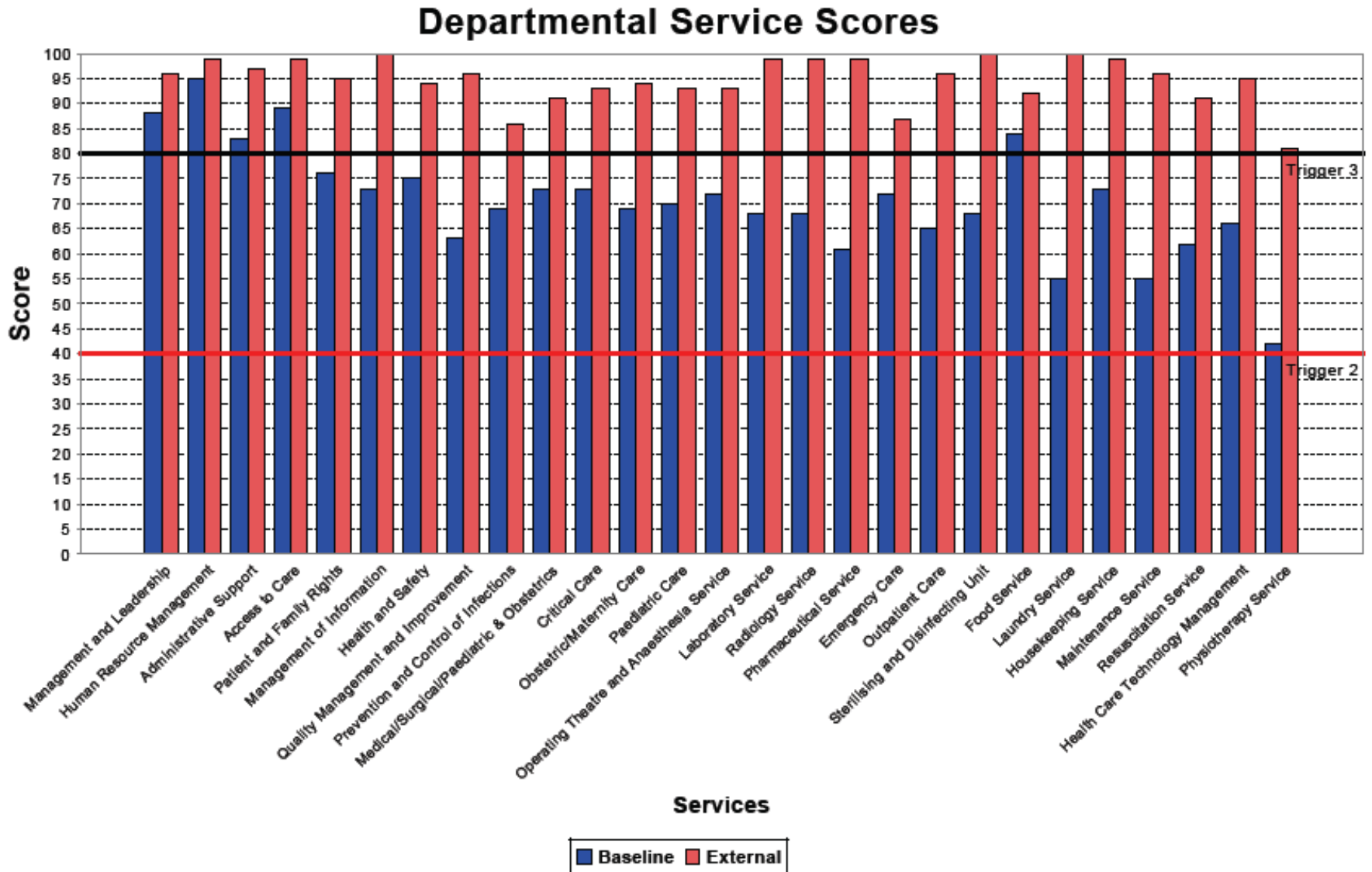
- Prior to February 2009, suture wastage in the theatre was high as sutures were routinely opened and not used.
- This practice was based on traditional Peri-op teaching which emphasises the anticipation of the surgeon's needs
- It was decided that sutures should only be opened when requested.
- Analysis of the first two quarters of 2010 suggest that there is some decline in suture use

Result of the COHSASA Continuous Quality Improvement evaluation



COHSASA - Major System Scores





GAINS

- Improvement in team work
- Better focus on work process and outcomes
- Focus on appropriate skills and competences
- Ownership of hospital processes by the grass root
- Continuous improvement of services and outcomes.
- QA trending helps to ensure faster response to quality issues
- Externally assured quality of service

CHALLENGES

- Erratic IT tool – encouraging manual data collection
- Inadequate budget for learning and development
- Business continuity challenges