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Clinical Audit: A Continuous Cycle of Quality Improvement

Dr. Brook Getahun, Obstetrics and Gynecology Specialist, and Dr. Engida Orkaido, Medical Director, Jinka Zonal Hospital

SNNPR Regional Health Bureau along with the Clinton Health Access Initiative (CHAI) conducted a supportive supervision site visit at Jinka Zonal Hospital. During the visit we asked about setting up a clinical audit program at the hospital as per the EHRIG standards. The CHAI Quality Management team agreed to work with us on setting up an audit at Jinka.

What is clinical audit?

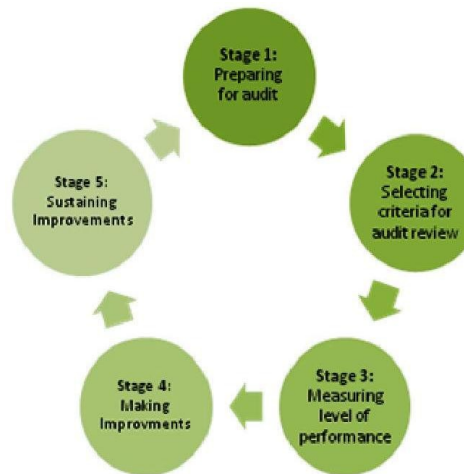
Clinical audit is a quality improvement process that seeks to improve patient care and outcomes. It is not a one-time event but involves a continuous cycle of activity. An audit can be used to look at structures, processes, or outcomes of care. Current practice is assessed against best practice, improvements are made then re-audited to check on progress. The five stages of the clinical audit cycle are shown in the figure above. All too often stages 1-3 are completed but rarely do we ensure that improvements are sustained and measured (stages 4 and 5). For us, it was critical that we completed the full cycle.

What did we do?

In June, we started stage 1 – the preparation of our audit. We settled on the prevention of post partum hemorrhage (PPH) as the topic. We thought this was an important topic for us to examine and there were clear practice guidelines published by the Federal Ministry of Health.

In stage 2 we developed a list of data items to collect from our medical notes and registers. Some

of the questions we aimed to answer are listed in the box below. We used the guidelines to help us identify the data items we would use to answer the questions. Then we audited 3 months of recent medical records.



The 5 Stages of Clinical Audit

We currently have the results from stage 3 of the audit and are sharing them within the hospital and identifying actions to improve our care further. One finding was that we needed to make our record keeping more uniform and have a template that prompted staff to record all observations and interventions. We are introducing the HMIS integrated maternity care record and will be monitoring progress closely.

What next?

We are looking forward to taking action for improving our services and re auditing in 3 months to measure the changes we have made. We have found the experience motivating and informative and have already started collecting data for other audits.

Key lessons.

1. Check that your data sources are good enough to give you the information you need.
2. Pick a topic where there are clear guidelines or standards on the care that should be provided.
3. Choose a topic that is high volume, high risk or high cost.
4. Plan the whole audit cycle not just stages 1-3.
5. Use the information you collect.

Sample Audit Questions

1. Is AMTSL (Active Management of the Third Stage of Labor) occurring routinely?
2. What are the outcomes of delivery for mother and child?
3. Are risks for PPH documented?

The Leadership Corner

“My grandfather once told me that there were two kinds of people: those who do the work and those who take the credit. He told me to try to be in the first group. There is much less competition.” -Indira Gandhi, Former Prime Minister of India

Hospital Leaders in Pursuit of Quality

Tessa Lindfield, Quality Management Tech. Advisor, Ethiopian Hospital Management Initiative, Clinton Health Access Initiative

A group of five Ethiopian hospital chief executive officers (CEOs) and a Ministry of Health representative attended the Global Health Leadership Institute (GHLI) Conference at Yale University in the USA. This is an annual conference for selected countries to discuss and develop solutions to the challenges faced in their health systems. Attendees included delegations from Ethiopia, Ghana, Liberia, South Africa and Rwanda.

During the conference the Ethiopian delegates discussed the goal of improving quality of care and scaling up best practices. They identified an intervention that could assist hospitals in both achieving success and sharing what they have learned. The concept of the Ethiopian Hospital Alliance for Quality (EHAQ) was born.

“Alliances are self motivated and transparent partnerships that encourage innovation in healthcare quality management and learning across hospitals”

Many countries have launched quality alliances to successfully tackle performance issues in health systems. Examples include Ghana, where the focus area was the improvement of maternal mortality and South America, where the focus area was the improvement of the management of malaria.

While the focus areas have differed between countries and regions, the principles of successful alliances remain the same. Alliances are self motivated and transparent partnerships that encourage innovation in healthcare quality management and learning across hospitals, with the patient at the center of all decision making.

The FMOH has decided that the first focus area of the EHAQ will be patient satisfaction. Every public hospital in Ethiopia has expressed interest in joining the EHAQ. There will be two levels

of membership, LEAD hospitals (see box for LEAD qualities) and general members. LEAD hospitals are recognized as leaders in Patient Satisfaction and will be given technical support to improve their performance further. They will be responsible for producing educational materials to share with all the general members of the Alliance.

LEAD hospital nominees will be selected based on a preliminary screening of their Key Performance Indicators and Data Elements. A secondary screening by the Regional Health Bureaus will determine the LEAD hospital finalists. Lastly, the EHAQ steering committee will perform the final selection process, which will be informed by a full assessment including an on-site audit.

Lookout for additional news on the launch of the Ethiopian Hospital Alliance for Quality!

Leadership
Excellence
Action
Dissemination

For additional information, please contact Dr. Bahredin Mohammed Abdella, Medical Services Directorate (MSD) Officer at bahrdin4321@yahoo.co.uk



Staff Satisfaction Survey for Ethiopian Health Facilities

By the time this newsletter is published a standardized staff satisfaction survey should be ready for use in all public hospitals in Ethiopia. The survey has been piloted in 6 hospitals and 4 health centers and is designed in a similar style to the patient satisfaction survey which is already in use across public hospitals in Ethiopia. Survey tools and protocols will be distributed to hospitals through Regional Health Bureaus and should be used to capture KPI 32: Staff Satisfaction.

Pay for Performance: Motivating and Retaining Health Workers in Africa

Gail Bachman, Peace Corps Volunteer, Ethiopian Hospital Management Initiative, Clinton Health Access Initiative

Many African countries are searching for innovative methods of tackling their healthcare needs. One method, referred to as pay for performance (P4P) or performance based financing, is beginning to gain momentum in several countries with the goal of increasing staff motivation, rewarding high performance and retaining qualified employees.

distributed after goals or targets are met. Due to its marked success in improving motivation and performance of health workers, and creating a better working environment for both management and staff, the Rwandan program has become a model for similar programs in countries such as Burundi, Zambia, Ghana and Tanzania.

In 2006, the Rwandan government developed a performance based finance program aimed at improving healthcare services by linking financial incentives for health workers and facilities to measurable improvements in set quality standards. Unlike some other models, P4P requires that financial incentives only be

Many of these countries have followed the Rwandan model, giving financial incentives to healthcare providers and facilities for reaching pre-defined targets often in the areas of maternal

and child health and/or infectious disease.

While most programs are still in the initial piloting phases, there are noticeable improvements in healthcare systems. In order to start their programs, government agencies (with the assistance of NGOs) have established accurate baseline measurements, while hospitals have improved their data management systems in order to ensure fair distribution of financial incentives.

“Due to its marked success in improving motivation and performance... the Rwandan program has become a model for similar programs”

For additional information, please access the following websites:

Rwanda	http://cgdev.org/doc/books/PBI/10_CGD_Eichler_Levine-Ch10.pdf
Tanzania	http://www.healthsystems2020.org/content/resource/detail/2596/
General	http://www.healthsystems2020.org/content/resource/detail/2344/

Strengthening Management in Ethiopia’s Hospital System

Esayas Mesele, National MHA Program Coordinator, Medical Services Directorate, Federal Ministry of Health

The Master of Hospital and Healthcare Administration (MHA) was established in 2008 at Jimma University (JU) to improve education for healthcare managers in the area of facility operations, leadership and management. The MHA is an executive style master’s program that aims to produce capable and qualified managers who provide effective leadership to health service institutions. The program was expanded to Addis Ababa University (AAU) in November 2010 to offer greater access to interested personnel across the nation.

programs in Ethiopia.

The partners agreed that the curriculum should emphasize the practical application of management theory. Students spend 15% of their time in class at JU or AAU and 85% of their time conducting quality improvement activities in their places of employment. The curriculum includes a variety of courses including hospital operations, strategic management, leadership and governance, problem solving, human resource management, biostatistics, epidemiology, healthcare financial management and accounting, research methods and health economics.

The Federal Ministry of Health (FMOH), the Global Health Leadership Institute at Yale University, the Clinton Health Access Initiative (CHAI), Jimma University and Addis Ababa University investigated the successes and challenges of MHA programs in other countries and joined forces to develop the MHA

More than 85 senior managers in the Ethiopian health sector have graduated or are currently in training in the MHA programs at JU and AAU.



Left: Ato Kassaye Detti and Ato Eshetu Adinew, AAU Cohort 1 Students

Below: Dr. Getnet Mitike (AAU Dean of School of Public Health) and Dr. Mesfin Addisse (AAU MHA Program Coordinator)



For additional information, please contact Ato Esayas Mesele at esayas.mesele@ymail.com

CEO Spotlight: Mezemir Ketema Beyene

Rachelle Alpern, Research Coordinator, Ethiopian Hospital Management Initiative, Yale University, GHIL

Mezemir Ketema Beyene is the Chief Executive Officer (CEO) of ALERT Center, Addis Ababa. He was a member of the Master of Hospital and Healthcare Administration (MHA) program, and graduated in June 2010 from Jimma University. Ato Mezemir's professional background is in organizational management, and he holds a B.A in Management and a Management Consultant Certificate from the Ethiopian Management Institute.

Ato Mezemir views the MHA program as "a very important tool for the success of leaders in the healthcare sector, especially for those who are non-clinical." While in the MHA program, Ato Mezemir's favorite aspect was the Executive Practice, where

students took the lessons they learned in class and applied them on-site in their own hospitals.

Since his involvement in the MHA, Ato Mezemir has achieved several major initiatives within ALERT Center, such as: establishing one-stop service at the Central Triage where screening, registration, and payment can all be conducted, and doubling the outpatient attendances in two years.

Under Ato Mezemir's guidance, the ALERT Center laboratory was selected for the WHO Lab Quality Accreditation

Program, and ALERT Center was the first hospital in Ethiopia to establish its own drug formulary. On November 1, 2011, at the 22nd Annual Public Health Conference in Addis Ababa, the Ethiopian Public Health Association awarded a certificate and a cup to ALERT Hospital for providing 'Outstanding Health Services to the Community'.

Ato Mezemir credits all Alert Center achievements to the coordinated effort of the staff, the management and the support from the FMOH and other partners.

For additional information, please contact Ato Mezemir Ketema Beyene, CEO of Alert Center at kmez96@yahoo.com



Upcoming Events

Be on the lookout for more details about...

- The Ethiopian Hospital Alliance for Quality (EHAQ) national launch
- The national review meeting between MSD and RHBs
- The publication of revised nursing and infection prevention and control resources
- The 13th hospital conference in Tigray
- SNNPR Regional hospital reform implementation meeting for governing board members, CEOs, CCOs, and college Deans from university hospitals
- The 3rd national TOT on nursing care



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From the Editor...

It is with great pleasure that we introduce to you the first edition of **Ethiopian Healthcare Today**, a newsletter focused on highlighting leadership and management advancements throughout the Ethiopian health sector. The ultimate goal is to inspire readers to make measurable and sustainable improvements in the quality of care provided to each and every citizen.

Future editions will focus on a variety of health sector topics including staff satisfaction, workforce redesign, quality management and much more! We will share both successes and challenges experienced locally and internationally, with the goal of promoting lifelong learning.

We hope that you will enjoy the articles, discuss them with your colleagues, consider contributing content in future editions and most importantly, continue championing the improvement of healthcare services nationwide.