Quality Improvement Report 2010 – Dr Andrew Lee

II) Quality Improvement Division

Staff

The staff at the Quality Improvement Division (QID) were extremely helpful in ensuring that the teaching programme was successfully run. Without their input, the teaching would have not gone as well. Of special note were

• Dr Faisal Saeed demonstrates an excellent awareness of the key issues of medical ethics, governance, patient safety and patient consent. He is well motivated to learn more about these topics and has a questioning mind. Undoubtedly, he has great potential for helping to develop these aspects of Maldivian healthcare currently and well into the future. In this, he is perhaps ahead of the profession. He will require political support from senior policy makers and influential clinicians in order to effect changes in the ethical frameworks in the Maldives. At a personal level, Dr Faisal has been approachable, supportive and helpful during our time at the QID.

• Thasleema is very impressive. She has a good understanding and background knowledge of the important issues of quality assurance, patient safety and regulatory frameworks. She adopts a systems-approach to problems and issues, has an inquisitive and questioning mind, and demonstrates broad knowledge. More importantly, she is also seeking to practically implement and apply what she has learnt. I also understand that she has good work experience as a senior intensive care nurse at IGMH, as well as higher education in Health Systems Management (Masters-level) to back this up. She is mindful of the credibility gap that exists in her dealings with her medical colleagues in view of her nursing background, however I feel she is more competent in her field of expertise than she realizes. She is a great asset to the Maldivian health service, and I believe she has the personal qualities and potential, if given time, resources and opportunities, to help drive quality improvement changes here.

Background

The functions of the QID include:

- Regulatory
- Licensing of health professionals and healthcare facilities
- Standards setting
- Maternal death reviews
- Patient safety
- Medical and nursing councils
- Inspections

The department is particularly interested in developing standards an auditing these standards.

Quality Improvement and Audit Teaching programme

We had offered teaching to the Ministry of Health and Family 1 year ago a variety of topics. The topic that eventually the MoHF wanted was on quality improvement and audit. The programme was further refined following discussions between myself and Dr Faisal on 6/5/10. A 3 day teaching package was delivered between 9-11/5/10. It was attended by 22 participants from across the Maldives. They came from diverse backgrounds and of various grades of seniority: laboratory technicians (4), nursing staff (3), community health workers (5), and a health educator (1). 7 members of the QID also attended the sessions.

Unfortunately, we did not have any doctors attend the sessions as apparently their hospitals could not release them for this due to work pressures. This was a shame as it would have been extremely important to involve doctors in not just participating in audits but leading them. As the doctors exert considerable influence on clinical practice in the various health care facilities, having them onboard to raise their awareness levels and increase their support for audit work would have been beneficial. Without them, rather than being facilitators of quality improvement, they may inadvertently become barriers to change.

The health workers who did attend the sessions however were an open and engaging group who actively participated in the sessions. The sessions consisted of a series of lectures interspersed with workshops where the participants had exercises to work through various aspects of audit. The programme covered the following:

Day 1
• Introduction to quality improvement and patient safety (lecture)
• Identifying needs (lecture)
• Clinical audit (lecture)
• Workshop: Ideas for audit (tutorial)

Day 2
• Developing criteria and standards/Evidence-based practice (lecture)
• Workshop: Developing criteria and standards (tutorial)
• Data collection and analysis (lecture)
• Workshop: Data collection and analysis (tutorial)

Day 3
• Implementing change (lecture)
• Other forms of audit and reviews: Significant Events, Mortality reviews (lecture)
• Mapping the care pathway/Problem tree analysis (lecture & tutorial)
• Next steps and Feedback on the sessions

At the culmination of the teaching programme, Dr Yassir (Director General of Health Services) officiated the handing out of certificates. Participants hadwell to briefly describe to him their audit topics and plans for the coming year. This included:

- ensuring cold chain for vaccines
- antibiotic prescribing for children with viral fevers
- handwashing
- advising parents of adverse events following immunisations (AEFI) (x2)
- patient understanding and compliance with laboratory instructions before sample taking (x2)
- appropriate maintenance of laboratory equipment and reagents
- informed consent of patients prior to procedures
- patient communication (delivery and understanding of instructions from healthcare staff)
- reporting of drug errors
- infection control

It is hoped that they can complete their audits in the next 12 months and report back to QID. The reports may then be compiled and published, and disseminated throughout the country. Doing so may help raise awareness of the clinical audits as well as encourage other health professionals and health facilities to initiate them as well. Some students gave positive feedback on the teaching programme, reporting that it was interesting and stimulating.

Some time was spent on 12/5/10 at QID looking over the regulatory inspection checklists. By and large they appear reasonable although some indicators could perhaps have been a little more objective and measurable. I had a useful discussion with Thasleema and Dr Faisal regarding the process for developing standards and protocols. It is preferable that a consensus approach is used whereby key stakeholders such as specialty representatives, e.g. from IGMH, are invited to set up and work in guideline development groups. Unfortunately, it has been reported that medical staff were generally unwilling to participate in such a process for various reasons including requirement for remuneration. That said, there are some protocols already developed, and some non-medical groups such as nursing staff are currently working on protocols (e.g. infection control) that can generalized nationally.

A further 4 hour teaching session covering Healthcare quality and Patient Safety, and Clinical Audit was eventually arranged to be held at IGMH on Thursday 13/5/10 from 8am-12pm. Attendance was suboptimal unfortunately despite the best attempts by the hospital administrator to invite staff to attend. The numbers attending in the end consisted of 2 surgeons, 3 medical officers, 1 dermatologist and 1 hospital administrator. They were open to learning, participated in the teaching session and came up with some audit ideas; e.g. audits of surgical wound infections, the management of septic neonates, the emergency management of patients attending with chest pains to the Casualty Department, communication between staff, and the use of retinoids.

QID were later also able to arrange a further session for senior nursing staff at IGMH. This was held on Saturday 15/5/10 from 10am-2pm.

III) VOLUNTEER REPORT

Pre-arrival experience

One of the aspects of the volunteer experience that could perhaps have been improved was the communication between the potential volunteer and a government representative. We had sent to the IVP coordinator our proposals over the last 18 months but not heard conclusively a decision for some time. This made it difficult for us to set a travel date, purchase air tickets and plan our trip as we did not have this information to hand some months before. We eventually decided to gamble on travelling to the Maldives in February 2010 based on a positive reply from Mr Abdul Bari Abdullah (Health Minister) even though there was a lot of uncertainty and unknowns at the time (the details of what our programmes would be were not known at that point in time). Indeed we did not find out our programme itinerary until 3 days before we were due to fly. This left little time to discuss with our hosts arrangements. This caused some problems as the placements initially did not quite match our skill sets and also involved the separation of a married couple in our party. When we attempted to find a suitable compromise, the ensuing discussions unfortunately generated some discomfort and misunderstandings between ourselves and our hosts. In order to avoid this problem in the future, it would be useful for placements to be decided well in advance (e.g. 2-3 months notice) and agreed mutually after consultation between all stakeholders including the volunteers.

Accommodation in Hulhumale

The accommodation kindly provided in Hulhumale was a 3 room apartment near the hospital. The apartment was comfortable and had the key essentials (cooking and laundry facilities) which we were grateful for. The location had good access to a range of shops, cafes and restaurants, and was not far from the ferry terminal to Male. The commute itself to Male was not difficult with frequent ferries available at low cost. Mr Maheed from Hulhumale Hospital provided ample assistance in meeting us from the airport, letting us into the apartment, providing us with local advice, and additional help such as obtaining spare keys for the flat and mobile phones.

Reimbursements

An issue that arose at the end were the payments made to the volunteers for the 2 week visit. We had been previously informed by the International Volunteer Programme that we would be paid around US$1000 (£600) for the two weeks. However, we were only paid Rufiyaa 4600 (~£240). As such, the terms of the trip were changed unilaterally by the Maldivians without prior discussion.

Personally, we did not come to the Maldives expecting to make money (indeed, we would have earned considerably more working back in the UK for the same time period). However, neither did we expect this to be a serious loss-making venture. For example, each volunteer would have spent around £800 for the 2 weeks (£600 for flights and £200 for food and meals, etc… in country). At the current rate of reimbursement, volunteers should expect to be out of pocket to the tune of around £500. This may act as a serious detractor for future potential volunteers. If the programme intends to continue this pro rata rate of payment, this needs to be made very clear to potential volunteers before they commit.