QUALITY OF CARE:
A PROVIDER PERSPECTIVE

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WE CARE, GOD HEALS
Quality care is a necessity in the healthcare industry. It is essential and a must to patient’s well-being. Healthcare providers should appreciate the value of quality care and embrace it.

Quality health care may mean many things to many people depending on health care priorities and goals, beneficiaries, providers, regulators, insurers and employers.

Indeed, one of the leading lights in quality care in the United States – Mr. W. Edward Deming said it all in these words, “a product or service possesses quality if it helps somebody and enjoys a good and sustainable market.” That is the summation of quality health care.

To other people, quality is narrowly defined as customer satisfaction with the services received.

Quality Health care has these features:
   > Service accessibility
   > Relevance to the need
   > Acceptability
   > Effectiveness
   > Efficiency
   > Affordability.
(1) INEVITABILITY OF QUALITY HEALTH CARE

This service must therefore be given due attention and be more patient centered, reliable, accessible and safe.
The public has become more aware of their rights, including the right to quality health care.

A sure way of improving health care services to the population.
(2) EXPERIENCE WITH MCF/SAFECARE..!

- Prior to the SafeCare accreditation programme, Siloam Hospital was solely reliant on the KQHM accreditation model, a quality tool developed by NHIF.
- We were introduced to SafeCare by K-MET as a prerequisite to technical assistance and funding.
- Arising from working with K-MET we were financed by MCF to purchase an X-ray processor that has speeded up service delivery. We also purchased wheel chairs to improve on mobility in causality and elsewhere in the facility.

- Through MCF, we were given technical assistance to procure quality ICT equipment and hospital management software competitively.

- Our partners also assisted us in drawing up a Business Plan to support our loan application thus freeing funds for other activities.
- We willingly participated in a stepwise Safe care Quality improvement programme which saw the facility awarded a level 1 certificate of improvement in March 2013.
(3) **THE CHALLENGES...!**

- Financial constraints
- Low remuneration of staff resulting in high turnover of health professionals.
- High cost of medical equipment.
- Inadequate health infrastructure.
- Changing disease patterns.
- Counterfeit drugs.
- High poverty index.
(4) **THE SUCCESSES** ...!

- Our encounter with MCF, revolutionized our thoughts and practices in “quality health care.” We fully embrace the SafeCare basic health care standards and model. I encouraged and supported my team under the leadership of K-MET in a journey to health care reform at Siloam.
- We succeeded with the regular monitoring of quality of care by K-MET – this was achieved by collecting and analyzing a core of health indicators and thereby laying the groundwork for improvement.
- The SafeCare policies and guidelines provided by MCF led us to a systematic approach to implementing quality monitoring in the hospital. This was a comprehensive approach to improving the quality of health care and Siloam Hospital.

DIALYSIS & ICU  DOCTORS’ SUITES  SERVICE PROVISION
Providing feedback to health care workers.

Training and supporting staff in continuous professional development.

Involving patients actively in quality health care by encouraging them to give feedback on their care by filling-in questionnaires.

Measuring and analyzing processes and assessing the performance of individuals.
**6) STAFF PARTICIPATION ...!**

- We involved all the staff in the entire process. K-MET did a great job in reaching out to all departmental heads and their subordinates. The involvement led to the workers embracing and taking ownership of the whole process.

- By introducing continuing medical education (CME) every Tuesday in our facility.

- We embraced the process of streamlining our systems and processes of service delivery and not seeking culprits for poor outcomes and this encouraged the staff to try the new systems.

- By partnering with K-MET Sacco, our staff have been introduced to saving and accessing affordable loans for self-development.

- By promoting self regulation and control.

- By sponsoring our staff for capacity building.
(7) THE OUTCOME ...!

- Improved accountability
- Improved level of primary healthcare
- Improved corporate governance
- Improved data collection and information management
- Improved patient inflow due to better service delivery and overall efficiency.
- Socially, more low income people have been able to access quality healthcare at Siloam Hospital.
- Our cash flow improved.
- Improved access to affordable finance through MCF
- Improved quality service became a selling point and our clients instantly became our marketers.
- The realization that quality health care is achievable and sustainable even in a resource restricted settings !!!
(8) **QUALITY, WE MUST SUSTAIN...!**

- To ensure sustainability of quality health care delivery as a facility we have embraced management policy by:-
  1) Adherence to health care management tools:-
     a) Clinical policy guidelines
     b) Public health guidelines
     c) Patients safety standards
     d) Standard operating procedures.
  2) We are customer biased and sensitive to the health workers welfare.
  3) Emphasizing on systemized approach to quality assurance by self regulation and regular monitoring through formation of:-
     (a) Quality Improvement Team
     (b) Infection Control Team
     (c) Work Improvement Team
  4) Capacity building.
  5) Continued staff quality improvement – through CME’S
THE NEED FOR HEALTH INSURANCE

• Majority of the poor have relegated health care to the backseat leading to increased need of ambulatory care and more hospital stay.
• The greatest draw back to sustainable quality healthcare is expenditure.
• Recent statistics reveal that 40% of the sick do not seek healthcare services due to poverty.
• There is evidence of increased need of ambulatory care and more hospital stay for the poor as compared to the middle class.
• The NHIF currently covers formal sector employees and a small bracket of volunteer contributors from the informal sector.
• There is serious need for innovative interventions to ensure that the poor can access health care services.
• A health care subsidy programme is imperative, hence the need for insurance to cover the needy and vulnerable segments of the society.
-THANK YOU-