



SafeCare in practice: a healthcare provider's perspective

Quality improvement in resource-restricted settings

PHARMACESSGROUP

SafeCare
BASIC HEALTHCARE STANDARDS

Introducing SafeCare

SafeCare is a quality improvement program designed specifically for healthcare providers in resource-restricted settings. Through a set of internationally recognized quality standards and a step-by-step improvement path, it empowers healthcare providers to move upwards in clinical and business performance.

In most African countries, there is a shortage of institutions and standards to ensure objective measurement and rating of the level of quality of healthcare facilities.

Many facilities lack very basic requirements such as running water, electricity or sanitation. In environments with underdeveloped healthcare infrastructure, unreliable supply chains, and chronic shortages of human and material resources, existing (inter)national quality standards are often not achievable within reasonable time frames, thus demotivating healthcare providers to embark on a quality improvement trajectory.

Governments in sub-Saharan Africa face the problem of a lack

of enforcement options for quality standards. If implemented, such standards would require substantial investments for a vast number of both public and private providers. Therefore, minimal quality assessment scores are often adapted downwards and there is frequent asymmetry between the public and the private sector when it comes to enforcement of quality standards. Healthcare providers must have access to the financial and technical means to meet quality standards for them to be implemented successfully at a safe level.

Innovative healthcare standards, a grading process and stepwise quality improvement are particularly needed when licensing and accreditation systems cannot (yet) be adequately implemented.

These components should make the scale, scope, and quality of healthcare provision more transparent, thereby increasing trust between the key stakeholders in low and middle income country health systems – providers, patients, investors, insurers, and policy makers.

SafeCare was founded in 2011 by PharmAccess, JCI and COHSASA to address this need in the African healthcare system. SafeCare has developed a set of realistic quality

standards to provide public and private healthcare providers with independent quality rating and tailor made quality improvement plans. Improvements are recognized by formal certificates. The SafeCare standards are accredited by the International Society for Quality in Healthcare (ISQua), the global organization that “accredits the accreditors.” They are the first and (up to now) only IS-Qua-accredited clinical standards for resource-restricted settings.



SAFECARE AT A GLANCE



2,118

active clinics



2,083

SafeCare
assessments



2,012,833

patient visits per month



319

trainings given
at facilities

Making quality improvement measurable

SafeCare methodology focuses on innovative solutions that can be achieved in the reality of the local settings. SafeCare gives healthcare providers the tools and skills to move forward, making quality improvement tangible through formal certification.

The SafeCare standards have been divided into 13 so-called service elements. Each service element contains a set of standards with underlying criteria. The scoring of these criteria according to fully compliant, partially compliant or non-compliant determines the overall score. Non-compliant criteria that represent high risk in terms of safety, quality, or financial sustainability are identified as the highest priority for action. After facilities are assessed, they receive a report detailing their performance in each area. This is connected to a quality improvement plan that explicitly names the issues with room for improvement and how to address these issues. As such, facilities are given an achievable roadmap towards excellence, one step at a time.

SafeCare & the PharmAccess Group

SafeCare is part of the PharmAccess Group, a Dutch group of organizations dedicated to making health markets work in Africa. SafeCare standards and stepwise improvement methodology were developed and first implemented in the health insurance schemes funded by the Health Insurance Fund, providing insight in the quality of the participating healthcare providers and supporting them in providing quality healthcare to enrollees. The transparency and benchmarking opportunities created by SafeCare play an important role in PharmAccess' demand-side financing models. The Medical Credit Fund, which facilitates loans to private healthcare providers through local banks, integrated SafeCare into their operations from the onset in order to connect the loans to measurable quality improvement.

Creating a common language

On a more overarching level, the SafeCare methodology has created a common language between all stakeholders in the health sector. Donors and governing bodies can use the data collected in the upgrading and quality improvement process to make strategic and cost-effective decisions about how funds are allocated. SafeCare's continuous evaluation of the progress in quality improvement can be the basis of an evidence-based decision model for healthcare improvement, offering performance-based payout and funding systems.

As such, it enables transparency, allows for benchmarking and is helping to build trust throughout the healthcare system.

Through strategic partnerships with the governments of Kenya, Tanzania, Nigeria and Ghana, SafeCare is becoming one of the national evaluation systems that set standards and certify quality of care.



Inspire by example

Since joining SafeCare, many facilities have shown significant progress in improving quality of care for their patients. One of these clinics is St. Patrick Health Care Centre in Nairobi, Kenya. This brief offers an insight into their quality improvement journey.

Spotlight on St. Patrick Health Care Centre

For Ann Maina, SafeCare was an eye-opener. It helped her establish the gaps at St. Patrick and set in motion clear interventions to improve her facility's quality of care. "SafeCare makes you feel like a professional."

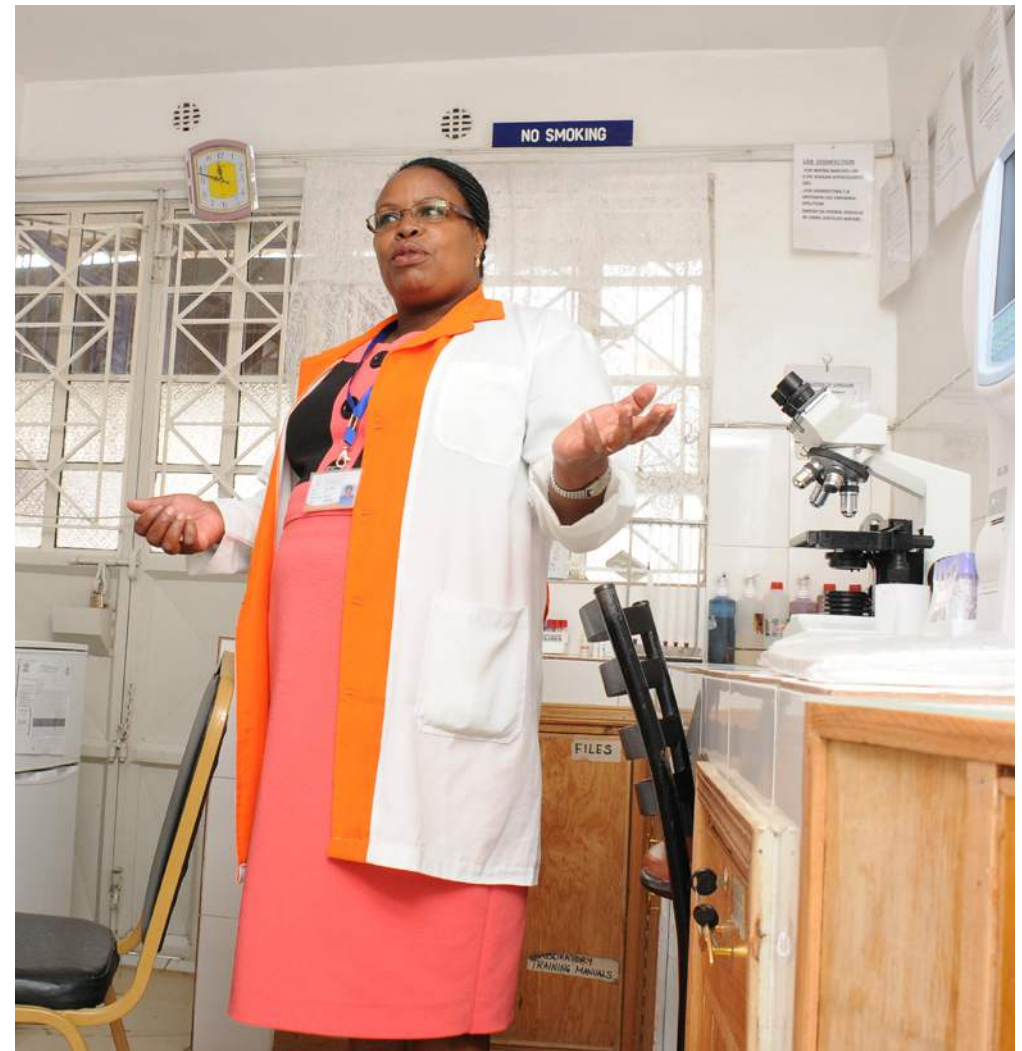
Located on a bustling commercial road of Nairobi's densely populated Kayole area, St. Patrick Health Care Centre is one of the go-to healthcare providers for the mainly poor and low-income population. Most patients are self-employed in retail activities, handicrafts or personal services like barbers and taxi drivers. The privately-owned facility has 17 staff members and 26 beds, and is open 24 hours a day, 7 days a week.

Ann Maina opened St. Patrick with her husband Patrick in 2002. Ann is a nurse by profession, with over 20 years of working experience in private practice. They joined SafeCare in early 2012. "It was difficult sometimes in the beginning because SafeCare requires a new way of thinking, both for us and

for our staff," Ann says. "It's about accountability, transparency and establishing procedures - in all departments, from the cleaners to the medical personnel. But now that our staff has seen what the program can do, they are fully on board and committed to continue to improve our quality."

Establish gaps

Shortly after joining SafeCare, St. Patrick obtained a loan as well as business training through the Medical Credit Fund. With a Ksh 500,000 (USD 5,000) loan, they purchased computers, installed a computerized management system, internal phone lines and a CCTV system. They also invested in financial accounts by an external auditor and minor infrastructural improvements.



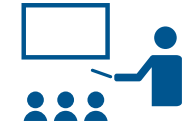
67% → 81%

SafeCare score improved from 67% (Level 2) to 81% (Level 3)



595 → 2,078

of patient visits increased from 595 to 2,078 per month



10% → 90%

% of staff trained in infection control increased from 10% to 90%

Service element:

Laboratory services

St. Patrick's SafeCare assessment scores improved from:



St. Patrick upgraded the lab two years ago, moving it to a larger room, installing separate sinks for staining and handwashing, and purchasing more equipment such as TB and HIV testing kits. “We used to have to outsource many tests, but now other facilities refer people to us and labs send us their samples,” says medical laboratory technologist Eric Okeyo.

“We closely monitor our services with performance reports and have installed an SOP for every test, a tracking chart for expiration dates and guidelines for the maintenance of our equipment. We also have a visible price list with the expected report time for results.” The number of lab tests have more than doubled, from 400 to about 850 per month. “The lab now generates a lot of income and has become the financial backbone of the hospital.”



SafeCare was an eye-opener for them. “We were not running the facility in the right way,” Ann explains. “We had no administration office, no systems. We used to work from our pockets, writing on patient cards and counting the shillings at the end of the day. SafeCare helped us to establish our gaps and set in motion interventions to improve ourselves. Now, our record keeping is accurate, we have audited accounts and a digital client history that can be accessed at any time. The system has also helped minimize fraud and track the expiration dates of drugs in our pharmacy.”

The experience they gained in qualifying for their first loan through the Medical Credit Fund program was instrumental in building a financially sound organization. “Through the training and on-site support, we learned how to draft a business plan and what documents to deliver to the bank. Our records were neatly in place.” They repaid their first loan within six months. Their improved track record and financial management enabled them to secure a Ksh 5 million (USD 50,000) loan from a bank to invest in their laboratory and the further expansion of the facility.

Improvement path

“When the National Hospital Insurance Fund (NHIF) used to visit us for an evaluation, we never knew what they were looking for. There was no manual or checklist and we never received advice on how to improve. After we started SafeCare and the NHIF visited us again, it was a whole other story. We had standard operating procedures (SOPs) in place, we had an organized flow of clients, a well-stocked

‘SafeCare opened our eyes as to how patients perceive the quality of care.’

Ann Maina

pharmacy, fire extinguishers and many other improvements that impressed them.” So much so, that the NHIF brought their staff to St. Patrick to learn more about SafeCare and how it helped St. Patrick improve their quality of care.





230,000 → 717,410

Revenues increased from Kshs 230,000 to Kshs 717,410 per month



65 → 128

of malaria tests increased from 65 to 128 per month

St. Patrick then became NHIF-accredited for civil servants as well as for the general public, ensuring a bigger client and income flow. Patient visits have risen from almost 600 to more than 2000 a month, especially now that they have also managed to contract corporate clients and private medical insurance companies. “SafeCare has helped us to reposition ourselves and increase our market value,” Maina says. “The program is even being pushed by the market now, there is demand for it from healthcare providers. In the end, we all want a system that cuts across the whole country. We could be treating your brother and you could be treating mine.”

Perception of care

“SafeCare opened our eyes as to how patients perceive the quality of care.” The changes that Ann and Patrick made may seem small, but they have had a huge impact on customer satisfaction. When St. Patrick admits new inpatients, they are given an orientation of the facility and are introduced to other patients so that they feel more comfortable. Maina even

Service element:

Human resource management

St. Patrick’s SafeCare assessment scores improved from:



High healthcare staff turnover is a challenge in Kenya, and St. Patrick’s situation is no different. On average, over one third of their personnel leaves every year, although staff retention has now improved. Ann and Patrick have completed and updated their personnel files, drafted job descriptions and now facilitate continuous medical education every week.

Karen Anyango, one of the nurses who has been at St. Patrick for almost four years, praises Ann’s hands-on management style. “She can be tough, but we also call her ‘mom.’ She encourages us to ask questions and improve in our work, and her door is always open.” Every Wednesday and Friday, the staff comes to work in specially designed St. Patrick uniforms. Ann: “We have grown to a full-fledged facility and all our staff is proud to be a part of it.”



Service element:

Medication management

St. Patrick's SafeCare assessment scores improved from:



Improvements to the pharmacy include privacy, efficiency and inventory management. The dispensing window was moved so that clients can consult the pharmacist out of earshot of the waiting room and there is a separate room for sensitive cases.

"With the automated hospital management system, I can open patient files and see what medication they're already taking," pharmacist Carol Bilha explains. "I don't need to walk to the lab to collect test results, it's all there. Also, the system monitors our stock so we don't run out." Medicines are now stored in a locked cabinet. Hazardous and flammable materials are stored separately. "We no longer leave medicines in the direct light on the window sill. Sometimes we let clients keep medication like insulin here if they don't have a fridge at home." The pharmacy now serves up to 200 people a day.



installed a mirror in the maternity ward, where they do about 40-50 deliveries a month. Smiling: "Once women deliver, many want to go back to normal life and put on lipstick."

The waiting room was also adjusted. "Our facility is located on a busy street. Before, we had the seats in our waiting room facing outside. Now, we have moved the TV to the opposite corner and turned the seats around to give people inside more privacy."

Where the walls of the facility used to be plain, they are now painted in bright colors and cartoon figures. "Children often don't want to leave!" There is a clock and a sign with the visiting hours on the wall, as well as a plaque with St. Patrick's vision for the facility. They also installed a suggestion box to gather patient feedback. "We never thought of these things before. Everything we're doing here now is SafeCare."

Continuing the journey

In terms of risk management, Maina explains that her staff has learned about things like infection control and the importance of hand wash-

ing. "We used to throw away needles in the regular bin. Now we have a waste management system: we separate different types of waste in color-coded bins and we have an incinerator for clinical waste." She has made a point of sharing knowledge with the community. Her facility now has health campaigns to educate people about hygiene and organizes events for pregnant women to share experiences and demystify child birth.



^ Ann Maina checks on Stellah Onyango, who was just discharged after spending a few days at St. Patrick with typhoid fever. Stellah, who is expecting her second child, is so happy with the quality of healthcare services here that she has decided to get antenatal care and deliver at St. Patrick.



356 → 1,406

of female patients increased from 356 to 1,406 per month



While St. Patrick started with just a one story building, construction is underway to start offering services on the third floor. The second floor now houses the administration offices, a dental unit, inpatient wards and the kitchen for the inpa-

tients. They have added a dentist's office, an ultrasound and have upgraded their lab to include a broad range of tests, from cholesterol and liver function tests to thyroid tests and pap smears. They also progressed from being predominantly

cash-based to accepting more modes of payment like ATM cards, Visa and M-Pesa.

The next step is installing an operating theater. "Our female clients want to give birth here because they feel at home, but

they would feel more assured if we had a theater." Maina is eager to continue improving quality of care and reach Level 5. "SafeCare needs a lot of commitment, but you feel like you're in another world. It makes you feel like a professional."

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