PharmAccess
FOUNDATION

CLINICAL EVALUATION OF PENDA HEALTH

SafeCare Assessment Report

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SUBMITTED BY: PHARMACCESS FOUNDATION

Contents

1.0 Executive Summary

PharmAccess was sub-contracted by Novastar Ventures East Africa Fund I LP to conduct a clinical audit of Penda Health as a means to facilitate investment decision making. The clinical audit was randomly done to 3 medical centers run by Penda Health. The survey aims to identify quality gaps and risks that are likely to pose a threat to Pendas brand and make recommendations of improvements and risk mitigation in order to ensure maximum compliance with the highest standards of medical practice for the services offered by the company.

PharmAccess conducted a clinical audit of three facilities in Penda Health and selection for this exercise was randomly done. The assessments were conducted using unique set of internationally recognized standards and in particular the SafeCare Advance assessment tools which is a stepwise improvement program to deliver safe and quality-secured care to their patients. SafeCare introduces standards that enable healthcare facilities to measure and improve the quality, safety and efficiency of their services. With technical support from SafeCare, facilities are equipped to move forward along a trajectory that can result in international accreditation. The standards are accredited by the International Society for Quality in Healthcare (ISQua), a global leader in quality improvement.

Three facilities namely; - Penda Health Kahawa west, Penda Health Umoja and Penda Health Githurai 45 were selected randomly from the pool of five Penda medical Centers. The facilities were assessed in February 2018 by three PharmAccess SafeCare assessors who used a combination of methods including: Patient and staff interviews; Review of policies, guidelines, licenses, patient and staff records; Observation of infrastructure and work processes. Data were collected and uploaded real-time, using PharmAccess' data management tools and web-based information system 'AfriDB'. Reports for assessed facilities were generated from the PharmAccess server, including descriptive overviews of qualitative data.

Findings of the assessment shows that the average overall score of the three facilities is 56%, varying from 60% for Githurai 45 Medical Center, 57% for Umoja Medical Center and 52% for Kahawa west Medical Center. The highest scoring Service element is Diagnostic Imaging which was only in Githurai 45 followed by Human Resource Management and Governance & management. The lowest Scoring Service Elements were Risk Management, followed by Medication Management and Support services. The scores per Service Elements do not significantly vary between the three facilities, but the Penda Medical center Githurai 45 reflects better scores overall. Most of the service elements scored above 50% for the three facilities and this reflects leadership's commitment to ensure continuous quality improvement in the respective departments. Detailed results per facility have been included in individual reports, which have been submitted together with this report and will be disseminated to the three facilities.

Key recommendations

For the three facilities to improve in quality and business effectively, there is need to decentralize quality improvement processes to facility level and ensure that the quality improvement teams meet regularly (at least once per month) and give report/feedback to the overall quality improvement team at head office.

A structured orientation and in-service training is key in building capacity of the health workforce within the facility. The management needs to come up with a well-structured orientation program that is able to capture individual departments/services and evidence of attendance should be available on the individual's personnel record. Although some in-service training takes place, it should be structured by developing a generic/macro in-service education program for all employees, avail evidence of attendance and test competencies after training.

Management should enhance monitoring of risk management activities to ensure the basic structures in place however they need to be approved for use by the management and also ensure that they are utilized appropriately. The existing norms and standards of infrastructure should be adequately monitored. Adherence to such standards should be assessed as part of regular quality monitoring activities.

Quality improvement efforts for clinical care should include measures to have a well outlined medication management process and have an individual assigned to this role as the current practice is that every clinician dispenses drugs once through with the patients. For transparency and good management of this department a well-defined stock management system that able capture key information like expiry dates, minimum and maximum stock levels for commodities needs to be put in place at the facility level.

Most of the staff members within the facility have been trained on emergency care and emergency trays are in all facilities but management of this area can be enhance more by having an allocation to a responsible staff to conduct maintenance checks. Observation from the checklist indicated that this was being done though from the emergency tray expired products were seen, this then showed that the checklist is ticked without necessary checking on the commodities.

Measures to improve patient safety should be introduced at the facilities in a stepwise manner and supported by structured year-to-year improvement plans. Low-cost interventions with a high impact on patient safety should be the priority.

1.1 Introduction and Background

Transparency of quality of care is at the heart of creating trust with patients in the healthcare system. The implementation framework for the KNHSSP No. 3 for 2013-17, identified access to services and improved quality of service as desired outputs required to achieve health outcomes set out in the Kenya Health Policy 2014-2030. Similarly, the World Health Organization (WHO) advanced two arguments for promoting a focus on quality in health systems

The evaluation of healthcare providers operates on two levels: *licensing* and *accreditation*. Generally, *licensing* is a mandatory process for providers and healthcare professionals, is regulated and monitored by the Ministry of Health, and recognizes basic, safe levels of care. *Accreditation* usually is a voluntary process mostly offered by non-governmental, not-for-profit organizations and can be an income generating marketing instrument for the private sector. Complimenting these two processes is *quality improvement*. This is usually the domain of specialized for-profit or non-profit organizations and helps the facilities meet the standards as set by licensing and accreditation.

SafeCare has been implemented in 889 health facilities in Kenya through various programs and partnerships since its launch. The continuous quality improvement process has helped facilities achieve significant changes that greatly reduced the level of risk and improved patient safety. Penda Health is a provider of affordable, high-quality, out-patient, primary healthcare services to low-income populations in Kenya. The company currently operates five medical centers in Umoja, Embakasi, Kahawa west, Zimmerman, and Githurai 45 each serving at least 50 patients a day.

Novastar Ventures East Africa Fund I LP contracted PharmAccess Foundation to conduct a clinical audit of Penda Health using its unique set of internationally recognized standards that are realistic for healthcare providers in developing countries. The assessments were conducted by three SafeCare assessors on 5th to 7th February 2018. Data review, approval, and analyses was done by the SafeCare team of reviewers and detailed results per facility have been included in individual facility reports sent together with this report. These individual facility reports will be disseminated to the three facilities.

2.0 Methodology

Assessment of the three facilities was done using SafeCare standards. The standards provides public and private health facilities with independent quality assessments and supports both public and private healthcare facilities to go through a stepwise improvement program to deliver safe and quality secured care to their patients.

The standards are designed to help bridge the gap between today and a better tomorrow, bringing healthcare quality and patient safety to new levels. The SafeCare standards have been accredited by the International Society for Quality in Healthcare (ISQua), the global leader in healthcare quality that "accredits the accreditors". The SafeCare standards and methodology enable healthcare facilities to measure and improve the quality, safety and efficiency of their services. Built upon the Donabedian Model of healthcare quality, the SafeCare standards evaluate the structures and processes that guide the delivery of healthcare services. After the assessments facilities will be equipped to move forward along a trajectory that can result in international accreditation.

The SafeCare standards were designed specifically to target health facilities in low and middle income countries. These facilities operate in challenging environments that are often defined by staffing shortages, resource-restrictions, and inadequate infrastructure. A wide range of facilities can be

assessed using the standards, including public, private, and not-for-profit facilities ranging from health shops, to basic and primary health centres, as well as district hospitals.

2.1 Structure of SafeCare Standards

The SafeCare standards cover the full range of clinical services and management functions, as well as infrastructural aspects and ancillary services (e.g. kitchen, cleaning and laundry), enabling a holistic view on all required components for safe and efficient healthcare service provision. The structure of the SafeCare standards is visualized below. The four broad categories are divided into 13 Service Elements (SEs), linked to separate management responsibilities within the healthcare facility. Each SE contains a number of standards that are assessed in order to check the level of compliance of the healthcare facility and to identify priority gaps. Only the services which are provided by the healthcare facility are assessed. There are 170 standards in total and for each standard 4 criteria are defined for concrete measurement.

2.2 The Assessment process and Quality Improvement Plan (QIP)

Assessments were conducted by three SafeCare assessors who teamed up to allow for peer review of data and triangulation, and reduce the subjectivity of the results. The assessors used three key methods to evaluate each of the criteria in the five Risk Areas:

- Interviews with health workers and patients;
- Review of documentation including policies, guidelines, licenses, and patient and staff records;
- Observation of infrastructure and work processes

All applicable criteria were assessed in order to determine standard compliance. Each criterion is scored either **Fully Compliant** (FC), **Partially Compliant** (PC), **or Not Compliant** (NC). Criteria related to services which are not provided by the facility, are scored **Not Applicable** (NA) and excluded from

calculations. All information obtained from assessments is treated as confidential. After each SafeCare assessment, facilities receive a detailed report outlining the facility's performance for each Service Element.

Based on the identified gaps during an assessment, a Quality Improvement Plan (QIP) is developed. It contains a list of specific and measurable activities for the facility to complete in order to increase adherence to the standards and address the most urgent issues. The Quality Improvement Plan helps the facility to improve by providing the following information for each activity: the staff member who is responsible, the estimated budget that will be required, and a timeline to guide implementation. This approach enables the facility to monitor progress toward completion of each activity defined in the Quality Improvement Plan.

2.3 SafeCare Certification

SafeCare awards healthcare facilities with Certificates of Improvement reflecting the quality level, ranging from 1(modest quality) to 5 (high quality). The certification process aims to introduce a transparent, positive, and encouraging rating system which recognizes that each step forward results in an improvement in quality.

3.0 Assessment Findings

3.1 General findings

All the three medical centres offer outpatient services that consist of consultation, Laboratory services, Dispensing of medication, dental services and some specialists services for reproductive health and dermatology. In addition to above services Githurai 45 also offers Ultrasound services.

This report gives a summary of assessment results for the three facilities which included overall facility score, SafeCare level, Service element score and benchmarking. All assessment findings and quality improvement plans will be shared in a separate document. The reports will also be disseminated to the facilities for continuous quality improvement process.

3.1 Facility Score
1. The overall assessment score for the three facilities is shown in figure 1 below.

Overall Facility Scores
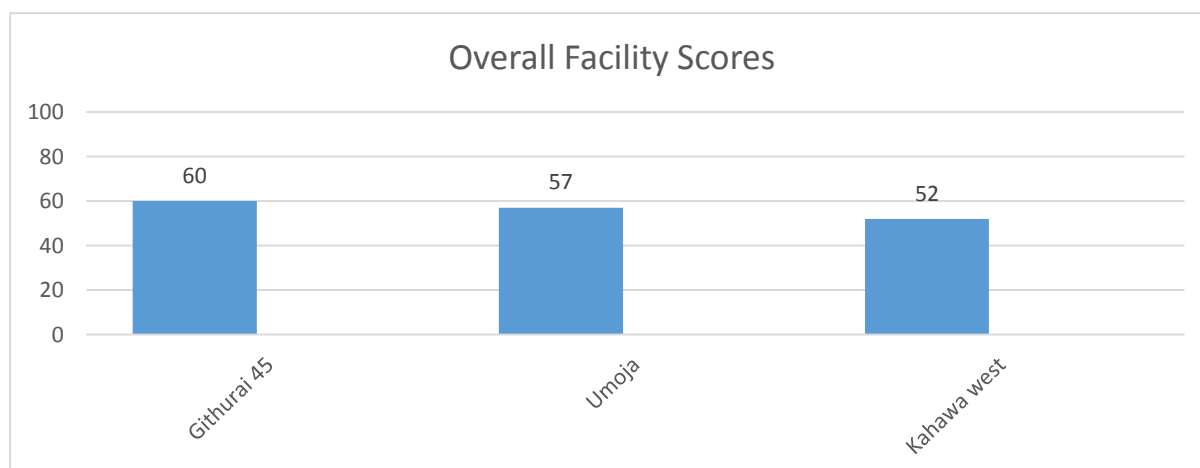
Githurai 45: 60
Umoja: 57
Kahawa west: 52

Figure 1Overall facility score for the three facilities

After the assessment each facility was awarded SafeCare level certification as shown in the table 1 below.

Facility Name	SafeCare certification
Penda Health Githurai 45	Level 4
Penda Health Umoja	Level 3
Penda Health Kahawa West	Level 3

Table 1 SafeCare Certification Level

3.2 Comparison of Scores per Service Element for the facilities

Figure 2 below shows score per service element for the three facilities as assessed using the advance assessment tool.
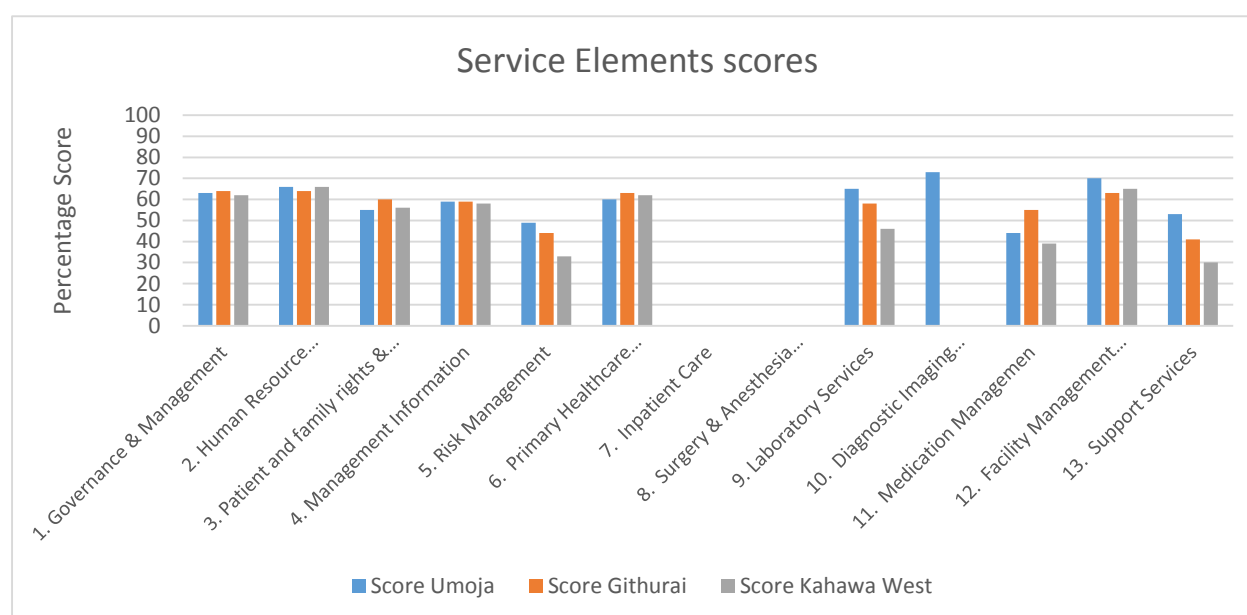

Figure 2 Score per Service Elements

Results from the assessments shows that there no big variation on the overall facility score for the three facilities but Penda Health Githurai 45 reflects better score overall. Governance & management, Human resource and Facility management almost scored the same and this is attributed to the fact centralised management system. Management of information and primary healthcare were amongst the best scoring service elements, as the practice is well safeguarded by organizational and managerial structures and as well as an electronic health management system which standardises the care process. Risk management, support services and medication management were the lowest scoring service elements, this is mainly because there was lack of ownership in-terms of having a dedicated person to manage this areas, no proper stock management system at the facility level and lack of documented structures staff orientation processes.

3.3 Benchmarking: Facility Comparison

The figure 3 below shows the overall score of facilities assessed in comparable situations. Assessments performed at the beginning of the SafeCare journey are compared to other baseline assessments. The figure only shows facilities in Kenya from the same category. The **red star** marks the score range of the three facilities assessed.
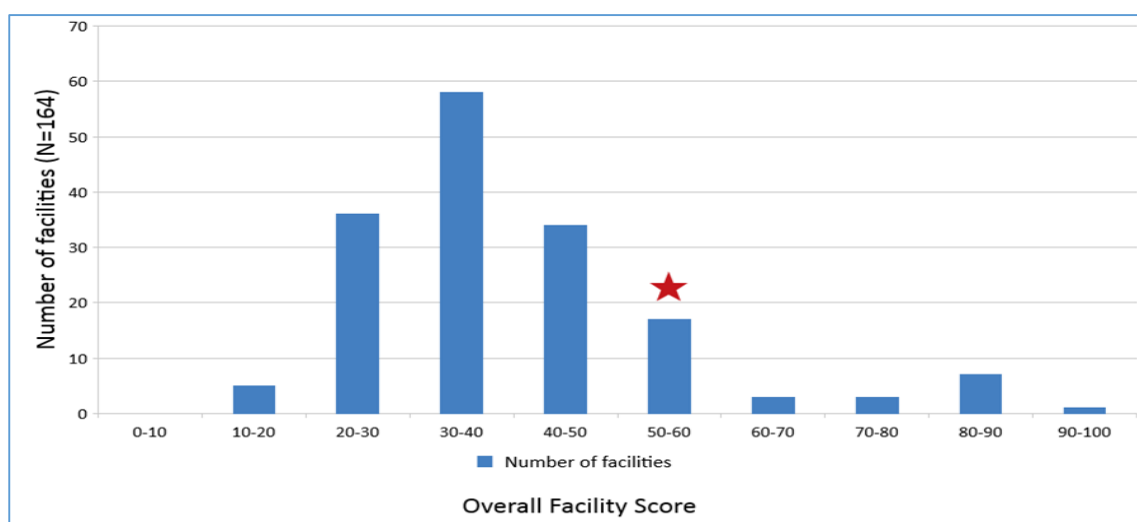

Figure 3 Benchmarking with similar facilities

A comparison of the three facilities with other facilities within the same category, shows that Penda Health management have put in systems, structures and processes towards the path of continuous quality improvement. The three facilities had a score of over 50%, reflecting better quality of care. This can however be improved further by ensuring that each facility has an active quality improvement team to spearhead quality improvement processes with an overall supervision from the quality improvement team at the head office.

3.4 Findings per Service Elements

3.4.1 Governance and Management

A key condition for effective quality improvement is adequate leadership, including the assignment of clear responsibilities and involvement of facility staff throughout the (continuous) process. The roles of Leadership and management include licensing, approval of budgets, and other operational plans, resources mobilization, and business development. Findings show that the three facilities licensed by respective regulatory bodies. The overall management of the three facilities was being done from the support and standardization of the processes was evident across the facilities. The management team have developed policies and procedures which are shared to individuals through the drop box, these guidelines however needs to be approved for use and also update those that needed to be updated. Quality improvement efforts at Penda health are mostly focused on patient experience but there is little attention to monitoring documentation of the care processes. Deficiencies are observed in provision of information to patients and family about their rights as the patient rights charter is not displayed at both facilities.

3.4.2 Human Resource management

Management of this service is done centrally and the management has put in place structures for r quality improvement as is evident in individual personnel files containing copies of verified certificates and licenses, appraisals and job descriptions. In-service training and continuous medical education is done but training logs needs to be put in place. A structured and documented orientation program needs to be put in place.

3.4.3 Patients and family rights & access to care

Patient awareness is increasingly becoming a valuable aspect of the care process. The constitution of Kenya 2010 provided for the first time chapter four "Bill of rights" which articulates rights and fundamental freedoms. Patient rights are drawn from this provision and it is a requirement that patients are made aware of their rights as they participate in the care process.

It is evident that the rising awareness has positively impacted the focus given to patient rights as lot of activities relating to patient rights are taking place in all the facilities. Services offered and opening hours in all facilities are well defined and patient's privacy is observed in most of the areas other than the reception. A patient rights charter is on display though not current, other gaps observed were lack of structured patient education, lack of documentation when informed consents are obtained and rights to refuse treatment is not known to patients.

Figure 4: A well outlined Service charter

3.4.4 Management of information

Management of health information aims to facilitate evidence based decision-making at all levels especially at the point of collection. Some of the challenges identified in the Kenya health information system policy include lack of policy and guidelines for management of health information among health facilities, parallel data collection systems and poor coordination among others. Penda health management have invested on an electronic health management system that is able to capture patient's information and also used for data analysis. The management however needs to define log in rights for different service delivery areas and give staff log rights to staff as per department to ensure maintenance of confidentiality of information.

3.4.5 Risk management

Risk management comprises patient, staff and visitor related risks, financial, corporate and legal risks, physical facility, security and environmental risks. This was amongst the lowest scoring service element across the facilities. Analysis shows that the facilities have put in systems to manage infection and prevention and control, fire safety though this was not well monitored. Management of health care across the facilities was somehow being observed as colour coded bin and liners are provided and segregation charts were available but there was a mix up of waste in some areas. Although facilities make an effort to provide firefighting equipment, fire exit route and fire assembly points were not well marked in some facilities and not all staff members were trained on fire safety

Figure 5 provides an example of an organized infection prevention and control systems while in another department this is not well organized.
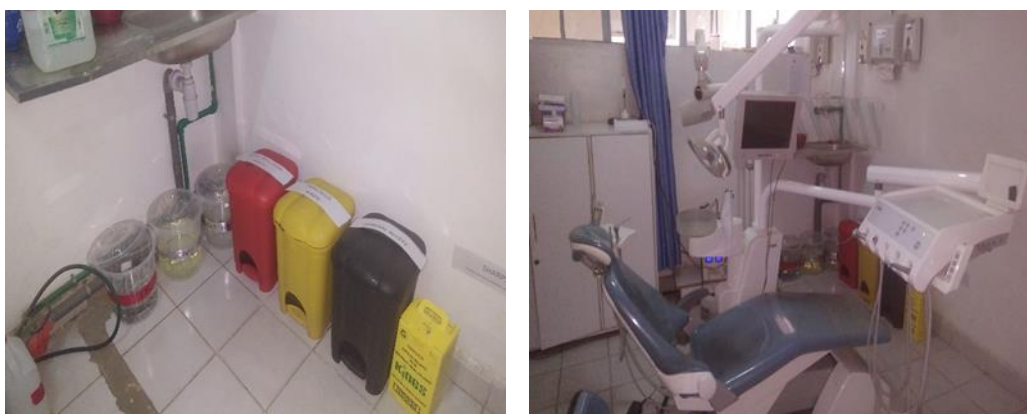
Figure 5: A comparison of infection prevention in different departments

3.4.6 Primary Health care

Twelve elements are assessed where applicable under primary health services. These included organization and coordination of the service, facilities and equipment, assessment of patients, emergency care, continuity of care, reproductive health, child health, communicable disease management, HIV infection and AIDs management, cancer screening, Care for non-communicable chronic diseases and Community-based home care.

The facilities uses an electronic system to record patient information and triage is done with vital signs, patients complains, physical examination and treatment being documented well. There was inconsistency in history taking and documentation of follow up instructions. Staff reported that patient education is provided but there is no patient education plan and no evidence is available in the patient files.
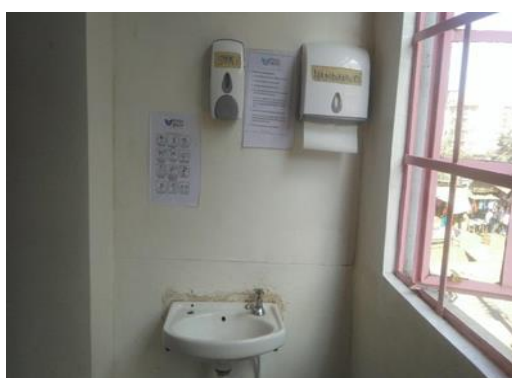

Some guidelines for example on IMCI, Anti-Retroviral treatment, TB diagnosis and treatment, Sexually Transmitted Infections needs to be put in place. Most of the hand washing units across the facilities were equipped as shown in figure 6 though in some areas hand paper towels and posters were missing.

Figure 6 a well-equipped hand washing facility

3.4.7 Laboratory Services

In all the facilities the services are offered by qualified personnel who are duly registered by the board, the laboratories are also licensed to operate for the level of care. Laboratory lay out seems to be done well as there is a separate room for phlebotomy services however space with the laboratory was not adequate as in some of the facilities for example Kahawa west this was very squeezed. In all the laboratories there is a preventive maintenance program for equipment and there is documented evidence that servicing of equipment is done. Laboratories have not enrolled into internal and external quality control programs. Organization within the laboratory was somewhat being observed as shown in figure7 below for Githurai laboratory as compared to the same in Umoja laboratory.
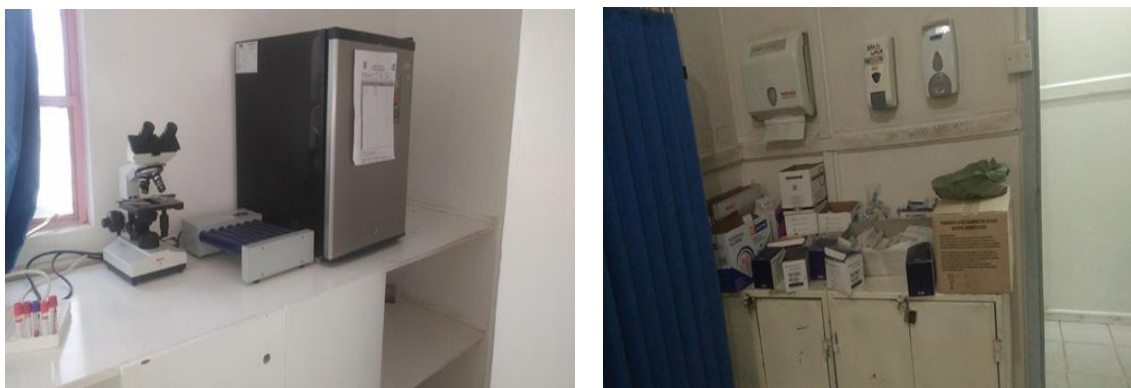
Figure 7 organization in two laboratories in different centres

3.4.8 Medication management

The facilities have a drug store and dispensing is done in the consultation rooms, medication management is done by qualified staff but the same person who prescribe dispenses medication. Though this is acceptable based on the level of care, it is important for Penda health to think of separating the two roles to enhance patient care and patient safety in relation to the use of medicines. Responsibilities around medication management are charged to clinicians though from observation a well-structured stock management system is not in place at the facility. Expiry dates of medication is indicated on the packs once received however within the facility monitoring is not done. Some of the drug stores are small and not well organised while in other facility for example Githurai 45 organization is better as compared to Umoja and Kahawa west where space is also limited as shown in figure 8 below.

Figure 8 A well-organized drug store in comparison to another centre

3.4.9 Facility Management

In the context of the SafeCare standards, facility management concerns the aspects of health service delivery related to facilities and equipment, Buildings, plant, installations and machinery, Medical equipment and lastly information and communication technology (ICT) equipment.

This service is relatively doing well especially on equipment maintenance, provision of regular and emergency power supply, provision of safe adequate water and the building are well maintained. The layout of the facilities is adequate though some of the rooms were too small and not well ventilated example in Kahawa west laboratory and drugs store. There is a well maintained ICT system with regular backup in all the facilities.

3.4.10 Support services

Support services entails assessing food service, linen management and housekeeping services. In the three facilities food service was not being offered and therefore this was score not applicable. Staff working in these departments in the three facilities seems to be aware of infection prevention and control processes though documentation was in place to show any training done and no formal orientation program was in place. Linens generated in the facility are washed by the support staff using buckets, though from observations there is no clear flow of linen from dirty to clean and ironing is not done

4.0 Conclusions and recommendations

4.1 Conclusion

Through a centralized management style of leadership, Penda Health directors have managed to put in place necessary processes, systems and structures for consistent and effective risk-reduction activities, and information for quality improvement is shared with staff. However, findings show that there is need to strengthen monitoring and implementation of the laid down structures to ensure risk reduction. Internally facilities can benchmark amongst themselves and borrow best practices from each other.

Staff are working within their scope of practice, but lack of completeness in documenting the patient care processes presents a communication gap among care givers, which is essential for continuity of care. A system has been put in place for verification of staff credentials is done but this is only done when a staff are already employed, this can be enhance further during after shortlisting candidates before interviews are conducted or after passing an interview before employment. Continuous Medical Education takes place but there is need to have training logs for staff members to sign once they have attended the training.

The basic structures for quality improvement in relation to a safe environment for patients and staff have been put in place. These include requirements for waste management, hand washing, fire safety, protective clothing and occupational health and safety requirements. However, critical issues like provision of ramps and monitoring of the risk management process are not done.

Clinical services are provided by qualified personnel, based on their scope of service, but documentation of the care provided is not adequately done. It was observed that patient education is provided and teaching aids are available but the process is ad hoc in the absence of a patient education plan and documentation of education given is not done. Most of the staff in the facility have had an emergency training and emergency tray are in place with checklist that are up to date but from observation some emergency trays had expired drugs on them. There is need to have specific individuals assigned this role at any given time to ensure that proper checks are done and updated correctly with correction actions being indicated on the checklist.

The lay out of the facilities was appropriate as there was no crossover of the services however it was noted that most of the procedure rooms doubled up as the emergency rooms and this could hinder operations especially during emergencies. Some of the room for example the laboratories and stored were too small to allow for effective infection prevention and control measure. Other areas that needed improvement in service provision is to have a well-structured stock management system on management of medication, assign an individual to be in-charge of this department at the

facility level as in the current system the facility is likely to get some loses. Noted in Kahawa West Centre is that the laboratory was referring a lot of samples to the referral laboratory which can result to loss of clients if the test takes too long, the management needs to re-look on this and have appropriate measure to ensure patients are contained within the facility.

A key condition for effective quality improvement is adequate leadership, including the assignment of clear responsibilities and involvement of facility staff throughout the (continuous) process. The roles of Leadership and management include licensing, approval of budgets, and other operational plans, resources mobilization, and business development. Findings show that facilities under this program are licensed by their respective regulators but obtaining licenses for services such as laboratory, pharmacy and radiology in a timely manner was expressed as a challenge.

4.2 Recommendations

For the health facilities to improve in quality and business effectively, increased ownership of the quality improvement process at management level and the involvement of all facility staff is required. The Penda health directors should include this in the planned growth strategy which should present an opportunity for having facility management to focus more on monitoring the quality improvement process.

A structured orientation and in-service training is key to the capacity of the health workforce at both medical canters. The orientation program need to focus on individual department/service specific orientation program and evidence of attendance should be available on the individual's personnel record. Although some in-service training takes place, it should be structured by developing a generic/macro in-service education program for all employees, avail evidence of attendance and test competencies after training.

Management should enhance monitoring of risk management activities to ensure the basic structures in place are utilized appropriately. The existing norms and standards of infrastructure should be adequately monitored. Adherence to such standards should be assessed as part of regular quality monitoring activities.

Quality improvement efforts for clinical care should include measures to address high risk areas in patient safety as both facilities fall short in addressing these effectively. These include issues such as patient rights, better monitoring of emergency trays and duty allocation for staff responsible to maintain such areas at any given time.

Individual facilities need to have active quality improvement teams to spearhead implementation of quality improvement plans and ensure to report progress to the centralized quality improvement team at the head office. This will seek to increase ownership at the facility level.

As a basis for effective quality improvement plans, facilities will be given assessment reports together with recommendations for targeted areas improvements as a guide to continuous quality improvement.