



ISO 9001:2008 Certified Hospital



MOI TEACHING AND REFERRAL HOSPITAL

BEST PRACTICE FROM MTRH EXPERIENCE

Background Information

Moi Teaching and Referral Hospital is one of the teaching and referral hospitals in Kenya established to provide specialized healthcare services and teaching facilities. As a referral facility covering western Kenya region, one of its mandate is to provide specialized healthcare and this covers trauma care. With exponential increase of trauma cases occasioned by RTAs particularly increase of RTAs as a result of *Boda Boda* use, the demand for trauma care in the Hospital became more evident. This resulted in challenges of providing responsive trauma care. Some of the specific challenges were;

- i. Overcrowding of patients in surgical wards,
- ii. Prolonged length of stay of trauma patients because of missed theatre schedule
- iii. Increased consumption of trauma theatre supplies.
- iv. Low customer satisfaction in surgical department

To reverse the challenges, organization of theatre services was necessary to ensure an effective and efficient delivery of trauma care in the Hospital.

The summary below provides what was done in the Hospital and this is provided as a best practice in the Hospital. This is a practice that can be replicated in other Hospitals as it requires little financial resources. The key ingredient is leadership, reorganization of services, human resource and commitment of stakeholders.

Title of Best Practice	Introduction of 24 hour Trauma and Accident Operations at MTRH		
Region of Operation in the County	Moi Teaching and Referral Hospital, Uasin Gishu County		
Input/Process	Organization of Health Services, Human Resource for Health (HRH), Health Infrastructure, health Leadership, Health Financing		
Output	Better Access to Health Services, Improved Quality of Care		
Outcome	<ul style="list-style-type: none"> i. Improved customer satisfaction from 50% to 63%. We expect to achieve 80% by end of the financial year. ii. Reduced waiting time of trauma and accident patients iii. High bed turn-over iv. Surgical operations increased by 25% from 600 per month to 800 per month. 		
Description	The challenges before the practice was implemented	<p>Before the practice was implemented, there was a long list of schedule trauma operations. In many cases, scheduled operations were cancelled because of non-availability of surgeons, theatre supplies, delayed preparation of patient for theatre.</p> <p>In addition, surgeons occasionally reported to theatre late affecting the output.</p>	
	Process	(i) Planning	<p>Recognizing the challenge long waiting time for patients to access theatre operations, the Management held meetings with the stakeholders to deliberate on the challenges and develop strategies to improve health services in surgical department.</p> <p>This was a critical department because trauma patients generally have prolonged length of stay in the Hospital compared to other conditions. By targeting this department, apart from addressing the challenges, it was hoped that this will reduce the overall average Length of Stay (ALOS) in the Hospital currently averaging 6 days. Out of the meetings, the stakeholders committed themselves to undertake the practice after the necessary infrastructure and</p>

			<p>health commodities are availed.</p> <p>The next stage in the process was setting aside one of the theatres. Without a dedicated theatre space, the implementation would have been a challenge. Out of the 6 theatres, 1 was set specifically for 24 hour trauma operations.</p> <p>Another preparation was recognizing the need for continued availability of theatre supplies. To ensure this was achieved, critical suppliers were prioritized for payment. It had been noted that delayed payment was affecting the relationship between the suppliers and the Hospital.</p> <p>On implementation, the clinicians committed to undertake ... operations per day without compromising on the quality of care. Review meetings were held on regular intervals to review progress, challenges and re-strategize were necessary for sustained implementation of the practice.</p>
		(ii) Inputs	<ul style="list-style-type: none"> i) Human Resource- theatre nurse, anesthetists, trauma surgeons, neurosurgeons and orthopedic surgeons ii) Trauma iii) Dedicated theatre
		(iii) Outputs	<ul style="list-style-type: none"> i. Currently, there is no waiting list for trauma operations. Operations are at times scheduled right from the Accident and Emergency

			<p>Department.</p> <ul style="list-style-type: none"> ii. Trauma referrals equally do not wait for more than 6 hours for operations to be done. iii. We target to achieve 100% customer satisfaction in surgical department in the next 1 year. iv. One-patient-one bed achieved in trauma surgical department v. 25% increase of trauma operations per month.
Effectiveness	<ul style="list-style-type: none"> i. Trauma Operations increased from 600 per month before implementation of the practice to 800 operations per month. An increase of 25%. ii. Initially, patients were waiting for as long as 6 days to access operations. This has reduced to less than 1 day. iii. Before implementation, bed occupancy in surgical ward was above 100%. i.e patients sharing beds was common. Currently, 1 bed: 1 patient is the practice and bed occupancy is mostly below 100%. 		
Efficiency	<p>No funding was used to have a dedicated theatre since what was required was re-organization of available theatres.</p> <p>Health personnel were already in place and no funds were spent to have additional staff. What was required was commitment and dedication of staff to provide care.</p> <p>Internally generated funds (User fee) were used to ensure suppliers are available by paying the suppliers within the reasonable aging schedule.</p>		
Relevance	<p>The practice is relevant in the implementation of The Constitution of Kenya, Kenya Health Sector Strategic Plan, Kenya Health Policy, Vision 2030 and the Hospital's commitment to ISO 9001:2015 Quality Management Systems.</p>		
Sustainability	<p>Continued commitment of health personnel, Hospital leadership and financial resource management is required for continued sustainability of the practice.</p>		
Leadership	<p>The CEO was directly involved in the planning and implementation of the practice through attending the planning meetings, review meetings and dedicated provision of resources.</p>		
Replicability	<p>It is possible to replicate this practice in other hospitals with similar challenges</p>		

	and environment.
Ethical soundness	<p>The practice is implemented with respect to the Constitution of Kenya and practice of medical practice and service charter of the Hospital.</p> <p>Confidentiality of patient information and informed consent is maintained as required by ethical practice and service charter is upheld as regards to patient rights.</p> <p>No ethical issues have been encountered in the implementation of this practice.</p>
Others	<p>i) Community Involvement – The Hospital holds Annual Forums with the Community and also Youth to engage the community on challenges experienced while receiving care and how best the challenges can be addressed. In addition, MTRH holds stakeholders forum with the County hospitals on issues touching on delivery of care with respect to referral modalities and collaboration. It is through engagement of the community through Community Forum that the Hospital seeks to improve healthcare. Introduction of 24 hour Trauma Theatre emerged from such forums.</p> <p>ii) Partnership – The Hospital is engaging with suppliers of theatre consumables to increase availability and manage costs that will cascade to benefit the patients.</p> <p>The Hospital works with Moi University School of Medicine in delivery of this 24 hour trauma theatre services. The Post-Graduate residents (Registrars) in orthopedic Trauma are fully involved.</p> <p>The Hospital is also working with University of Alberta in Canada through Innovative Canadians for Change to establish Trauma Registry in the region with a view of improving trauma care.</p>

Conclusion

This best practice on trauma care is submitted for consideration for award for Best Practice in the Health Sector. More achievements are expected by the end of the year given the output of achievements realized with the short time after implementation. This is a practice that requires commitment, dedication and team work from the clinicians and other stakeholders involved and reorganization of existing infrastructure.

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