

# PREFACE

One of the greatest challenges of healthcare today is not about keeping up with the latest clinical procedures or the latest high tech equipment, instead, it is about delivering quality safe care in a complex, pressurized and fast-moving environment.

Quality is conceptually complex, and dynamic and can be improved. A realistic understanding of risk and complex adaptive nature of modern medicine makes it necessary that healthcare professionals should cooperate with relevant parties and adopt a proactive system approach to continuous quality improvement and minimize the incidences and impact of adverse events.

In response to the public ever-increasing demand for improving safety, higher quality and more transparency, Federal tertiary hospitals have to undertake significant steps to continuously improve their quality of care.

Continuous quality improvement has been applied for decades in the manufacturing and other industries to reduce defects and errors. Its application to health care provides standard methods by which hospital systems can identify and remedy not only errors but also inefficiencies and effectiveness of service delivery.

The major task of continuous quality improvement in Federal tertiary hospitals rests on the leadership. Every element in the complex process of healthcare delivery must be carefully managed and process variation understood. Quality is a philosophy and an approach to management.

Ensuring good Clinical Outcomes is a mandates of the Federal Institutions Standard Committee (NTHISC) as provided for in the National Health Act 2014 (NHAct 2014). Some key elements of the provision includes:

- 1) Establishment of a comprehensive quality plan for the hospital in close co-operation with the department of hospital services.
- 2) Initiate, coordinate and support quality committees at the various FTHs departments.
- 3) Give advice to quality committee for developing their action plans.
- 4) Support implementation of the action plans by the committee
- 5) Appraise and motivate the quality committee.
- 6) Ensure feedback to hospital management team.
- 7) Train more staff with Quality Management skills.
- 8) Solve the problems with each department under the guidance of the Chief Medical Directors/Medical Directors.

In line with this mandate to ensure that patients and clients receive high quality and safe care in Federal Tertiary Hospitals, a checklist is developed as a continuous quality and safety change process guided by the concept of clinical governance. -“a framework through which health care organizations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish



It's doing the right thing, at the right time, by the right person—the application of the best evidence to a patient's problem, in the way the patient wishes, by an appropriately trained and resourced individual or team. But that's not all—that individuals or teams must work within an organization that is accountable and responsible for the actions of its staff, values its staff (appraises and develops them), minimises risks, and learns from good practice, and indeed mistakes.

The check list considers quality as dynamic and can be improved on and hospital as a complex adaptive system.

Hospital as a learning organization, should encourage open processes, shared learning and knowledge base for quality improvement. The pareto principle -20% of the causes, inputs or efforts leads to 80% of results, outputs or rewards. The present context and priorities of Federal Tertiary Hospitals; should be a healthcare market driven by knowledge customers; where the roles of management activities and functions should be a continuous quality improvement as a philosophy that encourage hospitals to continuously ask "how are we doing?" "How can we do better?" "Who is doing the wrong thing?" "How can he or she be corrected?"

Both the demanding conditions under which the sharp-end operates, and how the blunt-end and sharp-end interact; and the relationship among variables within the hospital system and how they interact and influence the overall quality outcome.

Human factor engineering (ergonomics) influences quality improvement as a collective responsibility of many stakeholders need to work together transparently. Quality safety transparency and accountability are inseparable. Quality is influenced by political, ethical, social and economic context, but the layout and design of a checklist is simple and clear to minimize ambiguity and foster resilient communication. The check-list recognizes the six dimensional aspects of providing continuous quality health care service to patients that depends on attitudes of the healthcare provider. These are safety, Timeliness, Effectiveness, Efficiency, Equitable distribution, and patient-Centered.

All the federal tertiary health institutions should therefore put in place a quality improvement plan with stratetegic anchor on the elements of clinical governance and with emphasis on the three aspects of continuous improvement: Structure, process and patient outcome. This will in no doubt provide a system that will improve healthcare indices, reduce medical tourism, provide more employment, reduce poverty and result in economic growth of Nigeria.

I therefore approve the use of this manual for use by the NTHISC and every other Agency to asses our health facilities.



**Prof. Isaac F. Adewole**, *FAS, FSPSP, FRCOG, Dsc (Hons)*.

Honourable Minister

## ACKNOWLEDGEMENT

This quality assessment checklist will provide direction, support, and accountability framework while focusing on individuals, systems, management of resources and self-governance in the various federal tertiary health institutions. It will build corporate accountability for clinical performance into the hospital management model and develop a corporate culture in which quality improvement becomes a shared enterprise through shared learning and information. It will provide strategic opportunities to diagnose and repair broken processes.

Frequent, accurate assessment and timely feedback will support action plans to implement systems that are lacking and revive those that are not functioning effectively. This checklist therefore represents a clinical governance assessment tool to determine:

The level and quality of the hospital services, Policies and guidelines aimed at managing risks resulting from service provider, quality improvement system in place: including clinical audit, supporting and applying evidenced-based practice, implementing clinical standards, guidelines and work force planning.

The level of education, training and continuous professional development for staff upgrades Organization and managements. The quality of patient safety strategies put in place in the hospital, the Competency level of clinical and non –clinical support staff in the hospital and their impact on the overall service delivery performance, the level of process capabilities and capacity, determines Key drivers of quality and patients' satisfaction in a strategic plan. It is important that staff management, labour unions and ability to manage crisis including avoiding and preventing crisis by the CEO contributes to the quality of care given to patients.

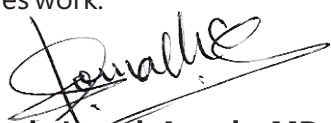
The implementation of a checklist involves many conflicting interest, including organizational culture, cognitive limitations, sunk cost and work flow processes. To successfully implement this checklist, the Federal Tertiary Health Institutions need a new approach to leadership, strategic planning, management of processes, patient and staff engagement to identify and focus on drivers of quality and patient satisfaction. Leadership at all levels also need to have a clear commitment to support the change process. The checklist has considerable overlap and expanded to include important continuous quality tools.

In administering and implementing this checklist, all CEO/CMDs and MDs must:

- i. Conduct a brief desk review of the departmental documents to verify that the quality manuals, policies, Standard Operating Procedures (SOPs) and other manuals (e.g., safety manual, IPC, SOPs, etc.) are complete, current, accurate, and annually reviewed.
- ii. Conduct a brief desk review of departmental records: equipment maintenance records; audit trails, incident reports, logs, personnel files, internal quality control (IQC) records.
- iii. Observe the operational processes to determine process capabilities and verify if all operational workflow processes follow written policies and procedures.
- iv. Ask open-ended questions to clarify documentation seen and observations made. Ask questions like, "show me how..." or "tell me about..."
- v. Assess and evaluate the quality and efficiency of supporting work areas and environment.
- vi. Assess the communication, leadership and management styles of heads of department.
- vii. Interact with some clients/patients to determine the users' perspective of the hospital services.
- viii. Notable findings can be documented in the summary and recommendations section at the end of the checklist.

I want to thank the Honourable Minister of Health, Professor Isaac Adewole, FAS, Dsc(Hons), for his relentless effort in ensuring quality health care services to Nigerians through Clinical Governance. This document wouldn't have been produced without the inauguration and continuous work of the National Tertiary Health Institutions Standard Committee, chaired by Professor Abiodun Ilesanmi, whose initial draft work formed the basis for this work. I thank the Honourable Minister of State for Health, Dr Ehanire Osaghie, whose support, observations and thoroughness, improved the quality of this work. The Permanent Secretary, A. M Abdullahi was very supportive and provided the funds to ensure this work was completed, and so we are grateful.

The entire management team of the Department of Hospital Services, spent several days to put this document together. While thanking each of the Heads of the Division, I hope that your efforts will be rewarded by a quality health care services delivered to Nigerians. My sincere appreciations to ROVA College of Healthcare Executives, her Dean, Mr Emmanuel Abolo and his team of experts who spent many days and nights to ensure this work is produce, and finally, let me thank my support staff in DHS office, who closes very late from office throughout the period. Thank you all Nigerian health workers for making our health facilities work.



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