

## **ANNUAL QUALITY ASSURANCE REPORT**

Compiled by:

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**A. Introduction:** The Quality Assurance unit was initiated in 2017 but fully operationalized in early 2019. This report elucidates the unit's activities over the financial year 2022-2023.

### **B. Organization of the unit**

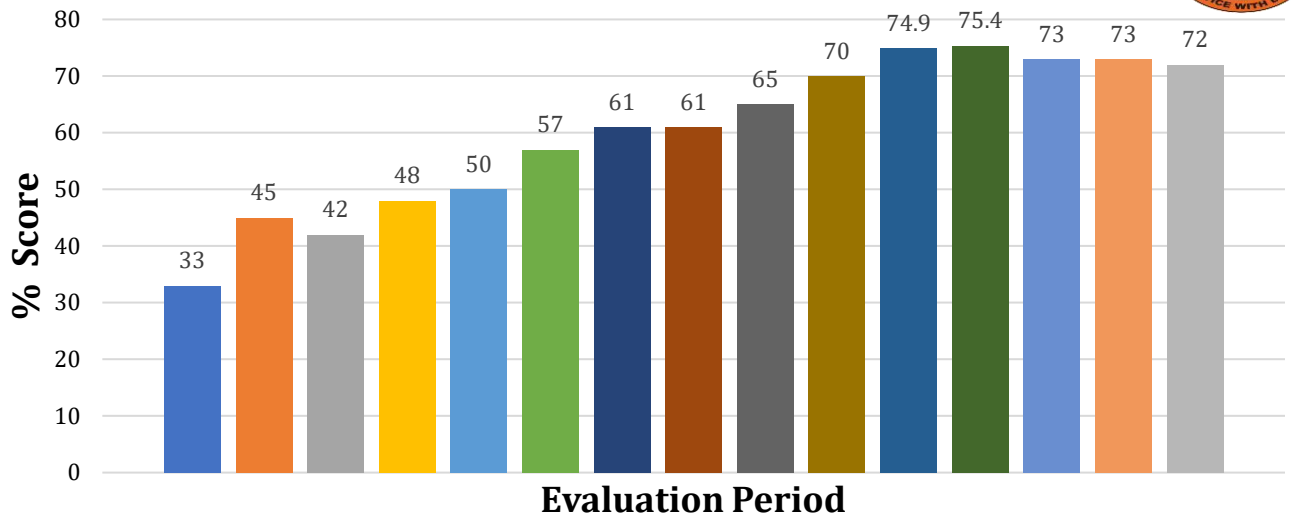
The QA unit oversees the hospital's Quality Management System. The unit is comprised of the Quality Assurance Manager and the Quality Assurance Officer who are supported by a team of six (6) Quality Mentors and 12 Quality Auditors.

### **C. Service range**

The QMS is based on the COHSASA healthcare facility standards (inpatient) first edition, WHO, MoH, and discipline specific international guidelines. It focuses on the 26 service elements as seen in graph 2 below. It generally addresses all the 12 Quality System Essentials (organization, personnel, equipment, purchasing & inventory, process control, information management, documents and records, occurrence management, assessment, process improvement, customer service, and facilities & safety).

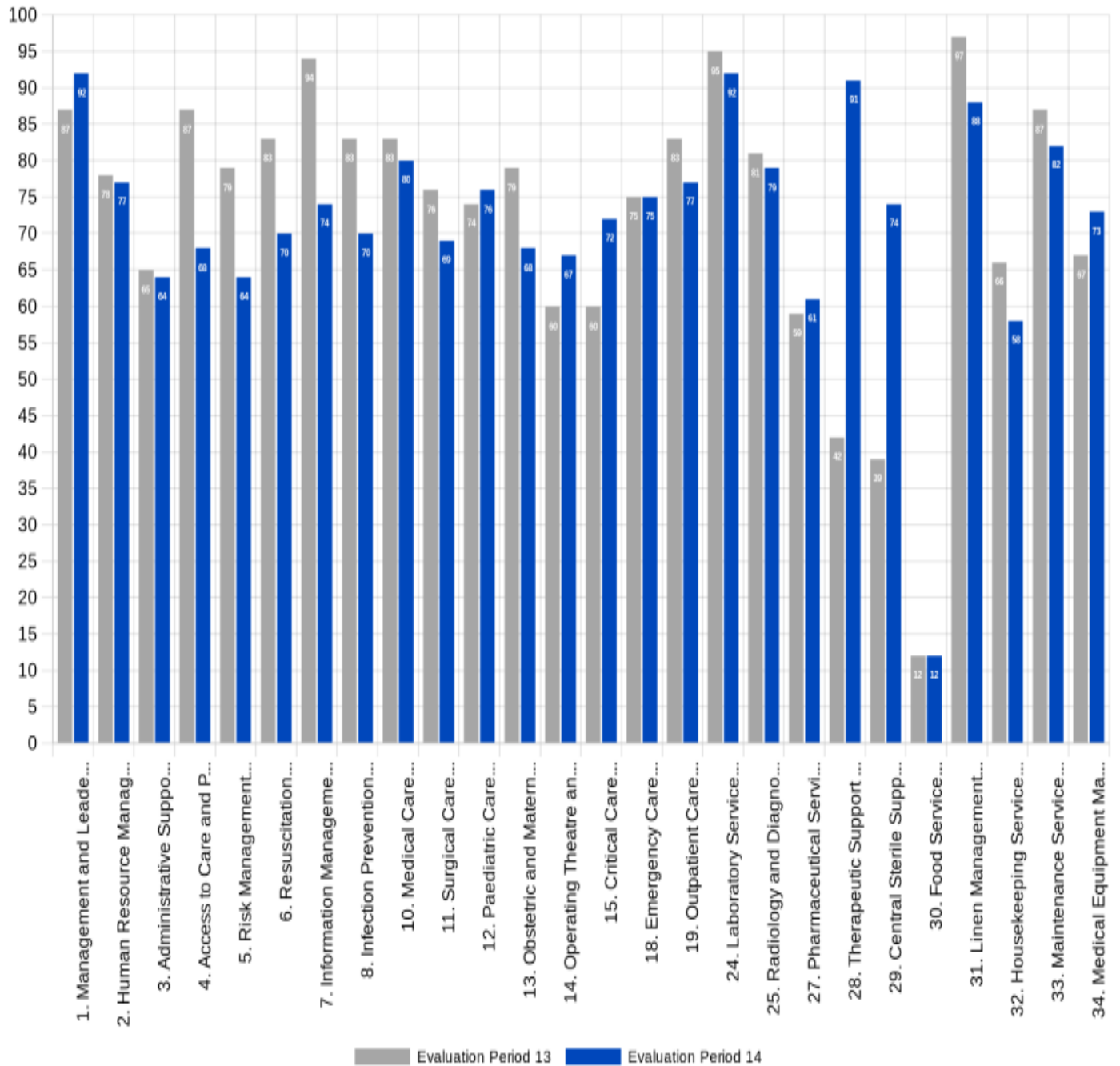
### **D. Annual outputs**

## Assessment score against EvP

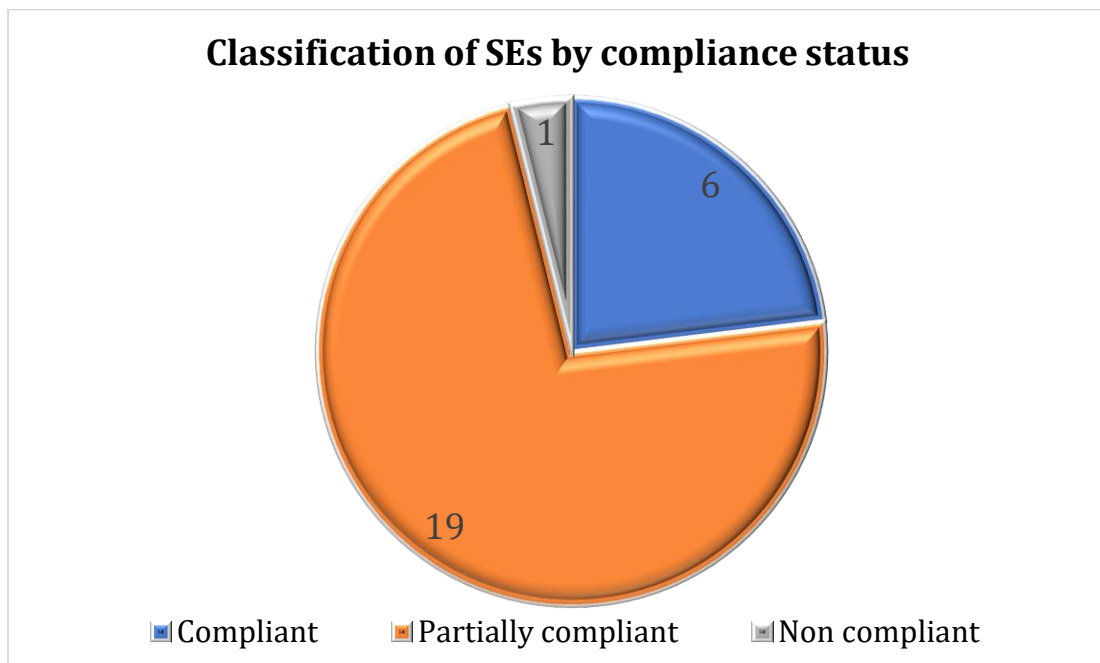
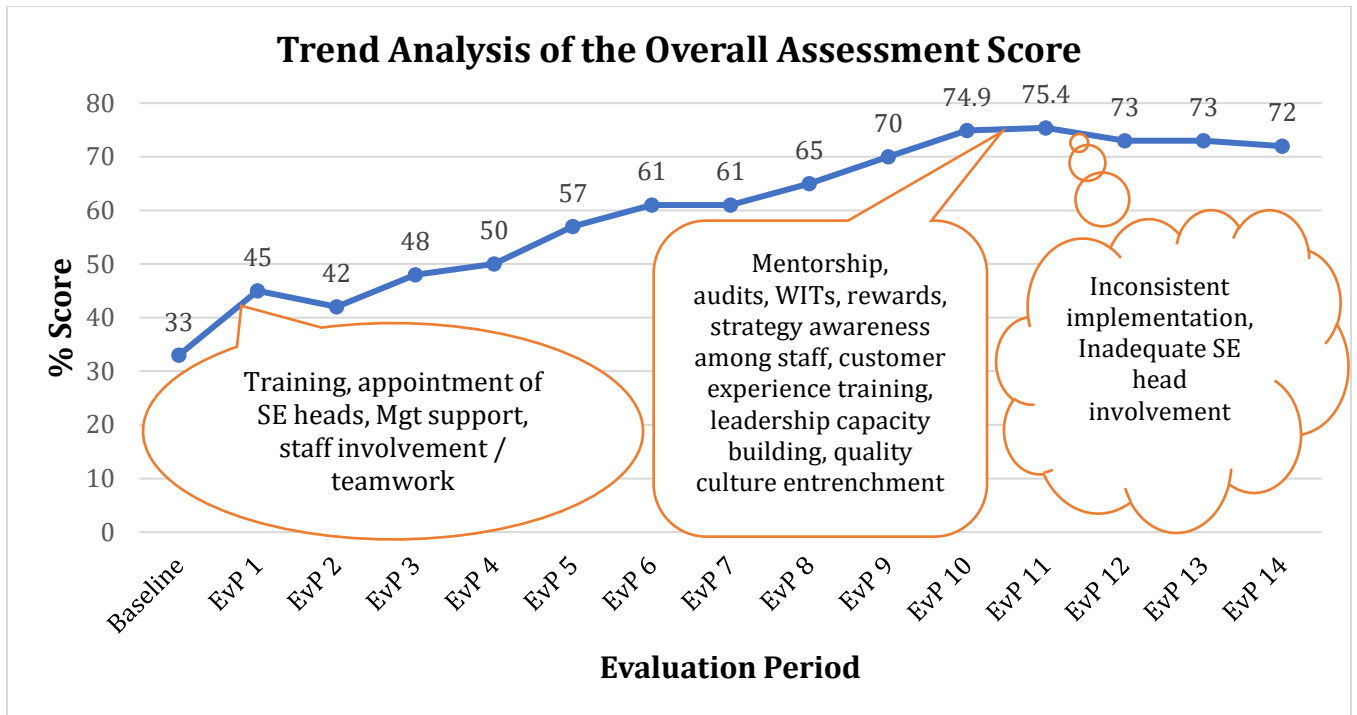


■ Baseline ■ EvP 1 ■ EvP 2 ■ EvP 3 ■ EvP 4 ■ EvP 5 ■ EvP 6 ■ EvP 7  
■ EvP 8 ■ EvP 9 ■ EvP 10 ■ EvP 11 ■ EvP 12 ■ EvP 13 ■ EvP 14

## Service Element Scores



### E. Critical Analysis of the Outputs



## F. Milestones / Achievements

### 1. Benchmarking

- a. For representatives from all service elements.

- b. Targeted for clinical service element heads – this resulted into enhanced ownership of their SEs, heightened team support, and full participation in COHSASA accreditation efforts.
2. Food Service
  - a. Coordinator, Core team, WIT appointed.
  - b. Nutritionist position approved.
  - c. Focused benchmarking for the food service coordination team & the service provider which resulted in better understanding of the SE standards.
  - d. All required guidelines were developed.
  - e. Infrastructural development.
3. Further development and review of QMS documents; Equipment manual, security manual, Linen management manual, Clinical manual, etc.
4. Improvement of the facility-wide QI plan.
5. Online QI monitoring platform developed and utilized.
6. Trainings in risk management conducted.
7. Trainings in QI conducted.
8. Refresher training for quality mentors carried out.
9. Updated management committees, WITs, and focal persons with current appointment letters.
10. Successful competence assessment exercise with satisfactory pass rate.
11. Initiated QI & patient safety / IPC data comparison plans with C Care IHK through an MOU.
12. External mock assessment accomplished.
13. All new staff oriented on the QMS and the strategic plan 2021-2026.
14. Recruitment of a competent Quality Assurance Officer.
15. Training on CoQIS II for the triangulation team.
16. An oral presentation by the QAO at the 9<sup>th</sup> annual quality improvement conference.
17. An oral presentation by the Linen management / Housekeeping service element head at the national health promotion and disease prevention conference.
18. Completion of M&E for the strategic plan for the financial year 2021-2022 and 2022-2023.
19. Procurement of some COHSASA resources.
20. Enhanced entrenchment of the quality culture across the facility.

21. COHSASA master files created by all service elements.

22. Improved action planning through the COHSASA gap analysis & action planning template.

23. WITs and Risk focal persons trained in key areas.

### **G. Strategies and Plans**

1. Recruit a hospital M&E Coordinator in order to improve M&E across hospital programs.
2. Work alongside the Research Specialist to support research and publication across the hospital.
3. Gradually introduce 5S in the hospital.
4. Lobby for branding of COHSASA files (use of the hospital theme colors).

### **H. Challenges**

- M&E still inadequate due to lack of an M&E Coordinator to coordinate M&E efforts across the hospital, to train staff in M&E, and supervise implementation.
- Nutritionist not yet on board – yet he / she is meant to supervise SE 30 (Food Service).
- Inadequate facilitation towards some COHSASA material requirements e.g. fire alarm system, nurse call system, **architectural** floor plan (different from evacuation floor plan), etc.
- Some staff are still reluctant and inconsistent towards quality. Quality culture **not fully** entrenched.
- QI and Risk Management still need a lot of support / capacity building.

### **I. Recommendations**

- Finalize the recruitment processes of a Nutritionist **and** an M&E Coordinator.
- Implement succession planning policy.
- Source funds for the pending COHSASA material requirements.
- Management to continue with efforts towards entrenchment of the quality culture e.g. through rewards and sanctions.
- Risk management and QI capacity building to continue especially through individual unit support.