ANNUAL QUALITY ASSURANCE REPORT: YEAR 2024-2025

A. Introduction

The quality assurance unit has continued to sustain Lubaga Hospital's recognition as a cohsasa-accredited facility, working towards re-accreditation and strengthening the culture of quality and patient safety. Financial year 2024/25 focused on embedding the performance management system, scaling up continuous quality improvement projects, preparing for cohsasa's mid-term online survey and initiating digitization.

B. Organization of the unit

The quality assurance unit is led by the Quality Assurance Manager and Officer, supported by internal quality auditors, service excellence assessors, inventory management assessors, departmental quality teams and quality mentors. Cross-functional engagement has been key in sustaining accreditation outcomes.

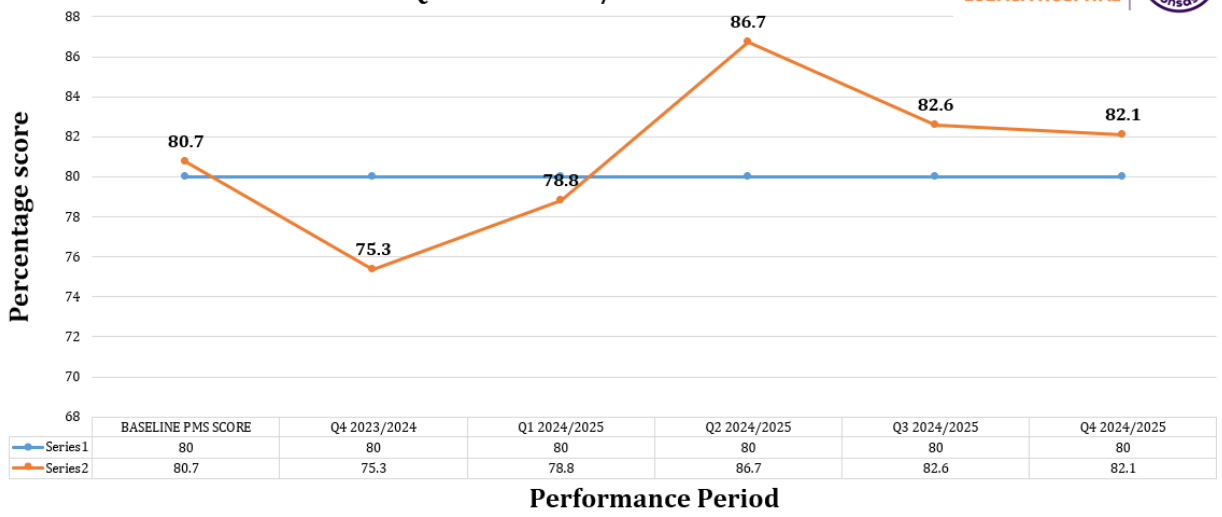
C. Service range

The unit continues to oversee the quality management system aligned with cohsasa standards, World Health Organization and Ministry of Health guidelines, ensuring compliance across all 12 quality system essentials and 27 service elements.

D. Annual outputs

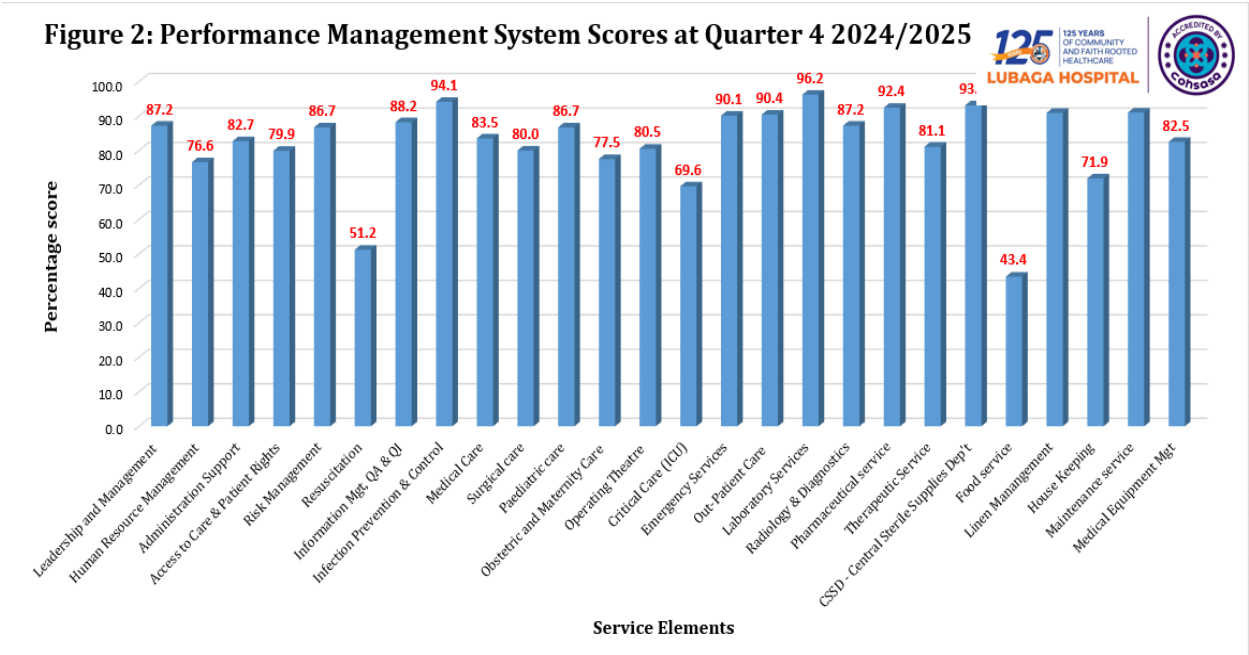
The performance management system, launched in January 2024, has been tracked on a quarterly basis across its seven domains: punctuality, assembly attendance, inventory management, COHSASA post-accreditation, quality improvement projects, service excellence and client feedback. **Figure 1** below illustrates the performance trends from Q1 (Jan–March 2024) through Q4 (April–June 2025), showing progressive improvement across most domains. This data reflects the increased ownership of performance indicators by departments and the strengthening of accountability structures.

Figure 1: Hospital Performance Management System Trend Analysis from Baseline to Quarter 4 2024/2025



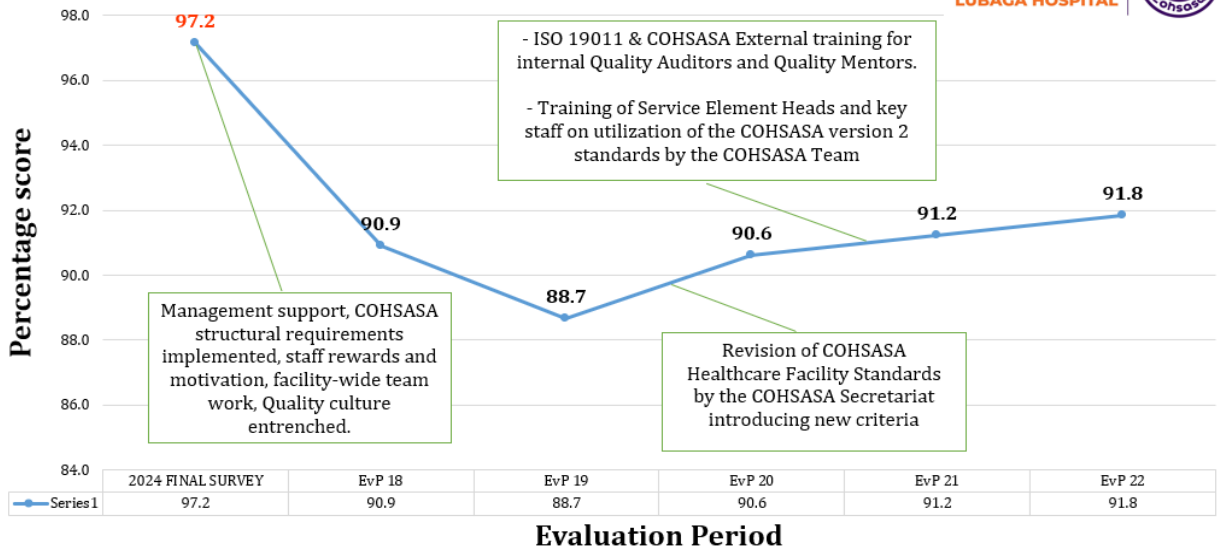
Detailed departmental results for Quarter 4 ending June 2025 are provided in **Figure 2** highlighting variations across departments, which will be the focus of capacity-building efforts in the coming year.

Figure 2: Performance Management System Scores at Quarter 4 2024/2025

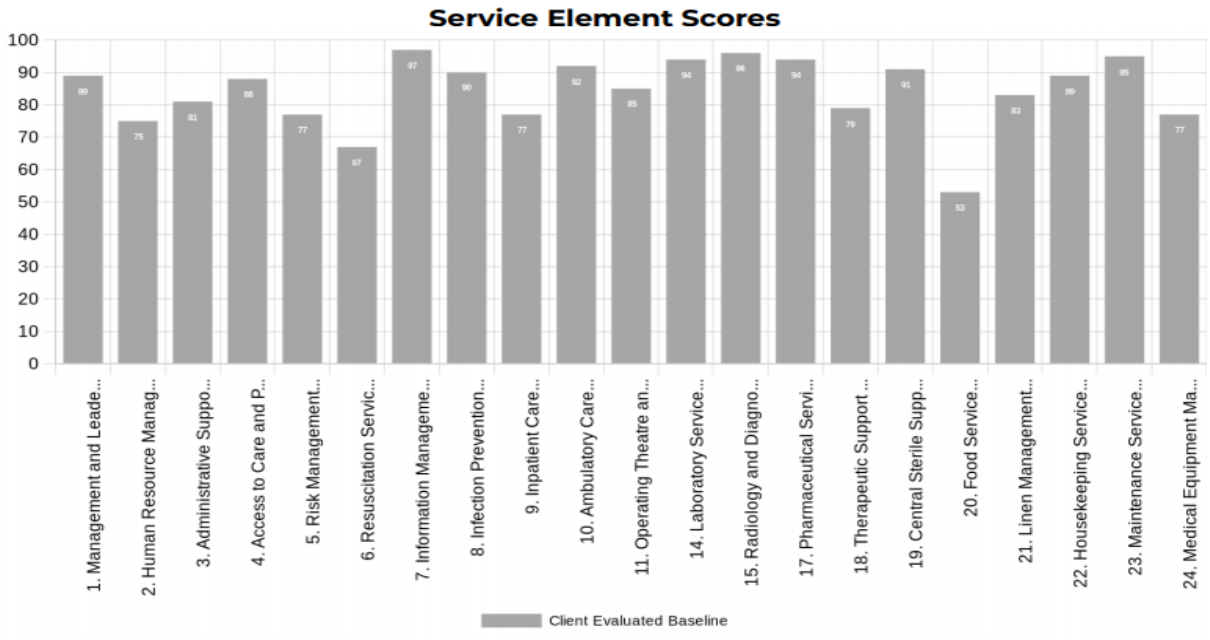


The hospital has also continued to sustain her cohsasa accreditation through 2024-2025, with an average compliance score of 91% in the last 5 post-accreditation internal audits as shown in **Figure 3** below.

Figure 3: COHSASA Post-accreditation facility trend analysis from Final Survey to Q3 2024/2025 Assessment

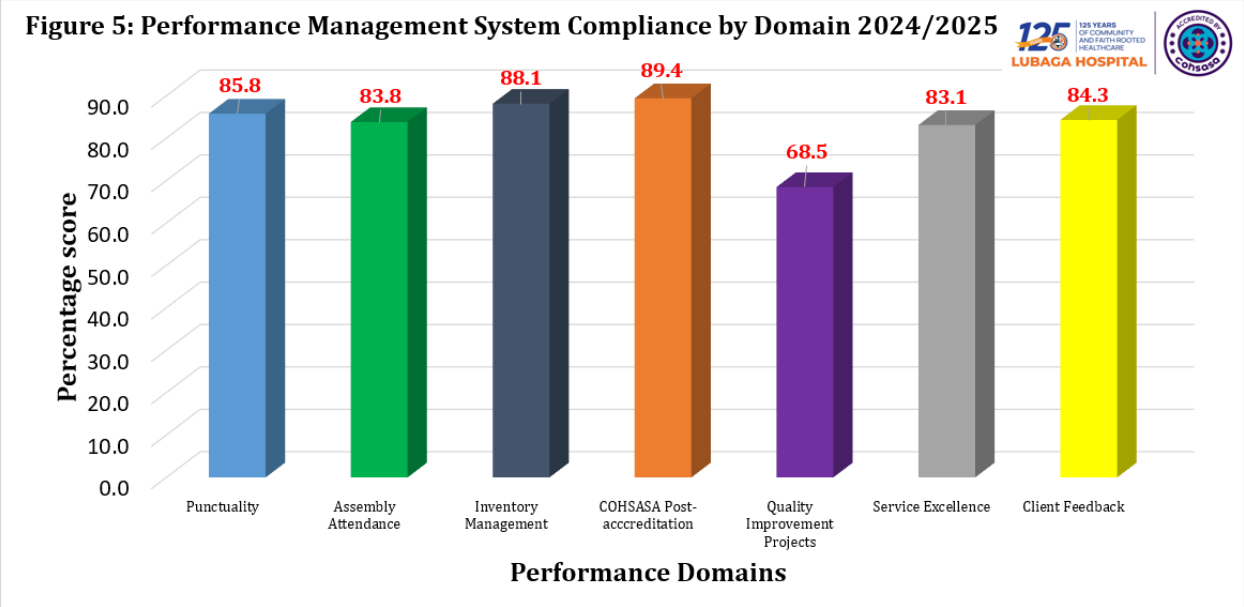


To ensure continuous compliance with cohsasa healthcare facility standards, a re-accreditation strategy due May 2026 was set starting with a thorough client evaluated baseline assessment in Quarter 4; an overall facility score of 84% as shown in **Figure 4**. This drop was due to changes in the cohsasa standard and assessment of merging all 6 inpatient units and 2 ambulatory care units, all calling for integrated service delivery.



E. Critical analysis of outputs

To better understand areas of strength and improvement, **Figure 5** shows that compliance levels were highest in COHSASA post-accreditation and inventory management, while gaps remain in quality improvement projects and service excellence; with the analysis providing a clear basis for targeted interventions.



F. Milestones / Achievements

1. We institutionalized a performance management system with quarterly reporting.
2. ISO 19011:2018 and cohsasa training was conducted in September 2024, which has enhanced the interpretation and auditing skills for key service element staff, internal quality auditors, inventory management and service excellence assessors.
3. We successfully conducted staff training in quality improvement projects and dimensions/domains of quality in November 2024.
4. We encouraged more than 25 staff to undertake capacity building. These undertook training in the institute for healthcare improvement Basic certificate in quality and patient safety.
5. For hands-on, a multidisciplinary team of 20 took part in the Africa Consortium for Quality Improvement Research (ACQUIRE) 2025 quality improvement leadership – Experiential cohort representing among over 53 hospital teams from all over Africa; resonating with our vision. This training has built internal patient safety and quality improvement capacity.

6. The quality improvement team undertook a project "Enhancing Net-Promoter Score and overall patient experience in the emergency" from 26% to about 56% within 3 months of March 2025 to July 2025. This project has will be scaled to all clinical units.
7. Developed and presented a re-accreditation strategy to management team on 12th June 2025.
8. Prepared for online midpoint accreditation survey by cohsasa (July 2025).
9. Ongoing implementation of the facility-wide quality improvement plan.
10. We initiated inpatient automation towards paperless documentation in the hospital management system.

G. Strategies and Plans (2025/26 focus)

- Sustain compliance with cohsasa standards to secure re-accreditation in May 2026.
- Expand inpatient automation to fully implement electronic patient records.
- Increase enrollment of staff in quality improvement, patient safety, patient-centered care and triple aim trainings.
- Strengthen use of the online quality monitoring platform for real-time decision making.
- Broaden benchmarking partnerships for continuous improvement.
- Consultant-led strategic plan end line review and development of a new hospital strategy.

H. Challenges

- Limited funding for automation and medical equipment e.g., defibrillators and crash carts.
- Absence of a dedicated Nutritionist/Dietician to coordinate food and nutrition services as well as an inpatient pantry at specialist center block.
- Resistance to change among staff in documentation and digital transition.
- Inconsistent reporting timelines from some departments.

I. Recommendations

- Secure budget allocations for automation and cohsasa material requirements.
- Provide targeted training and mentorship on patient-centered care and digital transformation.
- Expand refresher training for staff in quality and patient safety.
- Enhance staff engagement through recognition and incentives tied to performance management system results and or patient experience surveys.

Compiled by: Arthur Egulu (Quality Assurance Manager)

Date: 31st August 2025.