

**Volume 06**

**November  
2018**

# RRHMP Newsletter

*Dear, Readers,*

Six months have passed since we issued the last project newsletter. During this period, the project in collaboration with Ministry of Health Community Development Gender Elderly and Children (MoHCDGEC) has continuously made a lot of efforts to encourage improvement of performances of RRHs. Remarkable improvements are evidenced by outputs in the results of External Hospital Performance Assessment (EHPA) 2018 and 5S-KAIZEN-TQM Approach Consultation Visits (CV) conducted recently to the Regional Referral Hospitals (RRHs). Hence, in this volume, we will recite on project activities conducted within the six months period focusing on the performance improvement of Regional Referral Hospitals:

***The 2<sup>nd</sup>  
Round of  
EHPA has  
been  
Completed!***

## ***EHPA 2018***

MoHCDGEC and the project have conducted External Hospital Performance Assessment (EHPA) 2018 to all RRHs between July to September 2018. EHPA is “a comprehensive measurement process of RRH’s performance focusing on the readiness of service provision of the hospital to address the gap between ideal situation and status based on the standard operation procedures (SOPs)”. The detail process of EHPA has been written in the Newsletter vol.4 launched in November 2017 and in the ISS/EHPA Guidelines which is easily accessed in MoHCDGEC Web site.

Principally, the EHPA 2018 followed up the progress on the implementation of suggestions and recommendations given by the assessment teams and agreed with each RRH during the 2017 EHPA. According to the assessors’ observations on EHPA 2018, most RRHs did follow seriously the suggestions and recommendations given in the 2017 EHPA. One of the contributing factors to this commitment being the Supportive Supervision approach used in conducting EHPA which exposes RRHMTs to experiential learning on the gaps and challenges they face and team up to identify and implement appropriate interventions. With this spirit the RRHs have remarkably improved in many assessed areas of EHPA 2018 resulting in the average total score rising and the variance decreasing. In other words, the performances of RRHs has improved as whole! The outline of analysis by EHPA is as follows;

### ***1) The Average Score has Increased***

Comparing last year's EHPA, the overall average score rose to 73%, which was 65% in 2017. Additionally, the average standard deviation (SD) decreased to 7.68, which was 9.42 in 2017. These two results show that most of RRHs are improving on their management status and also that the differences of the results of improvement among 28 RRHs were shrunk. The project set the goal of the total score on 75%. In EHPA 2018, 12 RRHs were achieved above 75% score. We are expected that the number of RRHs achieved above 75% score will be much more increased in EHPA 2019.

Number of RRHs by range of score

	<b>Above 85</b>	<b>85-75</b>	<b>74.99-60</b>	<b>below 60</b>
EHPA 2017	1	3	16	8
EHPA 2018	1	11	16	0

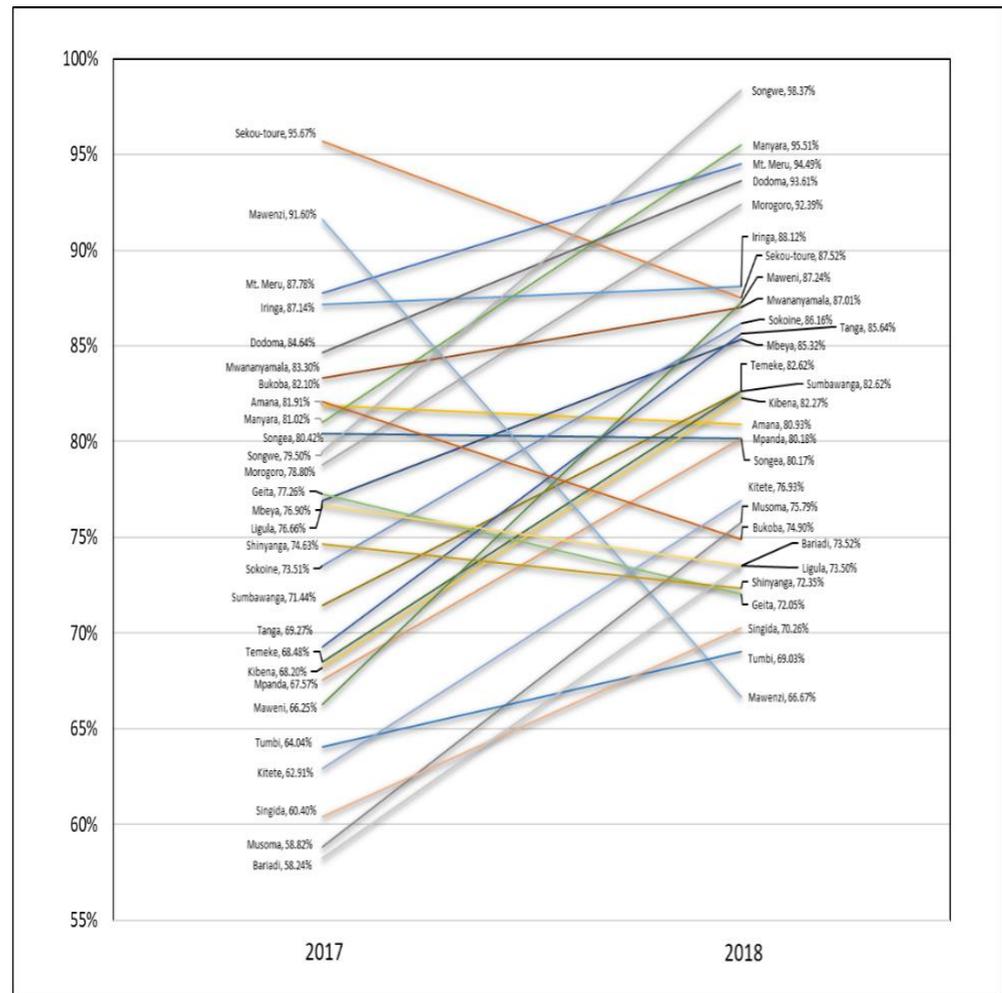
## 2) The Results of Facility Managerial Capacity has Increased

In EHPA, we monitor and evaluate the performance of RRHs according to the checklist. One of the important areas of the checklist is the area of managerial capacity of hospital which shows the status of the current managerial level of each RRH comprehensively. Then, the remarkable results on this area were reported in EHPA 2018. 20 RRHs out of 28 RRHs increased the score of managerial capacity compared with the result in 2017! Moreover, the average score of all RRHs in 2018 was also increased to 81.97% which was 75.30% in 2017. the table that shows the scores of each RRH is as follow,

The Average Score of Area 2 (Facility Management) by RRHs in EHPA 2017 and 2018

RRH	Score (%)		
	2017	2018	
Amana	81.91	80.93	
Bariadi	58.24	73.52	↑
Bukoba	82.10	74.90	
Dodoma	84.64	93.61	↑
Geita	77.26	72.05	
Iringa	87.14	88.12	↑
Kibena	68.20	82.27	↑
Kitete	62.91	76.93	↑
Ligula	76.66	73.50	
Manyara	81.02	95.51	↑
Maweni	66.25	87.24	↑
Mawenzi	91.60	66.67	
Mbeya	76.90	85.32	↑
Morogoro	78.80	92.39	↑

RRH	Score (%)		
	2017	2018	
Mpanda	67.57	80.18	↑
Mt. Meru	87.78	94.49	↑
Musoma	58.82	75.79	↑
Mwananyamala	83.30	87.01	↑
Sekou-toure	95.67	87.52	
Shinyanga	74.63	72.35	
Singida	60.40	70.26	↑
Sokoine	73.51	86.16	↑
Songea	80.42	80.17	
Songwe	79.50	98.37	↑
Sumbawanga	71.44	82.62	↑
Tanga	69.27	85.64	↑
Temeke	68.48	82.62	↑
Tumbi	64.04	69.03	↑



### **3) The Presence and Absence of Hospital Advisory Board (RRHAB)**

In the section of "Social Accountability", the average score was raised from 62% (2017) to 74% (2018), however SD was maintained and higher than the result in the other sections. The reason is that the presence or absence of the hospital advisory board (RRHAB) greatly affected the score and the variance was wide.

### **4) Proposals for Improving the Whole Hospital Performance**

- RRHMT should strive to encourage sharing information on improvement of service delivery in the hospital among stakeholders: - management, RHMT, service providers, patients, and the communities;
- RRHMT are strongly advised to adhere not only to the schedule of ISS but also analyse its results and findings and act on the gaps/challenges identified
- RHMT to regularly conduct Supportive Supervision and closely follow up on the implementation of interventions to address the identified gaps/challenges;
- MoHCDGEC to continuously encourage and facilitate the establishment of RRHAB, secure adequate number of service providers, and support to keep the infrastructure in good state of repair.

With these notable improvements happening with a period of one year since the 2017 EHPA, it is obvious to deduce, that EHPA is an effective tool that instils RRHMTs with the spirit of ownership and commitment to addressing challenges/ gaps facing RRHs. It is therefore a reliable and a tool to reckon in assessing the hospital performance comprehensively; and that it will help RRHs to address regularly the gap between ideal situation and status. We expect all RRHMTs with their positive actions will continue to make more improvements in their hospital performance and that we are sure to observe better results in the next EHPA.



Good practice -Medical record Iringa RRH

Feedback session with staffs of the RRH

## **CV on 5S- KAIZEN Activities has been Conducte**

### **Consultation Visit (CV) 2018**

Consultation visit 2018 started from September 2018; collaborating with 5S-KAIZEN National Facilitators. As of 20<sup>th</sup> October, CV teams already visited 21 RRHs. Thank you very much for RRH's active participation in the CV respectively!!

#### **1) "Non-scoring" Consultation Visit**

As you may be aware, in this time CV, the CV teams observed a progress of 5S-KAIZEN activities at each RRHs, however, the team did not make score on the standardized M&E check sheet; because RRHMP and National Facilitators really hoped to assist RRHs to concentrate on identifying the underlying bottlenecks of their challenges in Quality Improvement and resource management, and their own effective countermeasures by using 5S-KAIZEN activities (instead of being obsessed by "M&E

scores”). Certainly, “scoring” has many advantages such as easy to understand a progress of 5S-KAIZEN by visualization and numerical data, easy to standardize quality/level of scoring regardless of differences of evaluator’s competency etc.

Actually, according to the observation by the CV teams, this change is bringing many positive effects such as:

- ✧ Promoting HCWs to try to look straight at own problem
- ✧ Facilitating constructive discussion
- ✧ Increasing interests to 5S-KAIZEN among hospital staff etc.

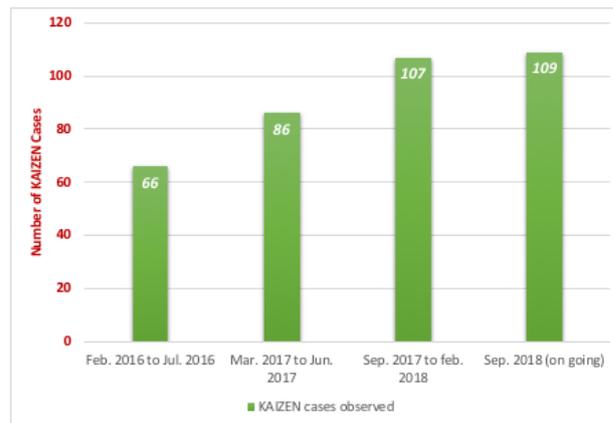


CV team with Morogoro RRH

This change does not mean that the standardized M&E tool will not be used in the future; indubitably, RRHs need to use the standardized M&E tools especially during internal M&E for 5S-KAIZEN activities, which RRHs are required to attach the results to each QPR.

## 2) Current Progress of KAIZEN Activities

Although this time CV is still on going, RRHMP would like to share the current implementation progress of KAIZEN activities with you as following table shows chronological changes in a number of KAIZEN cases since 2016:



*It is clearly observed that the number of KAIZEN cases is gradually increased among RRHs!! Please continue to improve quality of healthcare services and resource management in your hospital!!*

## Message from Regional Health Services Coordinator

Habari zenu! It is a pleasure to be part of the team that has achieved so much within such a short time. All these could not have realized had it not been the strong and united team working tirelessly to register all these. Please go through the External Hospital Performance Assessment findings and results that are already out to familiarize with the performance of each RRH and see what are the strengths, and what areas they still have challenges that they would need to address to improve quality of health services. We are still insisting on the application of 5S KAIZEN to solve most of the challenges recurring at the working environment without incurring costs. As it has been noted increase in a number of KAIZEN activities goes hand in hand with the improvement in the quality of services provided. Please go through the newspaper and we expect you will anxiously be waiting the next volume to see some more achievements.

