CASE STUDY

A Fast Turn-around for Mengo Hospital: Improving the Quality of Safe Male Circumcision Services

In December 2012, an external quality audit of the Safe Male Circumcision (SMC) program at Mengo Hospital in Kampala, Uganda, found multiple gaps in compliance with Ministry of Health (MoH) quality standards and recommended that SMC services be temporarily suspended until the issues of concern could be resolved. This case study describes how the hospital's SMC quality improvement (QI) team took quick action to address the performance gaps with support from coaches from the Inter-religious Council of Uganda (IRCU) and the USAID ASSIST Project. Mengo Hospital was able to increase compliance with MoH quality standards in critical areas like surgical procedure and infection prevention from 64% and 69%, respectively, to 100% in less than five months. The SMC improvement work in Mengo Hospital is supported by the United States Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR).

Background

Uganda is among the 13 sub-Saharan countries implementing Safe Male Circumcision (SMC) services to prevent HIV infection. Uganda aims to circumcise 80% of males aged 15 to 49 years between 2011 and 2015. The number of circumcisions required to reach this target in Uganda is over 4 million, posing a huge challenge for the health system to rapidly scale up this service.

In 2010, the Uganda Ministry of Health adopted the National Safe Male Circumcision Policy, which emphasizes SMC as part of the national comprehensive HIV prevention strategy. The policy recommends voluntary SMC for all men and makes the service available through the public health system.

Mengo Hospital is a private-not-for profit hospital based in Kampala that is supported by PEPFAR through implementing partner Inter-Religious Council of Uganda. The hospital began offering SMC one day a week beginning in August 2010.

Mengo Hospital QI Team Members

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In early December 2012, as part of a global safety and quality assurance effort to support countries implementing SMC, PEPFAR conducted an External Quality Assessment (EQA) at Mengo Hospital. The EQA revealed multiple gaps in performance and quality of SMC services offered at the facility. As a result of these gaps identified, the PEPFAR EQA team recommended that SMC services at the hospital be suspended until the issues were solved.

Taking Steps to Improve SMC Care

To support facilities like Mengo Hospital to address these quality gaps, USAID asked the Applying Science to Strengthen and Improve Systems (USAID ASSIST) Project to provide technical support to the

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MoH and implementing partners to improve quality and safety of HIV prevention, treatment and care in Uganda, including SMC services. In partnership with the MoH and IRCU, USAID ASSIST began working with Mengo Hospital to mobilize a quality improvement team to look in more depth at the hospital's care process and identify actions to allow the site to resume SMC services.

Coaches from the MoH, USAID ASSIST, and IRCU visited Mengo Hospital in late December 2012 to help the hospital mobilize an SMC quality improvement team and develop a quality improvement action plan. In January 2013, an onsite orientation to quality improvement was conducted to build capacity of the hospital QI team to identify and bridge the gaps. Coaches from ASSIST and IRCU worked with the team to conduct an in-depth baseline assessment of how the hospital fared on a series of indicators measuring seven areas of service quality.

From the baseline findings, the hospital QI team decided to first work on these two gaps:

1) The hospital did not have enough reusable surgical kits. The hospital had 25 kits but was seeing an average of 50 clients per service day. Moreover, some of the kits were incomplete, missing basic items such as stitch scissors and needle holders.
2) Lack of guidelines for how to manage emergencies in surgery and and lack of basic supplies like 50% dextrose.

EQA Results

The evaluation team recommended that SMC service delivery should stop temporarily mainly because the hospital was putting children below 10 years under sedation. The EQA report noted: *"Attention to safety (emergency supplies, equipment and training) and adherence to the minimum package for SMC for HIV prevention (syndromic management of STIs, opt-out for HIV testing prior to surgery) are required immediately before service delivery is re-started."*

The HIV Counselling Program Manager at Mengo noted, "*The counsellor offering individual counselling admitted to hurriedly going through the post test counselling messages and was mainly focusing on HIV test results. She was not recapping the advantages/ benefits of SMC to the client because she was worried about the long waiting time for the whole SMC exercise. After the QI training, the counsellor was able to develop and use a checklist to guide her during the post test counselling session; she noted that there were a lot of issues that are not clear to the SMC clients during the group health education which she had to address in the individual session. She has also learnt that sometimes she may forget some key talking points and that's why it's important to stick to the checklist, however experienced she may be."*

Based on the MoH guidelines, the team developed instructions on emergency procedures and posted them in the operating room for easy reference. With the need clearly identified, IRCU agreed to support the hospital with more SMC kits and to replenish the missing items for existing kits. The team developed a detailed action plan that highlighted the specific person responsible for carrying out a task and the date by which this should be done.

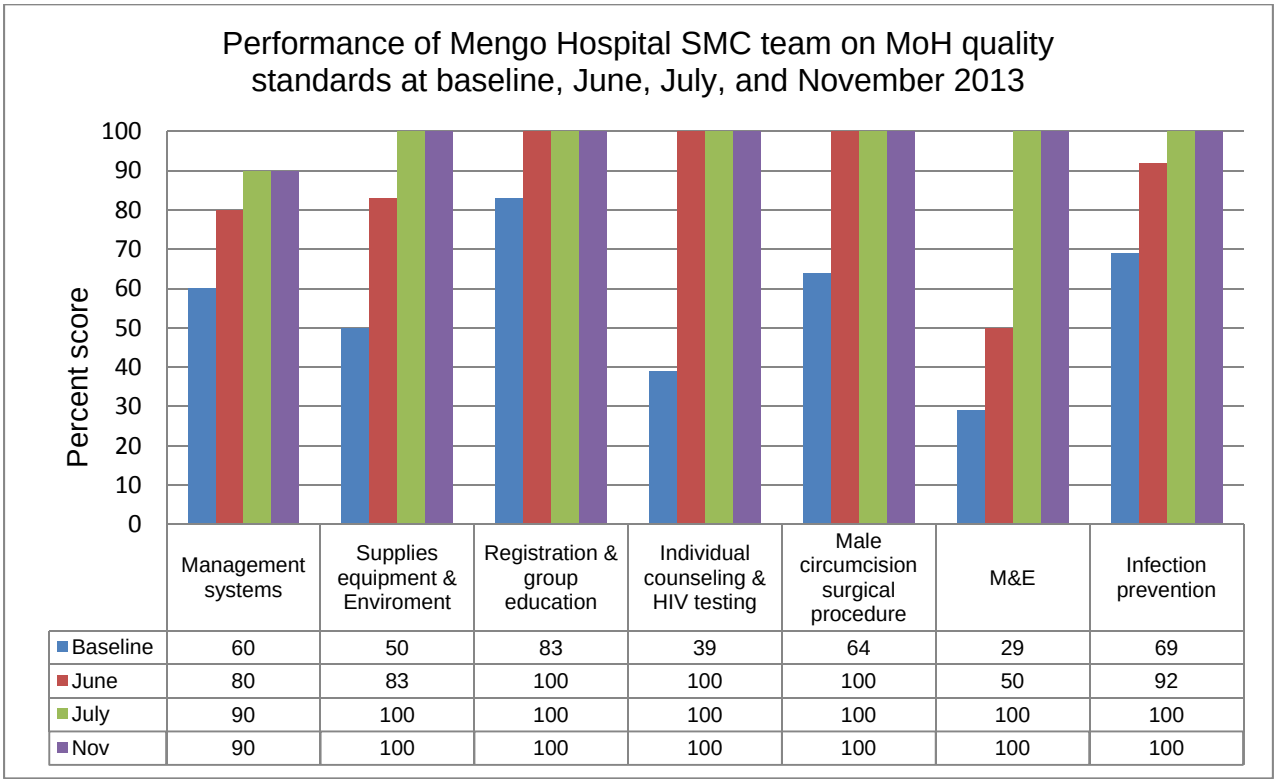
The Mengo Hospital team continued to get monthly onsite coaching visits from the USAID ASSIST and IRCU staff to support the ongoing SMC improvement work. In May 2013 the Mengo Hospital QI team attended a more detailed, three-day training in quality improvement where they further improved their skills in SMC work and had the opportunity to talk with teams from other facilities that were also trying to improve SMC services.

USAID ASSIST and IRCU coaches conducted a coaching visit to the hospital in mid-May to review progress made and provide on-going support. The team continued to make changes to improve SMC care, including:

- Segregation of clients during group education according to the age group: Clients aged 16 years and above were separated from the 12-15 year olds and given age-appropriate information.
- A written HIV testing consent form for SMC clients was developed and adopted at all counseling sessions. Later, the national MoH consent form was introduced to the site.

- The circumcision clients' form was modified to capture clients' weight, blood pressure (pre and post operation), intra-operation events, and post-operation follow-up.
- Installed curtains in the operation rooms to improve privacy during the procedure.
- Prepared the emergency tray and invited the hospital anaestheologist to conduct a continuing medical education (CME) session on emergency preparedness.
- Created a post-operative room to offer the immediate post-operative care.
- Instituted in place the proper documentation tools for data capture.

The QI team conducted repeat assessments of their own compliance with MoH guidelines in June, July, and November and found they had improved dramatically in all seven areas of the standards, as seen in the figure below.



	Management systems	Supplies equipment & Enviroment	Registration & group education	Individual counseling & HIV testing	Male circumcision surgical procedure	M&E	Infection prevention
Baseline	60	50	83	39	64	29	69
June	80	83	100	100	100	50	92
July	90	100	100	100	100	100	100
Nov	90	100	100	100	100	100	100

How the Mengo SMC QI team achieved improvement

The QI team reported that the monthly onsite coaching and participation in quarterly learning sessions organized by USAID ASSIST were important to keep them focused and to expose them to ideas from other teams on how to improve SMC services. The creation of specific action plans that noted who was responsible to carrying out each action was useful in that it allowed for each and every task to be completed.

Team members acknowledged that at first, quality improvement was a new concept to most of them.

A new perspective on guidelines

"I never used to look at the penis to check for oozing and proper strapping of the penis onto the abdomen after circumcision and as a result, the numbers of patients with bleeding and hematomas returning in the immediate post operative period was high yet some of this could be handled before the client leaves the clinic. Through QI mentorship we have learnt that it's important to follow all the guidelines because they help to prevent problems."

-- Post Operative Nurse, Mengo Hospital

The Implementing Partner Perspective

"It gives IRCU great joy to see the success Mengo Hospital has registered in providing quality SMC services despite the gaps and challenges identified at the baseline assessment. The continuous QI mentorship, support and training that was conducted by ASSIST and involving IRCU at all stages has been an excellent learning experience that enabled us to internalise and adopt the QI approaches even beyond Mengo Hospital. Each site is quite unique but once the principles of QI are followed, it can create a positive change as demonstrated at Mengo Hospital.The mentorship and support has been continuous and allowed the actual implementors suggest and test solutions to see their results.The involvement of top leadership of both the Implementing Partner and the site as demonstrated by both IRCU and Mengo Hospital has been invaluable. Great thanks to USAID for the funds provided to facilitate the process and the USAID ASSIST Project for the QI technical support provided to IRCU. With the lessons learnt IRCU will continue to support Mengo Hospital and all other sites to improve the quality of services being provided to the clients."

-- Clinical Services Specialist, IRCU

Previously, the team was mainly paying attention to getting high numbers circumcised with less attention to quality of services provided. But with the concerted action, the team realized that safety and quality of SMC services could be improved within a short period of time. At the same time, the team recognized that some of the gaps they identified needed external support in order for them to be addressed.

Initially the facility QI team took the assessment to be a fault-finding exercise. However, the MoH, IRCU, and ASSIST coaches persisted in convincing them otherwise and to recognize that using data for improvement should never discourage them.

ASSIST staff noted that creating buy-in and support from the hospital leadership was also key to the success of the QI approach as demonstrated by Mengo hospital leadership team.

The active engagement of IRCU, the USAID implementing partner assigned to support Mengo Hospital, also contributed importantly to the improvement seen at Mengo. IRCU's support and facilitation encouraged the team to act on their QI plans.

About USAID ASSIST Technical Support in Safe Male Circumcision

USAID ASSIST was asked by USAID to provide technical support to Uganda MoH and implementing partners to improve quality and safety of SMC services in 29 fixed sites and 1 mobile van in 27 districts, working with 10 partners: Strengthening TB and HIV&AIDS Responses in East Central Uganda (STAR- EC), Strengthening TB and HIV&AIDS Responses in Eastern Uganda (STAR E), Strengthening TB and HIV&AIDS Responses in Southwestern Uganda (STAR SW), Northern Uganda Health Integration to Enhance Services (NUHITES), Strengthening Uganda's Systems for Treating AIDS Nationally (SUSTAIN), Inter Religious Council of Uganda (IRCU), RTI/ Uganda People's Defense Forces, Health Initiatives in the Private Sector (HIPS), Makerere University Walter Reed Project (MURWP), Supporting Public Sector workplaces to Expand Action and Responses against HIV/AIDS (SPEAR).

USAID ASSIST is providing phased support, starting with intensive support to the 30 sites involving direct activities with these sites and their partners to understand what needs to change to see measurable improvement in the quality of SMC services. Concurrently, light support is provided to the rest of the partner sites to guide duplication of activities at the 30 intensive sites. In April 2014, USAID ASSIST will scale up intense support to 50 sites (adding 20 new sites), and in May 2014, USAID ASSIST will support the MoH and partners to spread the SMC improvement lessons learnt at the first 30 sites to an additional 150 sites.