Collaboration | Multidisciplinary or Muddying the Water?

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A Criterion-Based Clinical Audit to Improve Provision of Quality Maternal Health Care Services in Uganda and Tanzania through North to South and South to South collaboration

Sharing Project’s highlights & Achievements in Uganda and Tanzania
The University of Manchester (UoM) and Lugina Africa Midwives Network (LAMRN) formally partnered in 2013 with the support of a THET multi-partnership grant (MCP 2.2).

The purpose of this partnership was to develop a thriving midwifery research network, to build research capacity and skills and improve evidence-based practice.

To date, The partnership has been instrumental in development of LAMRN institutional midwifery research capacity (including Clinical audit) in the six member countries (Kenya, Malawi, Tanzania, Uganda, Zambia, and Zimbabwe).
Background – Clinical audit

• **Clinical audit** is a quality improvement process that seeks to improve patient’s outcomes through systematic review of care against explicit criteria and the implementation of change.

• Based on the existing evidence, LAMRN in partnership with UoM, Audit teams were identified to carry out midwifery-led assessments on care being offered in various maternal health conditions.

• A series of training programs alongside mentoring were implemented to ensure well completed seven audit projects in both Uganda and Tanzania.
Objectives

• To roll out and sustain effective clinical audit and feedback processes that would contribute to improvements in the provision of quality maternity care

• To support the initiation of clinical audits with midwives in Tanzania, through training and mentoring by the Ugandan and UK teams.

• To develop and implement clinical action-plans, based on audit findings and carry out a re-audit to assess improvements
Why Clinical Audit

• To date, the society is increasingly questioning the quality of care being offered and the basis of our professional decisions!
  - This shift in attitudes is shown in the current community pressure demands for improved care,
  - and the rise of complaints and legal challenges
  - The health workers yearning for improved skills
Methodology

• The forty eight (48) midwives from the seven (7) high volume health facilities in Uganda and Tanzania and over 200 additional health workers received facility based audit training.

• This was a retrospective criterion audit design.

• A purposive data collection was done from the hospital records so as to assess the provider performance gap against the set standards.
Methodology Cont..

- Supportive partnership mentorship programs – (Dr Weeks’ six steps)
- Protocol development and action plans
- Identification of E/B guidelines
- The why-why analysis
- Stakeholder’s total commitment & engagement
- Carry out a re-audit - to assess the performance gaps

Figure 1. The audit cycle

Weeks et al, 2010
General interventions

- Total support from Hospital management
- Training and through budding mentoring system by UK teams
- Emphasis on guidelines and protocols & Set standards
- Support supervision from the audit teams
- Paper presentations
- Publications

Stakeholder’s meeting being chaired by the Hosp. Director
Results:

• Findings demonstrated that most standards were infrequently met in most service areas

• **But..** when identified interventions were introduced, following a why-why analysis and the re-audit findings showed significant improvements in almost all the identified areas of service delivery.
Midwifery-Led clinical Audit Projects in Uganda well completed

1) A Criteria- based audit to improve the prevention and management of pre-eclampsia and eclampsia at Mukono H/C IV

2) A criteria based re-audit to improve Post-Natal Care within the First Six Hours at Jinja Regional Referral Hospital

3) A criterion based Audit to reduce the incidence of early onset neonatal sepsis in the Maternity Ward at China-Uganda Friendship Hospital-Naguru.

4) A criterion based re-audit of partograph initiation and completion at Mulago hospital, Kampala-Uganda
The Clinical Audit Projects- Tanzania

1) A Criterion Based Audit on partograph initiation and completion at Geita Hospital

2) A criterion based audit to improve use and documentation of partograph during labour at Nyerere designated district hospital

3) A criteria based audit to improve care of women with maternal conditions referred at Bugando Medical Center
Skill transfer - South – South collaboration

• With support from the UK Team, thru budding, & mentorship programs, Ugandan team was able to pass on Audit skills to the TZ audit Teams

Conducting Audit training in Tanzania
Sharing at the IDM Celebrations & Scientific Conferences of 2018 & 2019 and during Launch of Nursing Now Campaign – Jinja & Mbarara Districts
Lessons learned:

• Support from administration, staff involvement & commitment, setting realistic standards, personal involvement of members of the audit team, flexibility, monitoring and supervision were all found to be a key for effective audit outcomes.

• Initiation and maintenance of strong partnerships can enhance evidence base midwifery skills

• Therefore, the ongoing implementation of some of the evidence based interventions from the Still birth project will further enhance the provision of quality R/H services
Clinical Audit Learning and sharing Event

LAMRN CLINICAL AUDIT PROJECT LEARNING & SHARING EVENT
HELD AT FAIRWAY HOTEL KAMPALA-UGANDA 13TH NOV, 2018
Conclusion:

• Criterion-based audit is a feasible quality improvement strategy, and the identification of simple interventions can greatly contribute to the most remarkable improvements in targeted clinical areas, which is essential for provision quality evidence based care.
Research and audit have many similarities

- They both start with a question,
- both expect the answer to change or influence clinical practice,
- both require formal data collection on patients,
- and both depend on using an appropriate method and design to reach sound conclusions.
As the distinctions are blurred, why don’t we just lump ‘research’ & ‘audit’ together to make ‘readit’!!?
Challenges

• Shortage of manpower
• System bottlenecks
• Late reporting of mothers in labor or other R/H services
Acknowledgement

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- Directors, Stakeholders & Hospitals Managements
- LAMRN Volunteers

North-South Support
Thank you for your attention!!