



Pause and Progress: Reflections on digital partnerships, a case study from Maluti Adventist Hospital, Lesotho.

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Introduction

Events that unfolded globally during the Covid-19 pandemic were rapid and unpredictable, necessitating decisive emergency plans for global partnerships around the world. One partnership was Health Education England's "Improving Global Health (IGH) Fellowship", a 6-month programme linking National Health Service (NHS) staff to partner hospitals in resource poor settings, with projects focused on quality improvement (QI) and leadership. As borders closed in March 2020, the programme was suspended and fellows returned to the UK, many to frontline clinical roles.

A year later, in February 2021, a re-imagined fellowship was piloted to accommodate new limitations. A distance relationship was created with overseas partners, including Maluti Adventist Hospital (MAH) in Lesotho, and projects recommenced and led remotely by IGH Fellows via digital platforms.



Figure 2: Maluti Adventist Hospital

Digital Partnership Overview

The fellowship was undertaken part-time over 6 months alongside clinical work in the UK, with fellows working 1 day a week on IGH projects in collaboration with the MAH Quality Improvement team. Two previously established projects were recommenced ('Mali Matters' and 'My BP and Me', both commenced in 2019) and one new project (Early Warning Scores) was established.

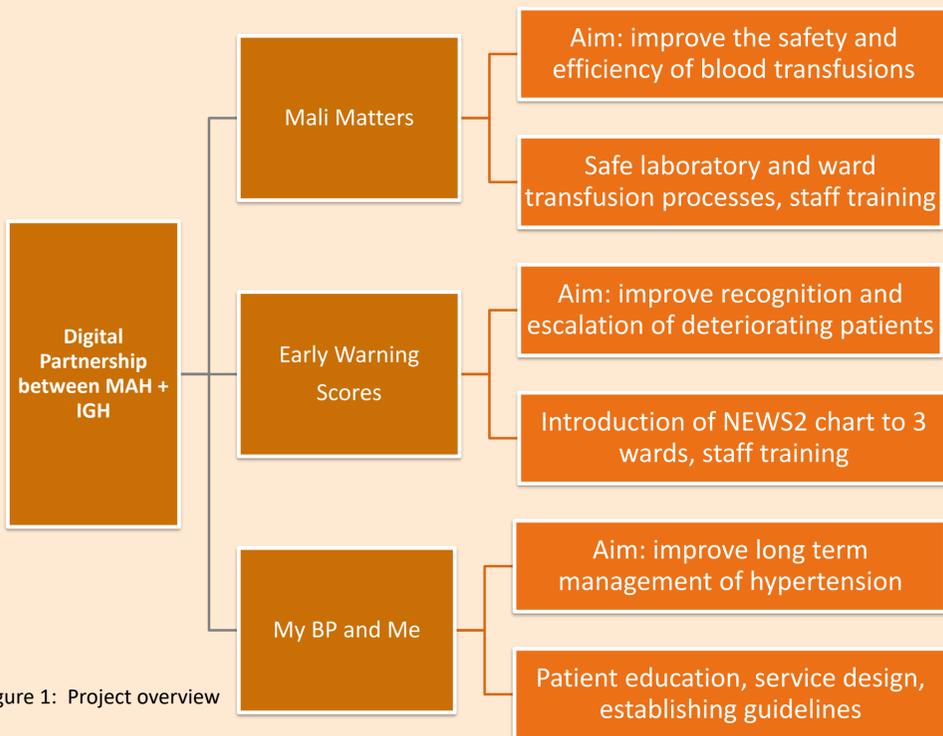


Figure 1: Project overview

Challenges

- MAH**
- **Staff turnover:** frequent staff turn over forms a barrier to moving to the next level of QI activities.
 - **Pressure on resources:** difficulty balancing highly committed staff and MAH's limited resources, with conflicting priorities. For example, unscheduled meetings and other MAH organizational activities meant staff couldn't attend teaching.
 - **Clinical workload:** multitasking for most staff poses a challenge when it comes to focusing on QI projects. Clients attended MAH in large numbers due to closure of other institutions because of Covid 19 challenges and lack of personnel, adequate equipment, strikes/go slows all result in high workload, meaning focus on QI projects is frequently diverted.
 - **IT:** unpredictable weather frequently interrupts the internet, and lack of local IT personnel makes it difficult to attend to technical issues in a timely manner.

- IGH Fellows**
- **Working patterns:** working one day a week proved challenging when working within busy schedules of local staff. Meetings and teaching sessions often had to be postponed due to medical emergencies or staff shortages on the wards.
 - **Internet connectivity:** reliance on WiFi and availability of IT devices was inconsistent, requiring meetings to be conducted on mobile phones or occasionally postponed or cancelled.
 - **Remoteness:** the inability to physically gather information and understanding on site posed possibly the biggest challenge, meaning Fellows had to build relationships via telephone calls and emails, and gain insight on hospital structures, processes and culture through conversations alone.

Opportunities

- MAH**
- **Empowerment:** This partnership has helped MAH staff to initiate improvements in their departments.
 - **Upskilling staff:** MAH staff have gained new knowledge, skills and insight of what Quality Improvement is. This partnership has shown the MAH QI team distinct methods they can use to make changes, and provides a unique lens through which they can do that.
 - **Inclusivity and teamworking:** Everyone involved in the process had the opportunity to spot potential improvements that others may have overlooked.
 - **Generating ongoing change:** MAH has grown to be a better place since we started with the QI projects, and through that we have attracted many clients from all corners of Lesotho. Other partners have been attracted to come and pilot their projects at MAH.

- IGH Fellows**
- **Local Ownership:** while not being present in MAH often felt like a challenging aspect of this partnership, remote leadership necessitated increased local staff involvement, ownership and choice in the direction of QI projects as described above. This is significant, as engagement with QI methodology had previously been a barrier to progress when QI was introduced at MAH in 2019.
 - **Sustainability:** increased ownership could allow more successful integration of these projects into MAH, with opportunities for more sustainable and long-lasting change. For example, changes to laboratory procedure as part of the Mali Matters project were locally developed, trialled and ultimately integrated into laboratory policy, much more successfully than other changes generated by external input from Fellows.
 - **Digital leadership skills:** Fellows gained a new and innovative leadership approach with increased digital literacy and applying leadership techniques when using digital platforms such as Microsoft Teams, Zoom and Whatsapp to find novel ways of communication in the face of IT barriers. This is particularly relevant and will continue to be so in an increasingly digital era which seems likely to continue beyond the pandemic.
 - **NHS:** working on QI projects alongside clinical roles in the UK allowed Fellows a unique opportunity to directly apply timely learning from new health systems, QI methodology and leadership to their clinical work within the NHS.

Conclusions

Despite limited time and digital resources, the ability and determination of local staff at MAH to establish an online partnership was remarkable. In the case of MAH, what started as a crisis response could, despite its difficulties, be the stimulus for the future success and sustainability of the partnership, with increased local ownership and engagement with QI. For local partners, QI served not only to improve patient care but also to aid motivation and strength as a team, with one local staff member stating, "I have learned a lot in the QI office and you guys gave me superlative motivation and support throughout my internship program. You also gave me opportunities to recognize small things that are happening in our healthcare industry that can affect the quality of patient care."

This demonstrates the unexpected opportunity that digital partnerships can represent and, despite their challenges, their ability to support and strengthen Global Health Partnerships.