



## Improving Quality Standards in the Nigerian Healthcare System

.....sharing healthcare best practices

# 2010 Conference Report July 6<sup>th</sup> 2010





## Conference Report

The Society for Quality in Healthcare in Nigeria held its 2nd conference at the Agip Hall, MUSON centre, Lagos on the 6<sup>th</sup> of July, 2010. As a follow up to the Society's successful maiden conference held on July 7<sup>th</sup> 2009 which highlighted the need for collaborative discussions on Quality in Healthcare, the Executive Board and Members of the Society unanimously agreed to hold annual conferences on varying topics focus on Quality in Healthcare in Nigeria.

This year's conference attracted over 180 individuals representing diverse stakeholder in the Nigeria Healthcare System, including medical practitioners, nurses, researchers, students, government delegates from both Federal and State Ministries of Health and 51 members of the Society. The conference provided a forum for selected speakers to share best practices within their institutions and the opportunity for lively debate on issues relating to healthcare quality. It also provided a library of information and contact persons for those looking to possibly adopt some of the practices showcased. The conference was organized into two scientific sessions with 6 key note presenters and 6 short paper presenters.

The Society is particularly grateful to the conference chairpersons, Dr. Mohammed Lecky, Director of Planning Federal Ministry of Health Abuja, Dr. Dudley Wang, Regional Medical Director Shell Petroleum Development Company and Dr. Sonny Kuku, the Chairman Management Board of University College Hospital, Ibadan for their moderation and analysis of the presented papers.

This objective of this year's conference was to

1. To showcase ongoing quality improvement efforts in Nigeria's Healthcare System
2. To engage all stake holders on how to institutionalize Quality in our healthcare facilities
3. Advocacy and membership drive for the Society for Quality in Healthcare in Nigeria

Welcome remarks were also given by Dr. Ngozi Onyia, the Chairperson of the conference organizing committee and Prof. E. A. Elebute, the founder and President of the Society. In his speech, Prof. Elebute noted that this year Nigeria will be celebrating 50 years of independence while the NHS in the UK is celebrating its 50<sup>th</sup> anniversary. He reminded the audience that at independence in 1960, Nigeria had a total of 200 doctors and the Minister for Health at the time was focused on improving access to healthcare for the Nigerian people by increasing the numbers of doctors in the country. In the 80s, Prof Olikoye Ransome-Kuti, the Minister for Health sought to improve access to healthcare by introducing the National Health Insurance. The time has come now to focus on improving access to healthcare by improving the quality of healthcare.

Mrs. Njide Ndili, the Secretary of the Society gave an overview of the activities organized by the Society in the last year. She also gave details on the capacity building seminars held for members of the society and noted that more seminars will be organized. The Society website [www.sqhn.org](http://www.sqhn.org) was also showcased as a very important tool for members to disseminate their papers and ongoing initiatives for feedback and a repository for information on healthcare.

The conference concluded with the 1<sup>st</sup> Annual General Meeting of the Society's members.



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## Scientific Session One

The 1st Scientific Session was Co-Chaired by Dr. Dudley Wang the Medical Director of Shell Nigeria and Dr. M. Lecky Director of Planning, Federal Ministry of Health, Abuja.

**Speaker 1:** Mr. Christopher Ente from Imperial College, London

**Topic:** Incorporating Patient Safety into the Nigerian Healthcare System: Who's Responsibility?

Mr. Ente started with a description of the patient safety practice journey in the United Kingdom from a clinical governance perspective and the framework through which NHS organisations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish. Clinical governance became important due to rising numbers of complaints and litigation, patients and carer's expectation, and increased media coverage of medical outcomes.



It was instituted to establishing a clear line of accountability, setting the risk management strategy and

implementing comprehensive programmes to improve quality of care using evidence-based medicine.

To institute clinical governance in the Nigerian Healthcare System, we need to understand where are we and where are we going. This requires a culture of openness, clarity of responsibility and accountability, effective performance monitoring, effective training and staff support and address ongoing quality issues. To accomplish this, the Nigerian Healthcare Organisations must have a "Memory" to enable recording and storing measurable assessment of care in Nigeria. Standard Operating Procedures and related documents must be developed, safeguards/Barrier analysis performed, including human action, administrative barriers and environmental design which may impact on quality of care.

Mr. Ente ended by noting that there is no "one size fits all" solution for a successful integration of patient safety practice in Nigerian healthcare system and healthcare professionals will play a leading role in driving patient safety in Nigeria. He suggested that the "Come and See" approach is a likely starting point using the opportunity offered by the SQHN and successful incorporation will lead to a dramatic and positive change in quality of care services.

### Profile:

**Christopher Ente** is a consultant in Patient Safety and the Science of healthcare improvement at Imperial College London and Director of Patient Safety and Quality Care for Africa (PASQUA). He graduated in Computer Science and Statistics from the University of Uyo and holds a Masters degree in Computer Network and Communication from the University of Westminster in England. As a result of his interest in healthcare particularly in the field of quality and safety improvement, he went on to study another Masters Degree programme in Quality and Safety in Healthcare at Imperial College London. His areas of expertise include healthcare risk management, clinical governance, clinical research, clinical audit, medical errors management, clinical incident investigation and prevention. For the past five years he has been working with various healthcare organisations including the Imperial College Healthcare NHS Trust and has been heavily involved in the development, implementation and maintenance of high quality and robust systems within these organisations to deliver the highest standards and first class care.

**Speaker 2: Dr. Richard Ajayi, Founder Bridge Clinic Lagos**

**Topic: Patient Safety in Assisted Conception**

Dr. Ajayi introduced his topic by saying that more patients in Nigeria are becoming aware of the importance of quality in healthcare delivery and this is supported by the millions individuals spend annually on healthcare abroad. In particular is the increase in IVF treatment cycles carried out on Nigerians abroad.



Rather than go abroad for IVF treatment, there are hospitals and healthcare institutions in Nigeria that can provide the same standard of treatment.

For instance there is the Bridge Clinic which uses the Human Fertilization and Embryology Authority (HFEA) guideline as a benchmark.

The Bridge clinic has a detailed process through which a patient is assessed, then goes through a process of system and outcome management which include clinical (enquiries, assessments and treatment) as well as non-clinical (andrology, embryology and cryopreservation) processes.

The Bridge Clinic has a Risk Assessment and prevention policy that has a hygiene and infection plan, as well as cutting edge state of the art facilities and services. Since 1999 when the Bridge Clinic was established to provide the same standards of IVF treatment as can be obtained abroad, till date, there has been a tremendous increase in the number of enquiries on the IVF Treatment.

**Profile:**

Dr Ajayi is an Obstetrics and Gynaecologist with an in depth knowledge in the management of infertility. He qualified with a distinction from the prestigious Kings College Hospital School of Medicine and Dentistry, University of London in 1988 and began his exposure in the management of infertility under the auspices of Professor Lord Winston at the at the Hammersmith Hospital, then Kings College Hospital and finally at Lewisham Hospital. He returned to Nigeria and set up The Bridge Clinic in 1996. Aside from being a Fellow of the Royal College of Obstetrics and Gynaecology (RCOG), Dr Ajayi is a member of several other foreign and local professional bodies including the European Society of Human Reproduction and Embryology (ESHRE), General Medical Council (GMC), International Association of Private Assisted Reproductive Technology Clinics and Laboratory (A PART), Institute of Ultrasound in Medicine, Society of Gynaecologists and Obstetricians of Nigeria (SOGON), Nigeria Medical Council (NMA), Guild of Medical Directors, Nigerian Fertility Society (NFS), Association of General and Private Medical Practitioners of Nigeria (AGPMPN). He is also fellow of the West African College of Surgeons (WACS). Besides running the day-to-day business of The Bridge Clinic, Dr Ajayi is also on the board of other organisations including Pathcare Nigeria, an ISO certified laboratory.

**Speaker 3:** Professor Folashade Ogunsola from Lagos University Teaching Hospital

**Topic:** Infection Control- An Overview

Professor Ogunsola started with a brief history of Infection Control explaining the Semmelweis Hand Hygiene intervention made it easily understood that hand antisepsis reduced the frequency of patient infection.



She went on to explain that Healthcare Associated Infections (HAI) are infections that were neither present nor incubating at the time the patient was admitted to the health care facility. The risk of this HAI is estimated to be about 25% in developing countries. It occurs in such forms as the amplification of outbreaks such as measles, diarrhea, ARD, VHF, TB Lassa, Hepatitis, HIV, TB, Viral Haemorrhagic fevers. Infection control refers to strategies that are built around core principles designed to protect healthcare providers, and the community from HAI. It usually involves issues of quality, risk management, clinical governance, health and safety. She identified routine practices to prevent HAI such as (1) risk reduction strategies such as cleaning of the environment, disinfection and sterilization of equipment, (2) risk assessments through the screening for infectious diseases, rash, diarrhea, excretions and secretions, fever respiratory symptoms, (3) education of healthcare providers regarding infection prevention and control strategies and communication between all sectors of healthcare to ensure for safety, and (4) minimizing exposure to body fluids and mucous membranes, use of personal protective equipment (PPE) such as Gloves

(sterile, non-sterile, utility), gowns and aprons, masks and goggles.

She also listed out 10 key elements at a glance that should be used as standard precautions. They are:

1. **Hand hygiene:** hands must be washed before and after direct patient contact
2. **Gloves:** must be removed after each use
3. **Facial protection** (eyes, nose and mouth): a surgical procedure mask, eye visor, goggles, and a shield should be worn to protect the face especially during activities that would likely generate splashes
4. **Gowns:** should be worn to protect the skin and prevent clothes from getting soiled.
5. **Prevention of injuries from sharp instruments:** care should be taken when handling sharp instruments and also when disposing of them.
6. **Respiratory hygiene and cough etiquette:** noses and mouths should be covered with tissues and masks when coughing or sneezing and these should be disposed of.
7. **Environmental cleaning:** frequently touched surfaces should be routinely cleaned and disinfected.
8. **Linens:** should be used to prevent skin exposures and clothes contamination.
9. **Waste disposal:** discard all single use items properly and ensure safe waste management
10. **Patient care equipment:** all soiled equipments should be cleaned and disinfected appropriately before use on another patient.

She further explained the difference between cleaning and disinfection as cleaning mechanically removes all dirt through the use of mild soap and water. Disinfection on the other hand destroys harmful infectious agents. Professor Ogunsola opined that a national programme be developed to support hospitals in reducing healthcare associated risks and infections. This should be consistent with other national healthcare objectives and should be able to effectively monitor healthcare practices as well as harmonize all programmes for healthcare professionals.

**Profile:**

Professor Ogunsola is a Consultant Clinical Microbiologist and Infection Control Committee Chair at the Lagos University Teaching Hospital in Lagos. She graduated from the University of Ife in 1982 with a medical degree and started off her career in private practice in 1985 working at a number of clinics including the Holy Trinity Hospital, Ikeja from where she moved to LUTH in 1990 to specialize in Clinical Microbiology. She obtained a Masters in Medical Microbiology with distinction in 1990 from the College of Medicine, University of Lagos and over the next 8 years became a fellow of both the National Postgraduate Medical College (Faculty of Pathology) and the West African College of Physicians (Laboratory medicine) by exam, got a diploma in Biomedical techniques and a Ph.D in Medical Microbiology from the College of Medicine University of Wales, Cardiff in 1998.



**Speaker 4: Dr. Segun Adeniji from Ampersand Logistics, UK**

**Topic: Patient Safety: Crossing the Quality Chasm the Technology Way.**

The main crux of patient Safety according to Dr. Adeniji are Clinical audits and error reporting, and this can only be accomplished by adequate documents management. He believes that document management makes error reporting and audits easy and spontaneous.

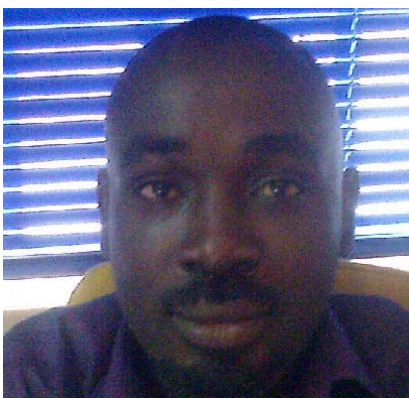
He states that there are 4 appropriate tools which made for ease in the entire process and they are:

1. The User: Hospital doctors are very interested in this whether or not they have prior knowledge of the computer.
2. The Tool: the Intelliform Clinical Data Entry System, which is used back end via a HWR Engine to capture real time information through the use of digital ink.
3. The Task: the essence is to evaluate the intelliform which is primarily the main essence of any medical practice. It involves patient clerking, consultation and follow up.
4. The Environment: the study was conducted in private hospitals with diverse patient population which served many patients.

After the study was conducted it was observed that the use of Intelliform was relatively easy and improved the accuracy (to about 97%) with which patient information was captured. It was noted that there were fewer prescription interpretations and transcribing errors reduced considerably. Most impressive of all was the fact that data availability and manipulation for epidemiological and administrative purposes recorded a 200% improvement as against the pen and paper method.

It was also observed that despite its portability, the Intelliform was not always used correctly. However, the study led to the conclusion that the adoption of the Intelliform would be the standard in the Medical Data Entry System and Document Management

In conclusion, Dr. Adeniji stated that using the Intelliform is efficient, makes for more accuracy, improves patient care and makes for practice audit possible.



**Profile:**

Adeniji Olusegun Samuel Graduated from Ladokpe Akintola University of Technology in 2002 with MB,BS having acquired Microsoft and Cisco Network Certification while still in school. He started as a medical officer working around a number of private hospitals around the country with bias in Cardiology, before taking up the position of System Architect with an IT firm.

He has been interested in the incursion of Information Technology into Clinical Practice with novel solutions and technology assimilation. Has carried out a number of studies on application of cutting edge technology in Patient management these include; smart cards, digital ink/pen, gprs/instant messaging in telemedicine, document management, intelligent character recognition, handwriting recognition and advanced form modeling.

**Speaker 5:** Dr. Christoph Hamelmann from FHI/GHAIN, Abuja

**Topic:** Infection Control and Prevention in Public Sector Hospitals in Nigeria: An Integrated Approach.

From Dr. Hamelmann's point of view, the current approach towards infection control and prevention in Nigeria is that individual disease programs handle vertical infection control activities, and there are many of these vertical guidelines and policies. The Integrated infection prevention and control on policy management will bring about improved efficiency and effectiveness. Basically there are five baseline facilities that enable the integrated model of Infection Prevention and Control (IPAC) to function effectively. They are:

1. Administrative measures of infection control. It includes: appropriate infrastructures, policies and guidelines, procurement and supplies, behavior change, staff capacity building.
2. Universal safety precautions. It includes: hand hygiene, use of Personal Protective Equipment (PPE), isolation precautions and safe handling of contaminated materials.
3. Blood and injection safety. It includes: use of voluntary non-remunerated blood donors, screening of all blood units thoroughly for HIV, Hepatitis B & C and Syphilis, procurement and supply of safe injection equipment, collaboration with NBTS, training and capacity building, advocacy and Strategic Behavioral Communication (SBC).
4. Healthcare waste management. This includes: waste minimization, policies and guidelines, staffing and staff capacity building, final treatment and disposal.
5. Control of TB and other airborne infections. This includes: making use of written policies and guidelines, use of PPE, purification and disinfection, natural and mechanical ventilation, proper design and use of space,

procurement and supplies, supportive supervision and monitoring.



Dr. Hamelmann recommended that funds should be allocated for comprehensive infection prevention and control. Also that the Healthcare workers need to adopt a positive change in infection control, and that the design, and maintenance of health facilities, as well as the provision of basic amenities be in line with IPAC Standards. He also stressed that a clear policy direction be instituted and easy to implement. He believes that regular monitoring and prompt corrective measures are very essential for a well coordinated process.

He concluded by saying that it is the responsibility of the government at all levels to provide effective and safe health services for the people, however it is the duty of all health professionals to be strong advocates for the prevention and control of infection, and this is urgently required.

**Profile:**

Christoph joined Family Health International Nigeria in July 2006 as Deputy Chief of Party, technical. In May 2007, he became Country Director of FHI Nigeria and Chief of Party for the Global HIV/AIDS Initiative Nigeria (GHAIN) which is the largest PEPFAR funded project worldwide. Christoph has studied medicine and economics in Germany, USA and UK. He earned his doctorate in molecular immunology and parasitological for which he received the Dr Martini Prize of the University of Hamburg for the best research work of young physicians. He holds various postgraduate degrees and certificates, in various areas of medicine including molecular biology (University of Hamburg and Bernhard Nocht Institute for Tropical Medicine, Germany), infectious diseases epidemiology (London School of Hygiene and Tropical Medicine LSHTM, UK) and health systems management (LSHTM). He was a recipient of several scholarships including a scholarship from the German Centre for Cancer Research (Heidelberg, headed by Professor Harald zur Hausen, Nobel Prize Winner 2008). Christoph became a consultant in Family Medicine before moving to the Imperial College London and the Wellcome Centre for the Epidemiology of Infectious Diseases under Professor Sir Roy Anderson.



**Speaker 6:** Dr. Taiwo Sonoiki from Pathcare Nigeria

**Topic:** Ensuring Quality Systems and Standards in Laboratory Services.

Dr. Sonoiki begins his presentation by stating that two-thirds of all medical diagnosis in developed countries are obtained from Laboratory reports, hence it is the duty of all laboratories to meet the needs of patients by ensuring proficiency in its systems. He continues by saying that the function of ISO 15189 in medical laboratory is to establish the same level of standards all over the world.

Sound Laboratories all over the world encompass the 5 Q's in their framework and these 5 Q's are: Quality assurance, Quality Control, Quality Improvement, Quality Indicator and Quality Systems.

Quality must never be compromised in Laboratories, hence the results obtained can be reliable, trusted and accepted worldwide.

He concluded by saying that all Nigerian medical laboratories need to embrace quality by adopting the ISO15189 which ensures accuracy of diagnosis, thus improving the efficiency of the healthcare system.

He also says that “quality will be remembered long after price is forgotten”



**Profile:**

Born in June 1980, Dr. Taiwo Sonoiki claims to have been fascinated by the aura of professionals in white coats so he knew he was destined to be a medical doctor. He attended primary and secondary schools in Lagos, Nigeria and proceeded to the University of Lagos to study Medicine and Surgery, graduating with honours in 2005. After a 3 year stint in clinical practice and having had a “hands-on” experience of the challenges in the Nigerian health sector, an enormous desire to effect changes in the industry was ignited. This desire led him to attend the prestigious Imperial College London in 2008, graduating with an MSc International Health Management. He has since joined The Bridge Health Care Company where he holds the position of Business Manager for PathCare Lagos, Abuja and Northern Nigeria. Dr. Sonoiki’s dream is to “bridge the chasm existing within the health care sector in Nigeria” and he hopes to achieve this by applying the managerial experiences harnessed from the private sector and subsequently lending it to the public sector. He is an ardent philanthropist and a member of Ilupeju Lions Club for the past 15 years. He is married to Dr. Adebola Sonoiki, a dentist.



**Speaker 7: Dr. Hasheem Saidu from NNPC**

**Topic: Implementing Quality Healthcare in NNPC Medical Division: A Case Study of Lagos Medical Zone.**

Dr. Saidu begins by saying that the idea of Quality was borrowed from the manufacturing industry with the view of reducing errors. However, there was initial resistance because the relationship between patient and doctors was confidential and sacred, and a challenge to this hierarchy was unacceptable. Currently there is a new and better understanding of quality as it has helped to reduce errors in the medical field.

Quality in healthcare was embraced because it enabled the management to be patient-centered, enables clients to get enlightened and have value for their money, as well as institutes a standard of medical services.



He goes ahead to define Quality as “doing the right thing, at the right time, for the right person, and having the best possible result”. He gives 6 characteristics of quality to be: safe, effective, patient-centered, timely, efficient, and equitable.

He gave the strategies for ensuring healthcare and some of them include:

- Patient Assessment Instrument (PAI): includes documentation, Quality indicators, care plan, minimum data set, monitoring and evaluation, which is also quality assurance.
- Medical Information Management System (Medistem): It entails Dispensary, consulting, medical administration, drug & non-drug store management, electronic patient records.
- Work hard Experience: it entails service excellence, the “customer-is-king” attitude, and delighting clients.
- NNPC Organizational Structure: entails supervision along professional lines, establishment of accountability and the training, skill development and peer review.

Dr. Saidu went on to give practical examples of the experience NNPC had with PAI Audits as well as their findings. In compliance with the audit findings, NNPC currently tracks drugs for in-patients by the pharmacy on a daily basis; has instituted an infection control team; the establishment of hand hygiene protocols and installation of disposable towels and hand dryers; first aid training for all clinical assistants and drivers.

He states that this has not been as easy as there have been challenges with the attitude of staff as well as the knowledge and skill level. However, he says that there is an effective monitoring system which focuses on incidents for corrective purposes, and that there are weekly clinical meetings and trainings for staff to improve their knowledge as well as skill development.

**Profile:**

Dr. Saidu is currently the Manager of Lagos Medical Zone of Nigerian National Petroleum Corporation, NNPC. A graduate of Ahmadu Bello University Zaria, he qualified in 1981 as a medical doctor. He subsequently obtained a Masters degree in Business Administration from the Ahmadu Bello University, Zaria in 1994. He also obtained a Postgraduate Certificate in Occupational Medicine Aberdeen Scotland in 1995. He has also attended several leadership courses.

**Speaker 8: Professor Emmanuel Otolorin from JHPIEGO Nigeria**

**Topic:** Using the Standard Based Management and Recognition Approach to Improve the Quality of Care and Malaria Control in Pregnancy in Akwa Ibom State.

Professor Otolorin began his presentation by saying that JHPIEGO, with the support of Exxon Mobil Foundation is working in Akwa Ibom State to reduce the burden of malaria in pregnant women through a two-pronged approach of improving the Quality of Antenatal Care (ANC) and community involvement through Community Directed Intervention (CDI).

A project design and partnership concept was designed to ensure that the developed malaria in pregnancy (MIP) performance standards was implemented. This also necessitated the training, mobilization and supervision of staff as well as a system of feedback, records and referrals.

Professor Otolorin said that Standards based management and recognition is a collaborative process which involves assessments that are both internal and external and which lead to action plans and measurable progress. There are however persistent gaps such as: stock-out of anti-malarial drugs, lack of RDTs and supplies to perform tests, lack of water, lack of culturally appropriate posters and EC materials.

He concluded by saying that the quality of malaria in pregnancy control has improved a lot with the introduction of the standard based management and recognition process.



**Profile:**

Prof. Emmanuel 'Dipo Otolorin is JHPIEGO's Country Director in Nigeria, the ACCESS Chief of Party and also a Senior Regional Technical Adviser. He has over thirty years experience in health care delivery, including over 20 years consulting and/or full-time experience in international development. Prof. Otolorin has provided Reproductive Health and HIV/AIDS technical assistance to developing countries in sub-Saharan Africa, the Caribbean and Asia as well as local, state and federal agencies in Nigeria. Other skills include providing technical support for performance and quality improvement in clinical and community based reproductive health and HIV/AIDS services, capacity building for supportive supervision, hospital management, leadership and administration, research and evaluation. Prof Otolorin also has experience in fostering collaborations among community leaders, health care providers, and government agencies to help meet program implementation goals and objectives. Other skills include providing technical support for performance and quality improvement in clinical and community based reproductive health and HIV/AIDS services, capacity building for supportive supervision, hospital management, leadership and administration, research and evaluation.

**Speaker 9: Dr. Bosede Afolabi from Dept. of OB/GYN, LUTH**

**Topic: The Role of Evidence Based Medicine in Clinical Quality Assurance.**

Evidence Based Medicine can be defined, according to Dr. Afolabi as “practicing healthcare based on real evidence”. It is the integration of clinical expertise with available evidence from research, and the essence is to ensure that all evidence is sought and systematically examined, quantified and used to make good decisions in healthcare practices.

She noted that previously, the source of knowledge was expert opinion and research was marginal to practice. Doctors made do with information that was mostly in their heads, and medical care was assumed to be beneficial and the organizational model was hierarchical. Patients did not have easy access to the knowledge of doctors as the doctors were the “smartest”. However what exists now, based on the Evidence Based Medicine is a system where the source of knowledge is the systematic review of evidence, where research and practice go together, and doctors use information tools constantly where there is widespread recognition that the balance between doing good and harm is fine, and everything is done based on evidence. Patients have easy access to evidence as much as the doctors, and often the patient is smarter.

Dr. Afolabi believes that the systematic review establishes researchable question, identifies and considers all available evidence, uses an explicit process to identify and combine evidence, justifies all studies and interprets the evidence as it is applicable to the population of interest. Evidence based medicine has the best possible effect in clinical effectiveness as it makes use of the most effective drug available, which in turn will be used in a shorter time frame while also saving money.

She also states that there are quite a number of drawbacks as evidence is not always reliable, and available, and when this happens, one should make use of the next best evidence. Also, a huge amount of information is involved, and there is neither the time nor competent skills to handle

this. Also, it requires good IT skills as this is very essential, and experts are afraid of not knowing.

On clinical quality, she noted that it is the practice of medicine in the most efficacious least side-effects and complications, and cost effective way possible. It involves clinical governance, quality assurance and quality control. There are 6 components of Clinical Quality and they are: Effectiveness, Efficiency, Accessibility, Patient centered, Equity and safety.



She says Evidence Based medicine and Clinical Quality are very compatible but are not so mostly due to lack of awareness, inertia in putting it into practice as well as environmental limitations. To move forward we would need to increase awareness of evidence based medicine, devise a strategy for individual institution of the EBM, diagnose the current situation and set goals, develop an action plan and strategy, evaluate and monitor.

She posits that this can happen if we lay down simple protocols and procedures as well as guidelines for specific conditions and ensure that these guidelines are used. Also guidelines should be reviewed regularly as evidence keeps changing. Motivation of staff to improve their attitude and morale is also very essential.

**Profile:**

Dr Bosede Afolabi is a Consultant Obstetrician & Gynaecologist and Senior Lecturer at the College of Medicine, University of Lagos/ Lagos University Teaching Hospital, Idi-Araba, Lagos. As an academician, one of her areas of expertise is in Evidence-based Medicine. She is the author of 3 Cochrane systematic reviews and has given many lectures on EBM and systematic review development. Dr Afolabi believes that the active application of EBM to all aspects of clinical practice is essential for the improvement of the Nigerian healthcare system.



**Speaker 10: Dr. Nnamdi Nwogwugwu from BPS Healthcare (UK) Ltd.**

**Topic: In Pursuit of Quality: Integrating Clinical Audit into everyday Clinical Practice.**

Dr. Nwogwugwu gave a brief definition of Clinical Audit as a process that seeks to improve patient care through systematic review of care against the explicit criteria and the implementation of change. His evidence base for the review were the: National Centre for Clinical Audit (NCCA) and all research for publication from 1975-1996 that relate to evidence from clinical audit; online search; evidence from colleagues working in the NHS, and authors with clinical audit experience in the UK.

He believes that the audit process works by identifying the problem, defining the standards and criteria, data collection, comparison of performance with criteria and change implementation. It also fails because of poor management of the audit process, a lack of commitment to the recommendations that would bring about such change.

Dr. Nwogwugwu concludes by saying that clinical audit has become a part of everyday practice in the UK as it is now used routinely by all practitioners (nurses, doctors and pharmacists). It is used because it improves the quality of healthcare delivery and can be integrated into the Nigerian Healthcare delivery system by empowering a Quality Health regulatory body to set standards, train and supervise the audit process at the national level. Also the creation of the appropriate local environment in the different health systems which basically is the training of staff.



**Profile:**

Dr. Nnamdi Nwogwugwu is the Medical Director/ CEO of Bps Healthcare (UK) Ltd, which provides Health Management Consultancy, Clinical and Medico-legal services to different health providers in the UK. He holds a MD from the Rostov State Medical University in Rostov-on-Don, Russia and he is also a Member of the Royal College of Psychiatrists. Prior to relocating to the UK in 2003, Dr Nwogwugwu worked as a Primary Care Physician in Nigeria for about 8 years. Bps Healthcare (Nig) has recently opened up a Health Management Consultancy in Lagos, Nigeria.

**Speaker 11: Dr. Elizabeth Disu from Dept. of Neonatology, LASU**

**Topic: Challenges of Neonatal Care in Nigeria: what solutions for child Survival.**

Dr. Disu noted that Nigeria is the most populous country in Africa with about 148 million people (2007 UNICEF MICS), blessed with natural resources. However, the level of poverty is widespread and this affects the affordability of healthcare and the quality, where available is sort of rudimentary as there is insufficient government investment in public healthcare. In 2007, there were about 6 million births recorded and most of them in unorthodox facilities. In fact babies only get to hospitals after irreparable damage may have occurred.

She goes on to state that Nigeria accommodates the highest number of neonatal deaths (about 284,000 newborns die annually at an average rate of 700 per day) in Africa and ranks third in the world, after China and India. Unfortunately not only babies, but also their mothers are also dying. The maternal mortality rate is given at 800/100,000 and this indicates that there is high risk of a child dying if the mother does not survive. In Nigeria, a woman's chance of dying from pregnancy and childbirth is 1 in 13; infant mortality rate is given at 75 per 1,000 births; neonatal mortality rate is given as 40 per 1,000 births. Overall, the under-five mortality rate is given as 157 deaths per 1,000 births.

Nigeria needs to reduce the under-five mortality rate by at least 10% per year to meet up with the Millennium Development Goal No. 4. (reduction of infant mortality rate). Dr. Disu explained that the factors that contribute to high maternal and infant mortality rate in Nigeria are lack of antenatal care, low proportion of deliveries are attended by skilled persons, delays in treatment of complications from pregnancy, low maternal education level, poverty, adverse cultural practices. Statistics show that neonates are dying of infection (22%), diarrhea (4%), tetanus (8%), congenital (7%), preterm (25%), Asphyxia (26%) and other causes (8%). The challenges of Neonatal care are enormous and some of them include poor facilities for neonatal

intensive care; late presentations from public health education, inadequate bed space, staffing, and facilities to meet demand, poorly paid and motivated staff.

Interventions from external sources:

- The Lagos State Government has made meaningful improvement in Healthcare in Lagos state, particularly in the last 5 years. It has invested in new infrastructure and supplied modern laboratory and diagnostic equipment. Also worthy of mention are the Kwara State Government as well as the Delta State Government.
- Integrated Maternal Newborn Child Health (IMNCH). It aims to scale up the maternal and neonatal interventions as well as reduce maternal and neonatal mortality.
- Essential Newborn Care (ENC)
- Kangaroo mother care



Although these programmes are laudable, there are either slow or not yet implemented or are not wide spread. It is impossible to see changes until the implementation of these programmes begins to take place.

Finally, she recommended that policies as well as foreign aid/intervention that will strengthen primary healthcare and make funds available should be encouraged.

**Profile:**

Dr. Elizabeth Disu studied Medicine at the University of Jos graduating in June 1982. Postgraduate studies were in Lagos and London. A Fellow of the West African College of Physician in the Faculty of Paediatrics and an MSc holder in Public Health for Developing Countries from the London School of Hygiene and Tropical Medicine as a Chevening Scholar. Dr Disu has worked mainly in the public sector. A paediatric consultant for 13 years now; became a chief consultant at the Lagos State University Teaching Hospital before becoming a lecturer at the Lagos University College of Medicine where she is currently a senior lecturer and Head of Department and still an honorary consultant in the hospital. She is currently, National Co-ordinator for the NRP project of the Paediatric Association of Nigeria and she is also the Focal Person for Paediatric HIV in LASUTH. She has authored and co-authored several articles in scientific journals.

**Speaker 12: Dr. Shola Adeyemi from Statsxperts International Consulting Limited**

**Topic: Measuring Health System Performance in Delivering Quality Care: An Approach Based on Hospital Length of Stay.**

Dr. Adeyemi started by saying that Length of Stay was very important as it made for effective and efficient patient and hospital management. It is very necessary as it determines the most efficient and effective organization for the delivery of care while maximizing the quality of service at a limited cost.

Length of stay basically considers the moment the patient is admitted to the service of Quality [which has external indicators(patient satisfaction) as well as internal indicators (workload balance, quality requirements, optimization of resource use)] and service cost. Service cost considers the fixed and variable investment spent on healthcare delivery, transportation and time to the point the patient is discharged. The sole purpose is to maximize quality care and minimize cost through the use of better outcomes and fewer resources.

Dr. Adeyemi concludes by saying that Healthcare is a complex system with attending questions that requires optimal solutions for accurate decision making. These optimal solutions require techniques from experienced experts due to their complicated nature.



**Profile:**

Shola Adeyemi is the Global Lead of StatsXperts International, a health service research and management consulting company based in Nigeria. He received a first degree in Statistics from the University of Ibadan, Nigeria and an M.Sc. from the Obafemi Awolowo University, Ile-Ife also in Nigeria where he was also a Lecturer in undergraduate mathematics and statistics. He worked at the Statistical Science Group of the Los Alamos National Laboratory US as a Staff Research Assistant developing novel statistical models for damage detection in civil engineering structures. Shola was a pre-doctoral student at the Katholieke Universiteit, Leuven Belgium, where he worked in psychometrics on a project “Differential Item Functioning (DIF) detection in a Recruitment test”, before proceeding to the University of Westminster for his PhD in Health Services and Social Care Modelling. He is a trained statistician, with the expertise to turn data into meaningful information to help optimize situations in any kind of business. He consults for pharmaceutical companies providing statistical support into diagnostics and at all levels of drug development, and for Local Councils, PCTs on health service re-design, performance evaluation among many consulting roles. He is a Visiting Researcher at the University of Westminster, London.



## OBSERVATIONS AND RECOMMENDATIONS

The following observations and recommendations were made during the scientific session.

1. Major gains cannot be made in incorporating patient safety into the healthcare system without governmental involvement and legislation.
2. There is need to increase the awareness of quality and patient safety in Nigeria.
3. Data must be collected on the medical errors so that the Nigerian government officials and the public can objectively understand the enormity of the problem as has been done in other countries.
4. Patient safety should be incorporated into medical students and medical residents training.
5. There is an awareness and actual practice of quality assurance and patient safety in the private and corporate health institutions.
6. There is also an awareness in very few public health institutions which is well below expectations.
7. Clinical Audit should be integrated into everyday clinical practice as a means of improving healthcare quality.
8. The use of evidence based medicine (EBM) appropriately and consistently is another means of assuring clinical quality.
9. Efforts must be made to ensure all aspects of medical practice are involved in the drive for quality and patient safety.
10. The development and use of standard operating procedures and related documents must be encouraged as a way of assuring quality in healthcare.
11. Infection control policies must be developed for use in Nigeria.
12. The infection control policies developed should be harmonised with the existing documents.
13. Hospitals should be encouraged to have infection control committees.
14. The society and individual hospitals and organisations should have 'champions' that will push the agenda of quality and patient safety.
15. The governments need to provide Neonatal Intensive Care Units all over the country as a means to improving the survival of the under 5s and as a means of meeting the MDGs.