

RESULTS OF THE PUBLIC-PRIVATE COLLABORATION IN SUPPORT SUPERVISION

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Introduction

- The Professional Councils (UMDPC, AHPC and UNMC) have a mandate to inspect and supervise private health units.
- Together with UHF, they planned and did joint inspection and supervision of the private health units in the KMP area from 24th to 28th April 2023

Objectives of the Activity

1. To assess the compliance of the health professionals and the private health facilities to the regulatory requirements
2. To pilot the Self-Regulatory Quality Improvement System+ (SQIS+) tool.
3. Assess the quality of healthcare services delivered in private health facilities and determine the level of compliance of private health facilities with regulatory requirements.
4. To establish the feasibility of joint supervisions by the joint councils

Activities done

- a) Conducted guided supervision visits within the health facilities
- b) Conducted face to face interviews with individual staff and Facility In-charges with guidance of SQIS+ tool.
- c) Reviewed different facility documents such as patient files, patient registers, MOH and facility developed guidelines and policies.
- d) Conducted debrief sessions in all the facilities visited with the aim of sharing support supervision findings, recommendations and guided the facility staff on how to improve on the key areas identified.

General Findings

- 96 health facilities were inspected
- Facilities operating illegally without a license, unlicensed staff and others with Non-qualified staff
- Absentee supervisors
- Poor waste Management
- No IPC services and equipment
- Poor infrastructure with limited space









Findings Cont'd

- Poor infrastructural development and with limited space
- No HMIS registers
- Lack of basic equipment and supplies
- Government drugs found in a clinic
- No 5S philosophy in practice

Findings Cont'd

- Poor keeping of medical notes and investigation results
- Most workers were ignorant about the SQIS tool
- Most facilities were understaffed
- Some facilities are using different names from those they registered

Findings Cont'd

- Practicing outside the scope e.g. nurses acting as doctors
- Most health workers are practicing without licenses under the disguise of their delayed documents
- Irrational drug use especially antibiotics

Challenges

- High number of private health units making inspection and supervision insufficient
- Shortage of resources needed to do inspection and supervision
- Refusal by some facilities to be inspected
- Difficulty in closing health units that are below minimum standards
- Closed Facilities remain open

Recommendations

- Regular joint inspection at-least once a quarter and also scale it up-to other regions
- Need to come up with standards of categorizing the private health facilities by level i.e. distinguishing a clinic and the services to be offered at its level from a medical center and a hospital

Recommendations cont'd

- SQIS tool to be implemented at all levels of care and encourage the facilities to have self assessment so as to improve quality of care.
- Supervising doctors to write commitment letter before giving out a license to a facility and also orient them on the consequences of not supervising the facility they committed to supervise.

Recommendations Cont'd

- Regular monitoring and mentorship at these facilities, closure shouldn't be the only solution
- The unqualified staff should be handled over to the police
- Need to establish a follow-up team
- Need to enforce closure of the substandard health facilities with help of police and OAG



THANK YOU FOR LISTENING

QUESTIONS??