Advancing Quality Improvement in Surgical Capacity in Kenya: Development of the Kenya Hospital Assessment tool (K-HAT)

Jaymie Ang Henry, MD, MPH, SriGita Krishna Madiraju, MD, Patrick Mwai, BA, Estella Waiguru, MD, Pankaj Jani, MD, PhD, Peter Nthumba, MD, MSc

FLORIDA ATLANTIC UNIVERSITY
CHARLES E. SCHMIDT COLLEGE OF MEDICINE

INTRODUCTION

In Kenya, the Ministry of Health (MoH) estimates that 70% of the population lack access to safe, affordable surgical, obstetric, trauma, and anesthesia (SOTA) services. This has resulted in high cases of mortality and morbidity from conditions that could be treated surgically.

There was lack of County and facility-based data specifically focusing on Government facilities that MoH could use in decision making and policy formulation. This paper describes the initial steps towards the development of the Kenya Hospital Assessment Tool (K-HAT) by various stakeholders led by the MoH.

METHODOLOGY

- The Kenya Ministry of Health (MoH) appointed a multi-sectoral collaborative group which was tasked with localizing the existing World Health Organization (WHO) Service Availability and Readiness Assessment (SARA) [1] tool and the Situational Analysis Tool (SAT) developed by the Global Initiative for Emergency and Essential Surgical Care (GIEESC) office [2].
- These two tools were merged and adapted for local use through a series of focused group meetings with the participation of the Specialized Clinical Services Unit of the Kenya MoH.
- Open Data Kit (ODK) was utilized to collect facility assessment data
- ODK is a free and open source android based-application made up of a set of tools that enable organizations manage electronic data collection using a mobile phone based app. It is a flexible and standard based data collection kit.

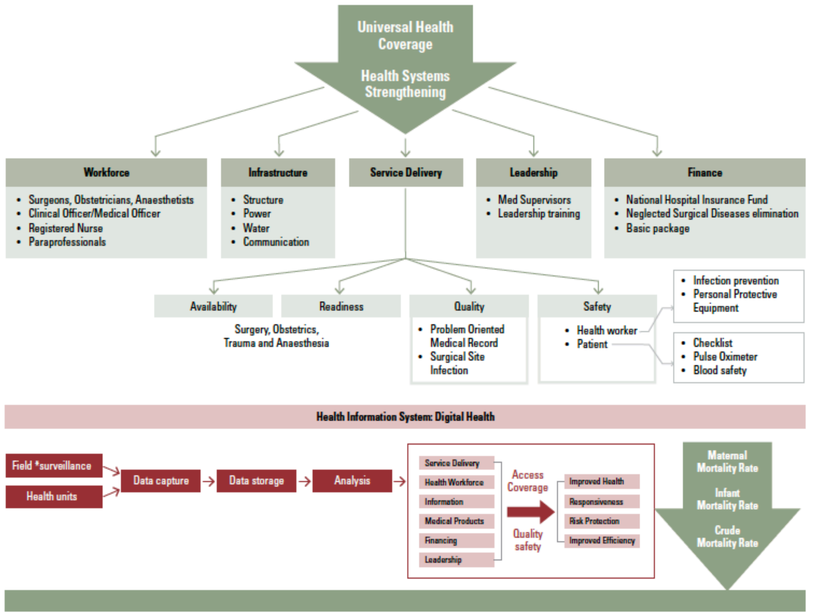
COSECSA
College of Surgeons of East, Central and Southern Africa

REPUBLIC OF KENYA
MINISTRY OF HEALTH

K-HAT FRAMEWORK

- A logical framework was constructed using the intersection between Universal Health Coverage (UHC), Health Systems Strengthening (HSS), and the Service Availability and Readiness Assessment (SARA) tool (Fig. 1)
- Elements of the Kenya National Surgical, Obstetric, Trauma, and Anesthesia Care (NSOTA) Plan was included

Figure 1: Universal Health Coverage Health Systems Strengthening



RESULTS

- The K-HAT comprises of 89 questions representing over 800 data points
- 7 WHO Health Systems Strengthening (HSS) sections were incorporated: Basic Facility Information, Human Resources for Health, Infrastructure and Equipment, Health Services, Leadership and Governance, Health Information Systems, and Health Care Financing. (Fig.1)
- The use of ODK eliminated the use of 8,785 hard copies which would have cost approximately KES 87,850 (USD 878.5) in printing costs.

CONCLUSION

This new tool was used to collect reliable baseline national surgical capacity data that highlighted specific areas of improvement in Level 4 hospitals in Kenya as well as provided critical baseline information for the development of the country's National Surgical Obstetric and Anaesthesia Plan (NSOTA) plan. This tool could be used as a guide by other countries that intend to collect facility based data for national planning and policy formulation.

REFERENCES

1. World Health Organization. Service Availability and Readiness Assessment (SARA) - Implementation Guide. In: Systems HSaI, ed. Geneva: World Health Organization, 2015
2. World Health Organization. Integrated Management for Emergency & Essential Surgical Care (IMEESC) toolkit. In: Workforce DoHSP, ed. Geneva: World Health Organization. https://www.who.int/surgery/publications/immesc_research_tools/en/