Conference sub themes

Role of the Regulator and the various Regulatory Models

- Models in different regions
- Innovative Technology
- Integrated Regulation

Patient Safety

- **Healthcare systems**
- Patients' Rights and Responsibilities
- Accountability
- **Safe practice environment**
- The role of a responsive professional regulator
- Responsibility of the Health Practitioners

Training and Education

- Unregulated health practitioners
- Role definition and responsibilities of practitioners in team-based care
- Task shifting and Task Sharing

HEALTHCARE SYSTEMS AND SAFE PRACTICE ENVIRONMENT

Dr Davie B.S Zolowere
Registrar and Chief Executive Officer
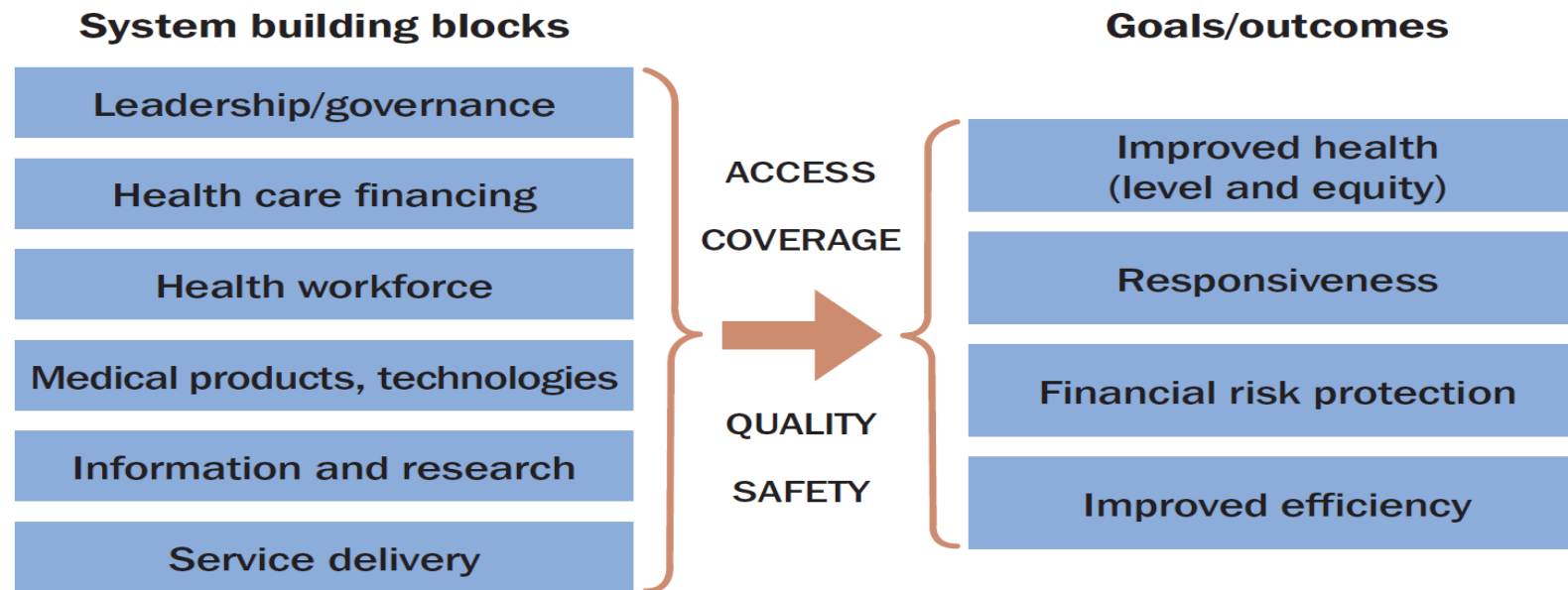Medical Council of Malawi

Outline

- Healthcare systems
- The Malawi Healthcare system
- Safe practice environment
- Impact of health care systems and safe practice environments on patient safety
- Institutional Policies and Legislation that impact healthcare system and safe practice environment in Malawi
- The role of the regulator in health care systems and safe practice environment
- Challenges and worst practices
- Best practices, innovations and creativity
- Summary of findings and future recommendations

Healthcare systems

- Health system consists of all organisations, people and actions whose primary intent is to promote, restore or maintain health-WHO

- Most organized in a pyramidal style, the best healthcare services provided by national hospitals, while rural settings offer weaker services.
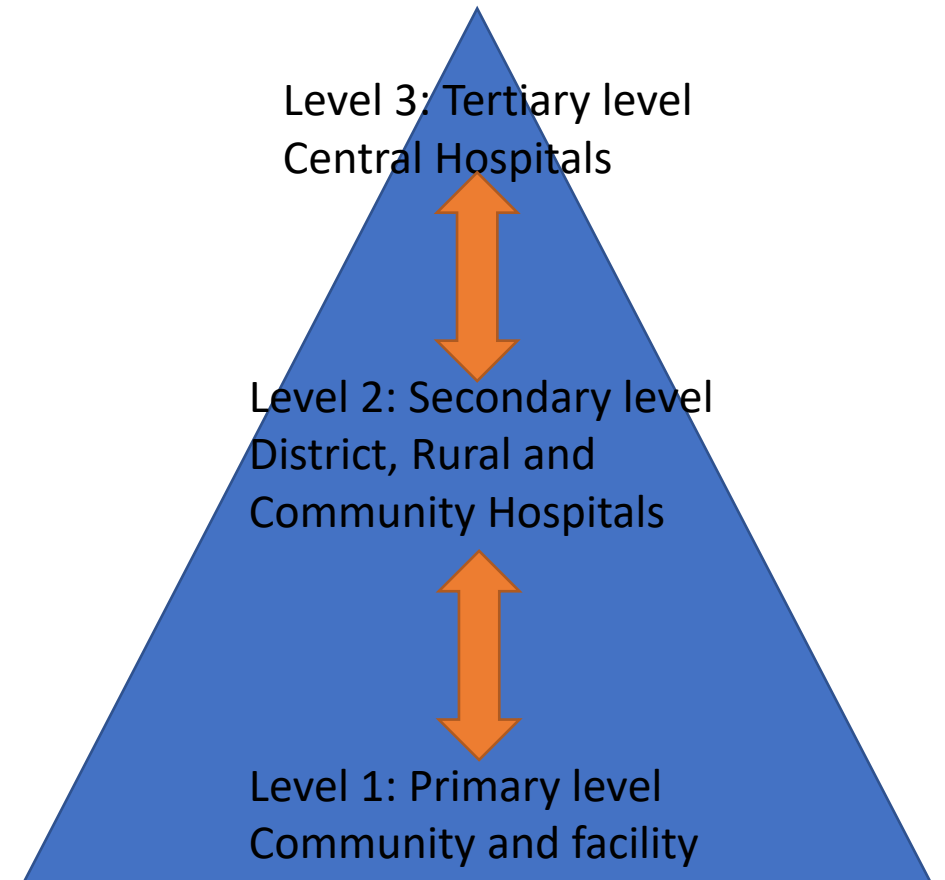
Figure 1. The WHO Health Systems Framework[1]

System building blocks

Leadership/governance

Health care financing

Health workforce

Medical products, technologies

Information and research

Service delivery

ACCESS
COVERAGE

QUALITY
SAFETY

Goals/outcomes

Improved health (level and equity)

Responsiveness

Financial risk protection

Improved efficiency

1   World Health Organization (2013). Universal eye health: a global action plan 2014-2019

Organization of the Malawi Healthcare system

- Health service delivery system is organized at three levels linked by a referral system.

- Government owns the largest number of all health facility categories, seconded by Faith Based organizations, private then non-governmental owned facilities

- Government serves 60% of patients, 40% served by other service providers.

Level 3: Tertiary level Central Hospitals

Level 2: Secondary level District, Rural and Community Hospitals

Level 1: Primary level Community and facility

Safe practice environment…1

- Practice environment includes physical aspects, psychological aspects and social dimensions, all considered as essential in optimizing person-centred care.
  - aims to prevent and reduce risks, errors and harm during provision of health care.
- Helps learn about causes of error and use the knowledge to design systems that reduce likelihood of errors and less harmful when they occur to ensure patient safety.
- SPE helps understand and change organizational conditions, components and processes as they relate to safety.

Safe practice environment...2

- Safe practice environments attracts new students into the health profession, retain existing practitioners, and develop innovative models.
  - Improves quality of care and patients care.
  - Could SPE explain some unprofessional conduct cases addressed by regulators?

WHO projects a shortfall of 10 million health workers by 2030, mostly in low- and lower-middle income countries.

"When we see our care providers run visibly ragged and we hear the autopilot sound in their voice, we know this means that there will be less capacity for empathy and partnership. Our care providers deserve systemic support, as defined by them - and this increases quality of care – as defined by patients". CMA Patient Voice Member

Variable from the physicians and medical learners survey	Proportion who report
Burnout	53%
Depression	48%
Lifetime suicidal ideation	36%
Low professional fulfillment	79%
Experiences of intimidation/bullying or harassment in workplace or training-place	80%

A study of 4,000 physicians and medical learners, Canada Medical Ass, 2022.

Could practice environments explain some unprofessional conduct addressed by regulators?

Relationship Between Burnout, Professional Behaviors, and Cost-Conscious Attitudes Among Physicians. Dyrbye, West, Hunderfund, *et al., 2020*

Variable	Burnout With	Without	OR (95% CI)	*p* value
Documented something they did not do to "close out" an encounter in the EHR.	139/372 (37.4%)	103/387 (26.6%)	1.64 (1.21–2.23)	0.002
Documented a part of the physical exam not done to justify a billing code	89/387 (23.1%)	59/410 (14.4%)	1.80 (1.25–2.59)	0.002
Assigned an indication for a test different from why ordered to be reimbursed by the patients' insurance so the patient would not have to pay out of pocket.	150/377 (40.0%)	99/409 (24.2%)	2.11 (1.55–2.86)	< 0.0001
Did not discuss all treatment options with patients because was too busy.	136/390 (34.9%)	78/425 (18.4%)	2.40 (1.74–3.31)	< 0.0001
Requested CME/CPD credit for a lecture, course, or activity not attended.	28/387 (7.2%)	12/428 (2.8%)	2.51 (1.28–4.91)	0.004

Impact of health care systems and safe practice environments..1

- Systematic review: Positive organisational and workplace cultures consistently associated with a wide range of patient outcomes such as reduced mortality rates, falls, hospital acquired infections and increased patient satisfaction. Braithwaite et al., 2017.

- Positive organization climates associated with improved patient safety
  - Self-report medication errors positively correlated to composite measure of organizational climate ($r = 0.75$, $P \leq 0.01$). Fogarty & McKeon 2006
  - Organizational climate interferes with error reporting process. Levine, Carmody and Silk., 2020
  - Workgroup cooperation and facilitation is positively associated ($P \leq 0.05$) with frequency of clinical work with patients. Wright et al.

- Remuneration: A 10% increase in wages decreased annual international attrition from public payroll from a mean of 8% to 1% among 20–35 year-old workers from professions that tend to migrate in Ghana. Antwi and Phillips, 2013.

Impact of health care systems and safe practice environments..2

- Safe environment associated with reduced risk of work injury and exposure, and reduced turnover for HCWs.
  - Case managers and teams with more constructive cultures experienced lower turnover rates ($P \leq 0.05$); Glisson & James 2002
  - Organizational climate is an important determinant of intention to leave. Stone 2007

- Higher density of physicians significantly associated with better self-reported physical and mental health, less psychological distress, and better quality of life. Van Bulck, L., Goossens, E., Luyckx, K. *et al.*

- Transformational leadership behaviors useful strategy in creating workplace conditions that promote better safety outcomes for patients and practitioners. Boamah et al., 2018.

Institutional Policies and Legislation that impact the healthcare system and safe practice environment- Malawi

- The Constitution of Malawi
- Acts and legislation:
  - Public Financial Management (PFM) Act, Public Health Act, Medical Practitioners and Dentists Act, Nurses and Midwives Act, Pharmacy and Medicines Regulatory Authority Act, Public Private Partnership Act, Labor Relations Act.
  - Occupational health Act
  - The Employment Act, Malawi- e.g. 12 hours for 5-day work week and eight hours for a six-day work week
- Policies:
  - National Health Policy, National Health Promotion Policy, National Decentralization Policy.
- Code of ethics and professional conduct

The role of the regulator in health care systems and safe practice environment

- Ultimate aim of the regulator: protect the public, the profession and guide the professions

1. Ensure competent, qualified and registered practitioners serving public
2. Enforcement of standards, policies in training of health professions and health service provision.
3. Hold facility owners, healthcare providers responsible on adherence to policies and legislation.
4. Handle health care related complaints

→

Good leadership and governance, Appropriate health workforce, well financed health care, available supplies and medicines, good service delivery and safe practice environment

→

Patient Safety

Challenges and worst practices...1

- Inadequate protection of health practitioners
  - 115,500 HCWs may have died between January 2020 to May 2021. WHO
  - only 27% of HCWs in Africa had been fully vaccinated against COVID-19
  - only 14% of HCWs report proper access to PPE

- Resource gaps: financial, human resource, material and equipment
  - 64% HCWs reported a lack of isolation wards, 29% reported no access to ventilators. WHO

- Non adherence to legislation that protects health practitioners.

- Tricky situation for regulators to balance the role of enforcing practitioner and patient safety, hold accountable whilst reporting to the same government.

Challenges and worst practices...2

- Health leadership gaps (inappropriate, inadequate capacity) in some systems.
  - Inefficient, invisible leadership is a significant cause of adverse patient outcomes. Boamah et al., 2018
- Overwhelmed HCS, inadequate infrastructure revealed by pandemics, epidemics and other disasters
  - Poor laboratory facilities not able to diagnose some conditions initially
  - Inadequate ICU space
  - Use of makeshift infrastructures during the COVID19 pandemic.
- Gaps in knowledge management, inadequate documentation of good practices in our setting.

Best practices, innovations and creativity..1

- Recognition of best achievement and encouraging positive competition among facilities
  - Infection prevention trophy recognition on meeting IPC indicators
  - Development and implementation of minimum standards for regulators enforcement, and Optimal standards for facility accreditation system.
- Adjustment and improvements in health systems and safe practice environment due to COVID19 and other pandemic and disasters
  - Investment in infrastructure development and improvement- improved diagnosis capacity
  - Prioritizing practitioners safety
    - Investing in Personal Protective Equipment

Best practices, innovations and creativity..2

- Strong community based healthcare systems which increases access to care from prevention to treatment.

- Task-shifting, adopting cadres to take up non clinical health roles, fast-tracking medical students into the profession, and relying on retired health professionals to expand the number of HCWs available.

- Strengthening quality and safety management to improve HCS and SPE
    - Quality management establishment case study, leadership for quality
        - National (QMD) ➡ Regional (Zonal satellites) ➡ District (DHMT) ➡ Facility (QIST, WITs)
        - Strengthen and mainstream QoC

# Best practices, innovations and creativity..3

- Improving leadership, organizational climate and culture (norms, values and beliefs)
  - Investing in clinical leadership capacity development- *Health leaders training through Malawi Government School and other public Universities*

- Introducing health insurance for civil servants including HCWs

- Increasing remuneration for HCWs compared to other public service providers in Malawi.

- Safety climate and culture
  - Adverse events analysis as an educational tool- no blame culture
  - Occupational health and patient safety
  - 5 S Kaizen implementation in Malawi

An example of safe practice environment: 5S Kaizen implementation in Malawi

- 5S is the entry point for QI model for Malawi

- 5S has been gradually disseminated country wide
  - Central hospitals
  - District hospitals
  - Now enrolling to health centres

- Framework and manual of 5S-KAIZEN-TQM Manual were developed.

- 4 benchmark sites for Kaizen were established.

- Trained a pool resource persons for 5s Kaizen
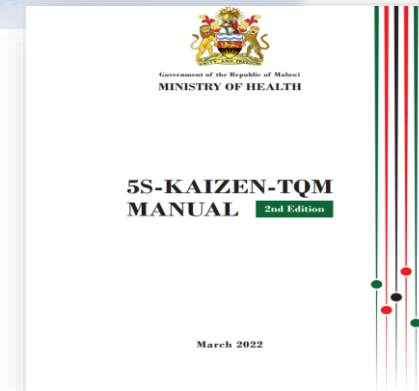
Good 5S Practices

Mzuzu Central Hospital

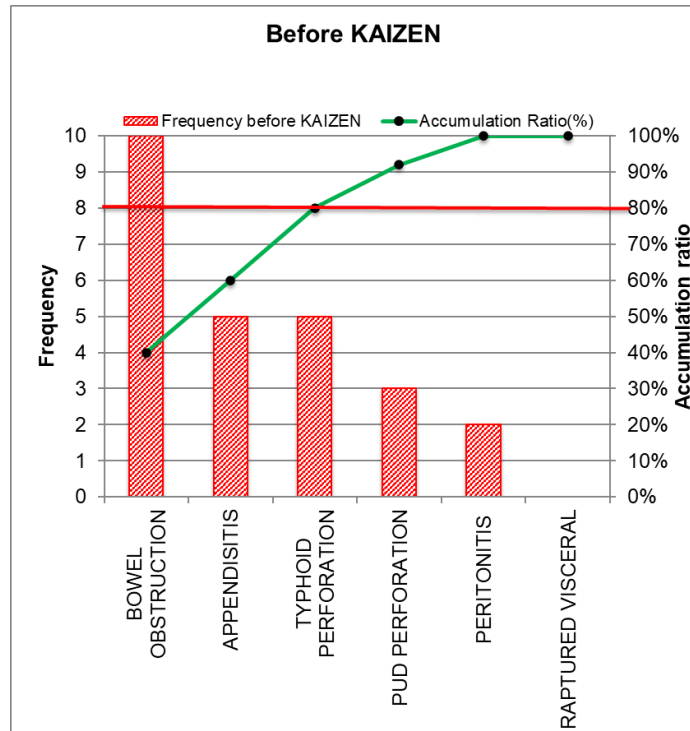Kamuzu Central Hospital

Kamuzu Central Hospital
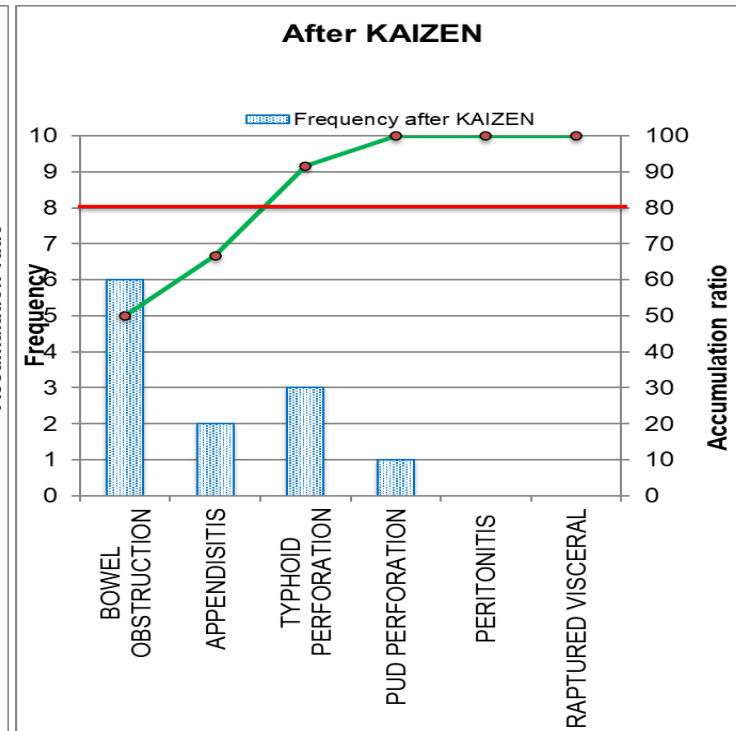

Mzimba District Hospital

Male surgical ward Mzuzu Central Hospital
KAIZEN theme: Post laparotomy infection reduced.

Before KAIZEN

Legend: Frequency before KAIZEN — Accumulation Ratio(%)

After KAIZEN

Legend: Frequency after KAIZEN

Characteristic value:
Rate of post laparotomy infection

Before: 60.9%

After: 30.8%

Standardization:
- Orientation on existing protocols on post incisional wound care
- Having schedule for ambulating post op patient.
- Teaching aseptic techniques sessions wound care in the wards.
- Isolate post operative patients from 0-4 days post operative
- Administration of antibiotics in pre and post op patients.
- Changing of linen in post op patient.

Summary of findings and future recommendations

- SPE improves error reporting at facility level, reduce blame culture and focus on root cause analysis for improvement.
  - **Recommendation:** Improve SPE and develop systems for no blame culture on error reporting and addressing.
- Unsafe work environments partially explain unprofessional behaviors among some practitioners.
  - **Recommendation:** Develop interventions to improve root causes of unsafe workplace environments.
- HCWs not adequately protected, experience mental stress, anxiety and posttraumatic stress from the various burdens heaped upon them when serving patients
  - **Recommendation**: Advance appropriate programs to protect and address health problems for HCWs.
    - Humanize cultures and encourage wellness behaviors.
- Many good implementation practices on HCS and SPE but often not documented.
  - **Recommendation:** Invest in knowledge management, documentation and sharing practices

Summary of findings and future recommendations

- Leadership behaviors impact workplace conditions, affecting health outcomes for patients and practitioners.
  - **Recommendation:** Invest in leadership capacity development at all levels.
- Positive organisational and workplace cultures consistently associated with a wide range of patient outcomes such as reduced mortality rates, falls, hospital acquired infections and increased patient satisfaction.
  - **Recommendation:** Prioritize on improving organizational and workplace cultures to positively impact patient outcomes and safety.
- Difficult role for regulators but vital for ensuring full implementation of health care systems and safe practice environment.
  - **Recommendation:** Maintain and improve the responsibility of holding systems accountable and ensuring regulator independence.

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