Policy Brief

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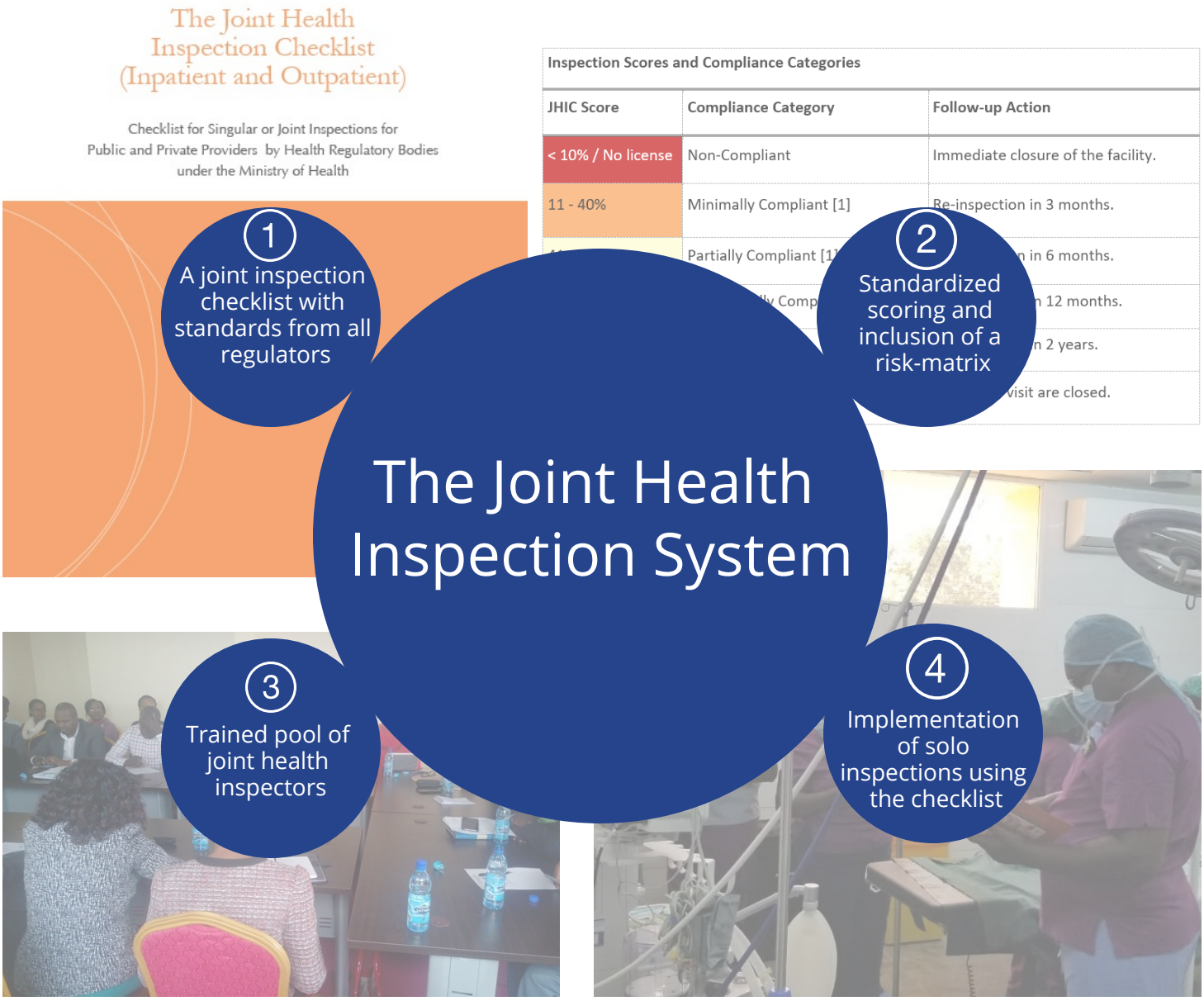
Strengthening Regulation for Patient Safety: A qualitative evaluation of Kenya's inspection reforms



The new system piloted and evaluated under the Kenya Patient Safety Impact Evaluation (KePSIE) project between 2016 and 2019.

A Qualitative Evaluation of Inspection Reforms in Kenya

Background:

The Ministry of Health (MoH) and eight regulatory bodies requested the World Bank Group's Health in Africa Initiative to support regulatory reforms. This followed recognition that health facility inspection was fragmented, and therefore inefficient, ineffective and punitive to providers.

In 2010, the partnership embarked on a journey of reforming the inspection system, resulting in the development and gazettment of the joint health inspection checklist (JHIC). The JHIC combined minimum patient safety standards from eight different regulators, and introduced a novel way of scoring facilities on patient safety performance, and placing them into different risk (compliance) categories.

Following gazettment of the JHIC, the MOH requested the World Bank to support roll-out. Three pilot counties, Meru, Kilifi and Kakamega, were selected, and a decision taken to do an impact evaluation alongside the roll-out of the new system. The pilot, dubbed the Kenya Patient Safety Impact Evaluation (KePSIE) was implemented between December 2016 and December 2017. It sought to assess the impact the new system of inspections would have on compliance to patient safety standards. At the end of the pilot period, a qualitative evaluation was done to complement the impact evaluation. This policy brief is focused on the qualitative evaluation. Impact evaluation findings are presented in a separate brief.

Objectives:

Impact evaluations demonstrate the effectiveness of interventions. Qualitative evaluations enable us to hear the voices of actors directly involved, and understand their perceptions, experiences and opinions. This informs policy and practice by providing information on how and why interventions work (or fail to work). In 2018, Strathmore University and the London School of Hygiene and Tropical Medicine partnered with the MOH and World Bank to do a qualitative evaluation of KePSIE.

Key Findings: What did we learn about the new system?

Eight themes emerged from 129 interviews at community, facility, sub-county, county and national levels.

Fairness and objectivity

The JHIC was seen as fair and objective. Facility operators liked the fact that scoring was done openly using an electronic checklist, and that inspectors offered useful advice, and left a summary of the inspection report immediately after inspection

Inspection culture

New system described as friendlier and more supportive than the older system. Interviewees observed that the new system did not create fear among facilities, thereby allowing useful discussions on how to improve compliance.

> *"The inspectors were very friendly. You know previous days an inspector would come like a policeman. They (the JHIC inspectors) were very friendly, they introduced themselves. So they got my blessings and so they did their work."*
>
> ***Private Level 2 Facility staff***

Bribery and corruption

Most interviewees felt the new system had helped curb corruption because of the clarity of the JHIC requirements, openness in scoring, issuance of grace periods before closures, and the clear protocols and follow up quality checks on inspections.

Licensing and closure

License requests increased raising more revenue for regulators, although some were slow to license facilities and some facilities complained about the license costs. There were questions on the legitimacy of licensing public facilities. Facilities understood reasons for closure but inspectors complained of slow pace of enforcement.

> *"...you find a list is piling up (of pending closures), but nothing is being done, even now the morale of the inspectors went down because you know you are doing something.... and you want it to be implemented but you don't see it...."*
>
> ***Inspector***

Barriers to facility improvement

Many public facility staff complained that they had no power over resources needed to implement improvements. Private facilities cited costs, unsuitability of rented premises and staff turnover as major barriers. It was noted that compliance with the JHIC didn't necessarily mean that safe care was implemented in practice.

Regulation as a shared function

MOH and regulators trained and guided inspectors, while counties provided office space and management support. All actors played their roles well overall. Counties were to close facilities that had received a closure notice. However, this did not happen in practice, with all closures conducted by MOH.

> *""You see they have the equipment, they have the SOP, you ask somebody, okay show me the SOPs for maybe hand hygiene, they are right next to ..him and he doesn't know. So these are things that were just done simply maybe for the inspection."*
>
> **World Bank Fieldstaff**

A Qualitative Evaluation of Regulatory Reforms in Kenya

Social accountability in the new system:

Effect of scorecards on the public

Scorecards were displayed at facilities to show the public how the facilities performed. While some facility staff were concerned that poor scores would lead to a loss of patients, in reality the scorecards were very rarely seen by patients, and generally poorly understood. In addition, many patients were felt to put more emphasis on proximity to and familiarity with facilities than scores.

Community health volunteer

""They (patients) just want to get to the doctor inside, given medicine, then they leave (they don't know about score cards)."

Effect of scorecards on facilities

Facility in-charges said that scorecards motivated them to improve as it served as a constant reminder of the recommendations they had to implement. Others were proud of their high scores.

Public facility staff member

"I think it's good because it reminds you every day, it keeps you on your toes, every day you look at the notice board you are like I have a gap that I need to address"

Logistical challenges

Implementing an efficient inspection system requires good logistical support, including excellent vehicle maintenance, carefully planned inspection routes, and acceptable allowances for inspectors.

Inspector

"I'm the first person I reach (I am dropped by the inspection car) my facility, the next person will reach their facility after one hour. Even before the third person is dropped I am through with the inspection and then I start waiting. I wait for three to four hours and that was very frustrating."

Implications for scale-up

This study highlights key considerations for scale-up of inspection reforms. Objectivity and transparency are central for legitimacy, and an inspection culture supportive to facility staff is important. The system must be designed to avoid both opportunities for corruption and logistical challenges. A reformed inspection system can support compliance with licensing, but licensing procedures themselves must be efficient. Regulation as a shared function requires buy in, resources and clarity of roles at all levels. Finally, inspection is necessary but not sufficient to improve patient safety - this also requires financial and technical support for some facilities, strong focus on continuous process improvement, and an emphasis on behaviour change.

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London School of Hygiene & Tropical Medicine

World Bank Group

Ministry of Health

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