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Implementing the Leadership Development Program Challenge Model to Improve Laboratory Services in Four County Referral Hospitals in Kenya

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Background



- Leadership and management is one of the World Health Organization health systems building blocks
- Effective Leadership and Management is a crucial component of a laboratory quality management system
- Management is responsible for more than 66% of the quality output of the laboratory

Background Cont..

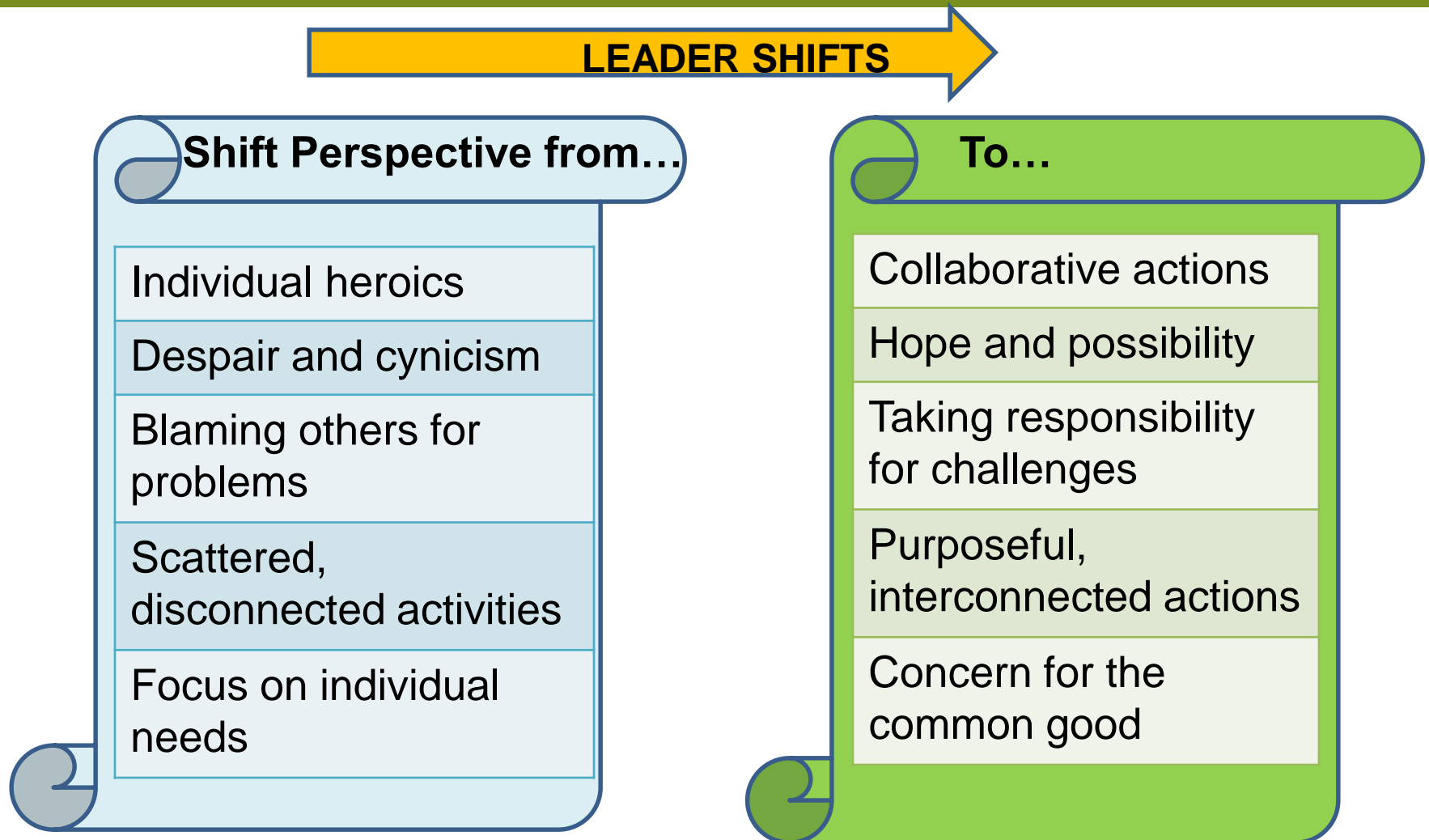


- Since 2010, Management Sciences for Health (MSH) has supported leadership development programs (LDP) for health managers in Kenya
- In 2011, the MSH-Strengthening Public Health Laboratory Systems Project (SPHLS), with funding from the CDC, initiated a Laboratory LDP (LLDP)
- The LLDP is to improve the performance of diagnostic laboratory services in Kenya and to ensure the long-term sustainability of accreditation efforts
- The LLDP is 6 month training consisting of 4 workshops conducted six weeks apart with facility based mentorship visits in between

Laboratory Leadership Development Program



A Transformational Approach



Conceptual Model: Leading and Managing for Results



**People and teams
empowered
to lead and manage**

Leading

- Scan
- Focus
- Align/Mobilize
- Inspire

Managing

- Plan
- Organize
- Implement
- Monitor/ Evaluate

**Improved health system
performance**

Enhanced work
environment &
empowered male
and female
health workers

Responsive
health systems
prudently raising
and allocating
resources

Strong
management
systems

Results

- Increased Service Access
- Expanded Service Availability
- Better Quality
- Lower Cost

**Sustainable
health outcomes
and impact
aligned with
national health
goals and MDGs
3, 4, 5, and 6**

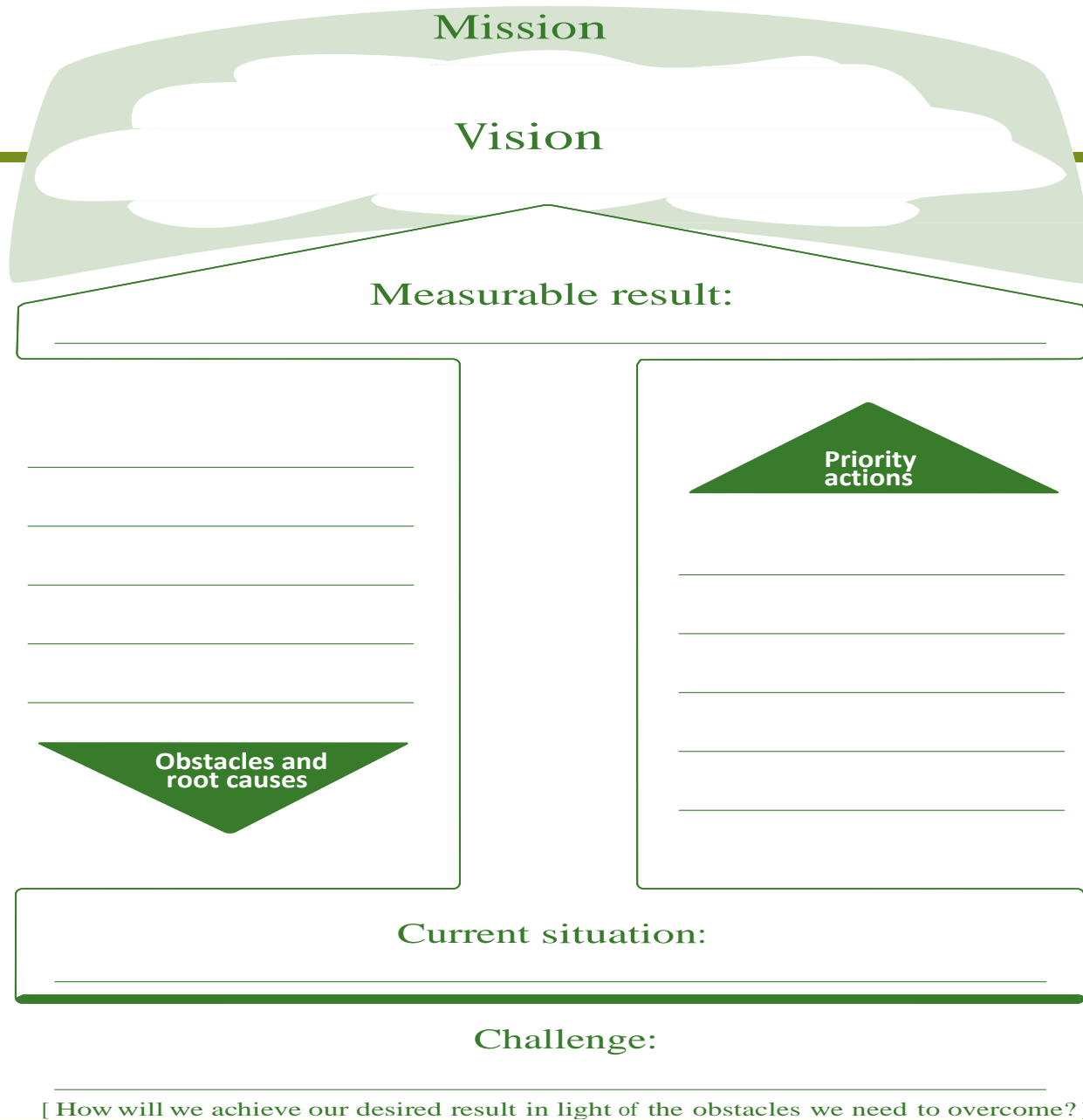
Managers who lead, MSH

Methods



- A multidisciplinary team from each of the 4 supported facilities comprised of;
 - Medical superintendent and two other facility managers (Nursing, Procurement, Health administrator)
 - County laboratory coordinator,
 - The laboratory manager,
 - Laboratory quality officer,
- The 4 teams comprising of 22 participants were taken through the 6 month LLDP
- The challenge model was used for laboratory improvement

THE CHALLENGE MODEL



Laboratory Leadership Development Program



TIMELINE OF ACTIVITIES

LDP Activities	Month 1	Month 2	Month 3	Months 4–6
LDP Workshops 3 days each	Scanning	Focusing and Planning for results	Align, mobilize and inspire for commitment and buy-in	Review results and prepare presentation
Leadership Project	Scanning to select a challenge	Analyze and Plan action Prepare M and E plan	Mobilize Resources Work in teams Monitor progress	Report results
Team Meetings Regular	Do assignments and work on leadership project		Review, evaluate, and prepare presentation of results	Select a new challenge to work on
Region or Inter-team meetings	1–2 meetings to compare progress, practice leadership skills, and learn together			
Coaching visits after each workshop	Meeting with team to encourage, monitor progress on leadership project, review team products, teach, and correct			Feedback on presentation of results

Improvement Projects



Team (Facility)	Improvement Projects (Measurable result)
A	Reduced average waiting time for clients seeking laboratory services from an average of 22 minutes to 15 minutes by 31st July 2014
B	Reduced average waiting time for patients seeking laboratory services from an average of 42 minutes to 26 minutes by 31 st July 2014
C	Blood sample rejection rate reduced from 4.3% to 0.75% by 31st 2014
D	Percentage of laboratory tests meeting T.A.T increased from 8% to 50% by 31st July 2014.

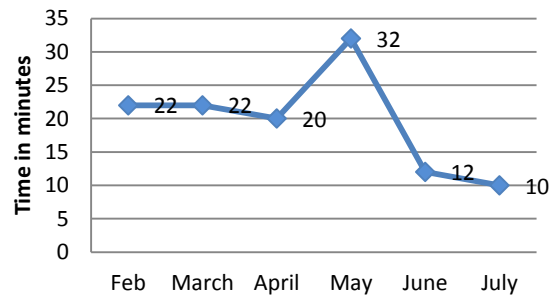


Results

The study showed improvements in all the 4 medical laboratories

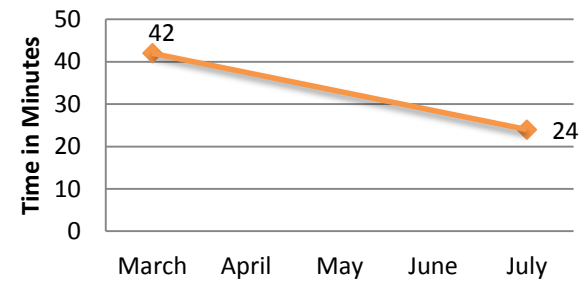
Lab A

Average patient waiting time



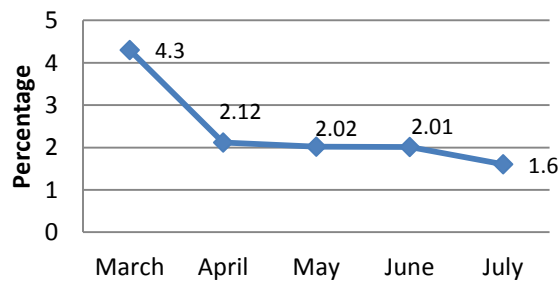
Lab B

Average Patient Waiting Time



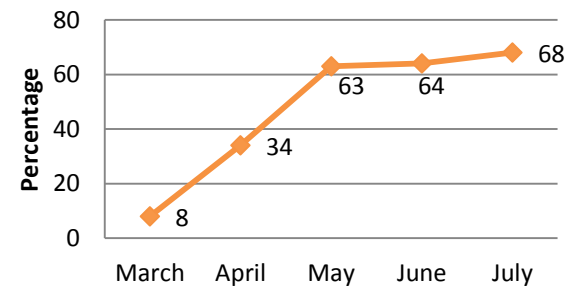
Lab C

Blood Sample Rejection Rate



Lab D

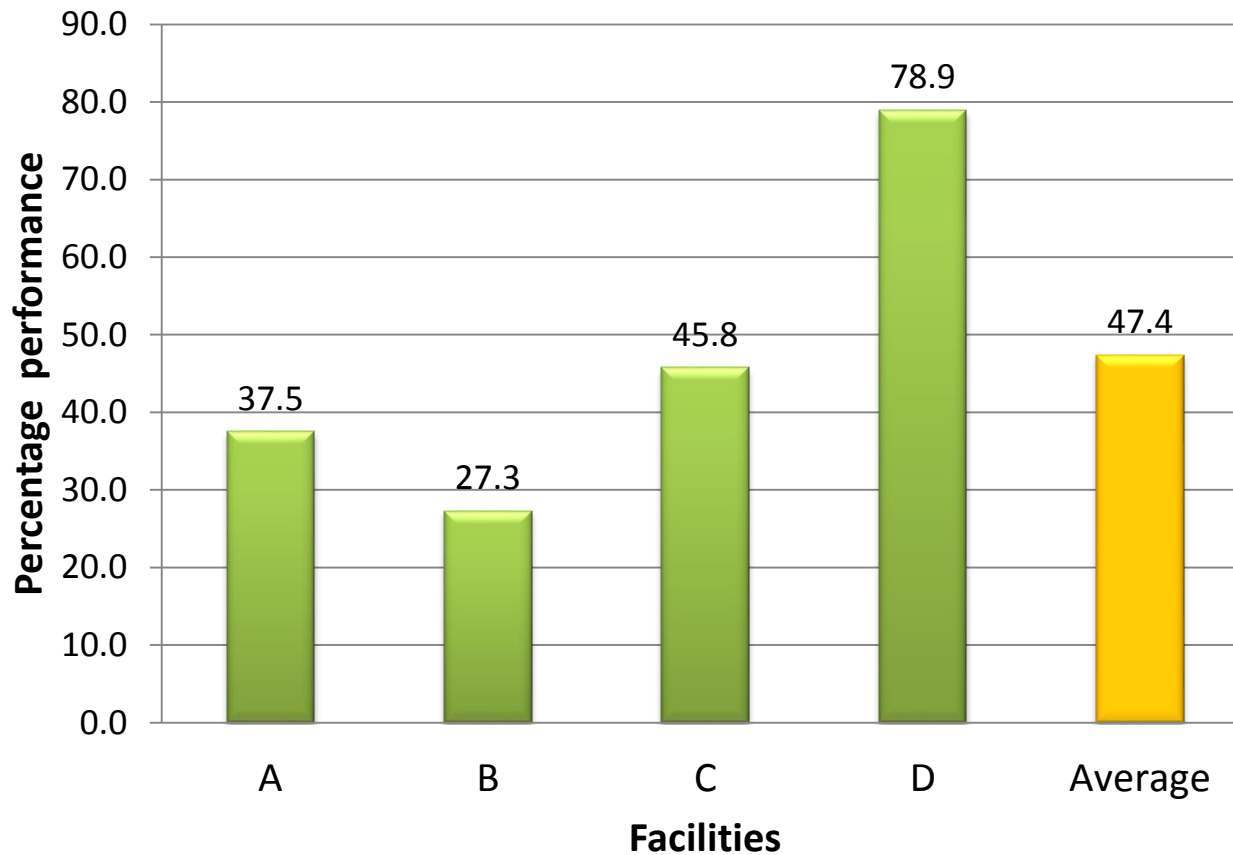
Percentage of Test Meeting Turn-Around-Time



Results



Percentage Improvement after Intervention



Results



Waiting bay before introduction of signage



Waiting bay after introduction of signage



Additional results in one of the facilities

- Improved average laboratory tests meeting turnaround time from 52% to 80%;
 - Motivated staff
 - Improved staff punctuality from 52% to 96%
 - Employment of additional laboratory staff
 - Automation of some laboratory tests
- Gained customer's confidence in the lab which has increased test statistics and revenue (monthly test statistics from 8000 to 12,000 and revenue from Ksh 300,000 to 600,000)

Applying Leadership Skills to Mobilize Resource



County chief officer of health addressing lab staff following invitation by the team



Automated chemistry analyzer procured as a result of the visit

Critical success factors in the program



- Engagement and sensitization of the hospital management teams for buy-in
- The multi-disciplinary approach involving facility and county management
- Consistency in terms of adherence to timelines

Discussion and Conclusion



- The LLDP is the only program that brings together the hospital management and other cadres with the laboratory in a training that targets to improve performance in laboratory services
- The multi-disciplinary approach involving facility and county management ensures sustainable change
- Implementing the LLDP challenge model leads to measurable improvements in laboratory quality indicators
- Kenya is the first country to implement The LLDP
- The LLDP can easily be implemented in those countries already implementing the general LDP for health care managers

Acknowledgement



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