

School of Nursing

# **Piloting nurse-led quality improvement projects in** Neno district, Malawi

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## **INTRODUCTION AND BACKGROUND**

- Malawi has high maternal and neonatal mortality rates of 439/100,000 and 27/1,000 live births, respectively.
- Gaps exist between intended quality of care and what women experience.
- The majority of maternity care is provided by nurses and midwives at the health center and district level.
- Thus, efforts to improve care at these levels is highly recommended.

### PURPOSE

- Global Action In Nursing (GAIN) equips nurse midwives with the clinical and leadership skills to provide women and their babies safe and respectful childbirth.
- One of the expectations of the training is to conduct small-scale, decentralized quality improvement (QI) projects targeting the most significant challenges or deficits in their workplaces.

## METHODS

### Training

 A hands-on training in QI principles and process for 2 days by a QI expert

### Mentorship

- One year of site-based mentorship provided by two expert nurse mentors
- 30 mentees at 2 referral hospitals & 6 health centers which included registered nurse-midwives and nurse midwife technicians

## FINDINGS

Nurses/midwives identified root causes of adverse events, and led interdisciplinary team efforts to improve the quality of maternity healthcare delivery in the hospital and outpatient setting. Interdisciplinary teams included nurses and midwives, clinical personnel, hospital attendants, hospital leadership, community healthcare workers and other clinic staff.

### Six QI projects conducted:

- Improving management and documentation of immediate postpartum period
- Improving record keeping in maternity
- Improving essential newborn care using a checklist
- Increasing early entry to antenatal care
- Increasing referrals of grandmultipara for hospital delivery
- Decreasing the frequency of laboring women presenting in the second stage of labor







ROOTCAUSES



Issues	Impact on health outcomes	Volume of clients severely affected	Achieving greatest impact in shortest time	Feasibility within available resources	Conditional complementary action not required	TOTAL SCORE
<ol> <li>Availability of essential supplies at all time</li> </ol>	5	3	3	3	2	16
<ol> <li>Introduce initial newborn assessment form</li> </ol>	3	3	3	4	3	16
3. Refresher course for midwives	4	4	3	4	3	18
4. Reintroduction of shift leader	4	4	3	3	4	18
5. More spacious L&D room/ beds	4	4	3	2	2	15

A priority matrix for planning interventions for QI project at Lisungwi Community Hospital



#### Multidisciplinary team nultidisciplinary team for a O

roiect at Luwani Health Centre comprising of Luka Malla (left ont). a GAIN trained midwife as the project leader, Lubina Kanseleka (middle front), a GAIN trained Community Midwiferv Assistant (CMA), medical assistants, hospital attendants Health Surveillance Assistants, and Community Health Workers

The root cause analysis using a fishbone for QI project at Dambe **Health Centre** 

Part of the community members listening to Luka Malla (standing) is he gave a health talk on the importance of early booking of intenatal care



A run chart for Lisungwi Community Hospital QI project which shows steady progress toward the achievement of their target to have 90% of all babies receive complete essential care

### DISCUSSION

#### Lessons learned

- Nurses and midwives have the potential to lead QI projects in their facilities to improve maternal and neonatal care
- Buy-in from leadership and other stakeholders such as the multidisciplinary team including clients is vital for the success of the projects
- Close supervision and support for tracking of projects is essential

#### Challenges

#### Way forward

- Continued support and stakeholders involvement
- Robust measures to track progress of QI projects at central level

## CONCLUSION

Given the vital role of nurses and midwives in this setting, QI initiatives designed and led by the nurses and midwives have the potential to eliminate system-level barriers to comprehensive and safe care for mothers and newborns. Incorporating training in QI would enhance the ability of nurses to be change agents.

### FUNDING & ACKNOWLEDGMENTS

The UCSF School of Nursing Center for Global Health acknowledges the private philanthropists whose generosity launched the GAIN program. We also thank Partners In Health and the Malawian Ministry of Health for their on-going collaboration and support. In addition, we thank the nurses and health workers for their tireless work to ensure safe motherhood for all.





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Lack of resources for sustainability of some activities