Better medicines for children in Ghana

Assessment of quality of care for children in selected hospitals in Ghana

Executive summary

August 2010
Improving quality of care is one of the priorities of the Ghanaian health sector and a number of initiatives have been put in place to achieve this goal, however, progress has been slow.

The study, *Assessment of quality care for children in selected hospitals in Ghana*, was carried out as part of the Better Medicine for Children project in Ghana. Its purpose was to:

- assess the quality of paediatric care provided to children less than five years of age in selected hospitals by comparing aspects of paediatric care provided in these hospitals with prescribed standards of care;
- make recommendations for those facilities that were assessed to improve the gaps identified that fall within their mandate;
- make recommendations to guide national adaptation of guidelines to improve the quality of paediatric care in hospitals.

The assessment was carried out in 10 hospitals made up of one specialized children’s hospital, two regional hospitals and seven government district hospitals, including one faith-based (mission) hospital.

The WHO product, *Assessment of the quality of care for children in hospitals: A generic assessment tool*, was adapted by a group of experts using local standards and the WHO *Pocket Book of Hospital Care for Children*. A team of experienced health workers was trained on the use of the tools. The team then pre-tested these tools, which were used to collect information from the selected hospitals.

The key findings were as follows:

- Generally, hospital support systems were adequate (i.e. running water, electricity, backup generator, soap, etc.).
- Laboratory support was also good and laboratory results could be obtained in reasonable time (i.e. within two hours), although some hospitals did not carry out cerebrospinal fluid microscopy.
- Drugs needed for the management of common childhood illnesses were most often available at the pharmacy, but emergency drugs were not readily available on the wards and in emergency areas.
- There was a shortage of professional nurses; in most of the facilities, sick children were cared for by student nurses, health-care assistants and ward aides who had inadequate skills and knowledge to do the job.
There were gaps in the case management of common childhood illnesses, especially diarrhea and malnutrition. Case management protocols and guidelines were most often not available. Best practice was observed in the management of children with HIV/AIDS where there were protocols and staff had been trained in their use.

Monitoring the progress of sick children was poorly done and in some instances monitoring charts were not available.

Ensuring adequate nutrition for sick children on admission was not considered part of the child’s management. This task was left to caregivers, with no supervision from health workers. Some hospitals did not provide food for inpatients.

Barriers to accessing care included financial constraints (i.e. non-insured clients), cultural beliefs, and transportation.

Support for caregivers (i.e. hostel facilities, washing, etc.) was inadequate.

Attitudes of health workers towards patients were varied and are best described as a mix of positive and negative viewpoints.

Staff were concerned about the shortage of skilled personnel resulting in heavy workload.

Several recommendations were made, some of which include:

- Facility management should ensure that medicines and essential equipment are available in emergency areas and wards, and should determine a process for health staff to document what medicines have been administered and to account for the use of equipment.

- Case management needs to be improved through training and the provision of clinical care guidelines, including the use of monitoring charts and job aids. For this purpose, adaptation of the WHO pocket book is needed.

- Hospital management should invest in training staff in Integrated Management of Neonatal and Childhood Illness (IMNCl), management of acute malnutrition, Emergency Triage, Assessment and Treatment (ETAT), essential newborn care, and hospital care for the newborn.

- The policy on hospital feeding must be enforced and preparation of food by hospital caterers should take account of children who have been admitted.

- Training of nurses in paediatric care should be a priority. Negotiations that are currently under way should be accelerated to ensure early implementation of the programme.
Guidelines for clinical audits must be developed and staff must be trained on its use.
The regular conduct of clinical audits must be included in hospital managers’
performance indicators.

The Ghana Health Service (GHS) customer care training should also be scaled up
and hospitals encouraged to buy into the programme.

Facilitative and clinical supervision must be strengthened at all levels to ensure
compliance with standards.

The Ministry of Health (MOH)/GHS should designate best practice hospitals in
paediatric care and use them for study tours and training sites and promote regular
peer reviews.

The health sector is implementing strategies to improve human resource output.
Mechanisms for fair distribution must be instituted, as well as adequate compensation
packages.

The Paediatric Society of Ghana must press for the improvement of services for
children in line with the recommendations in this report and promote local leadership
for improvement among its members.

Cost of hospital care is a significant barrier and communities must be encouraged to
register all children in the National Health Insurance Scheme (NHIS) as they are in
the exempt category.