Review of
Moteclife-UK
October 2008
Trip to Ghana
(Part 3 – Nkawkaw)

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On Behalf of
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Contents

Introduction

Nkawkaw Holy Family Hospital is a target hospital for Moteclife-UK. During the charity's visit in October 2008, the hospital had a medical officer, a biomedical scientist and a reporting radiographer stationed there for most of the two weeks period.

In addition other Moteclife members visited for short periods of time. There were daily lectures at the Holy Family Nursing Training College for most days.

Part of the objective on the October 2008 trip was to collect documented feedback on all the Charities activities. This has the sole purpose of informing the Charity on how to improve on its service delivery in a manner that is responsive to the needs of the target hospital staffs, the patients and lecture audiences.

Feedback forms were collected from these stakeholders. The feedback from lecture audiences had been analysed separately on a lecture-by-lecture basis. As a result this analysis would concentrate mainly on the feedback from the patients and hospital staff.

Feedback from the clinic

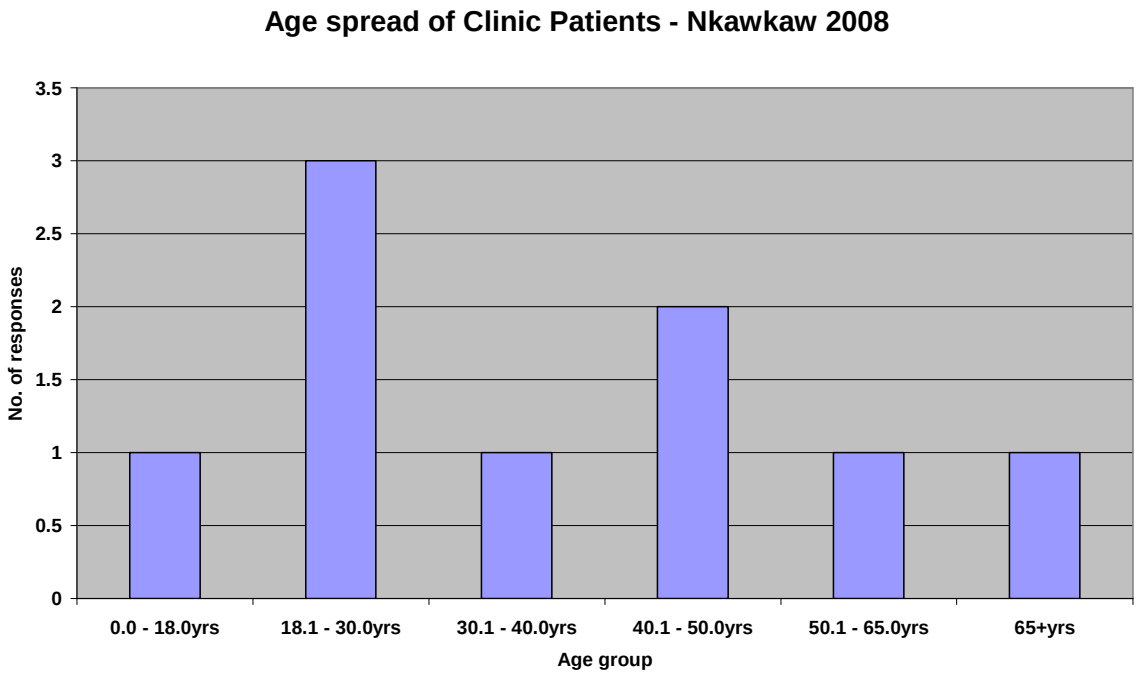
Unlike the Koforidua and Akosombo Hospitals the clinics run by Moteclife in Nkawkaw on the October 2008 trip was mainly a medical outpatients' clinic. In addition the physician also provided backup service for general practitioners working in the hospital.

Patients' Characteristics

Age & Gender Distribution

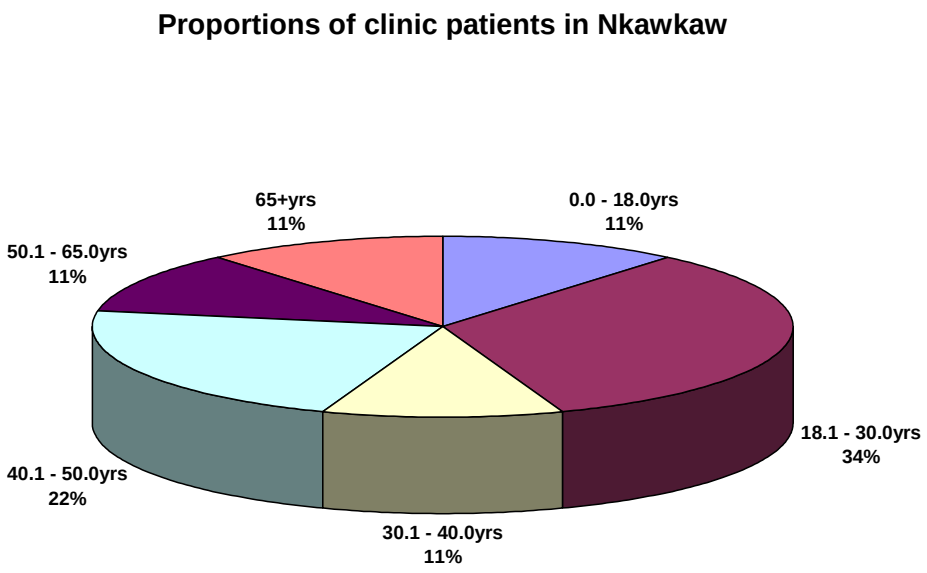
Patients in all age groups were seen at the outpatient clinic in Koforidua. The age spread on this occasion went from about 10 years to 65+ years. See fig. 1 below.

Fig. 1



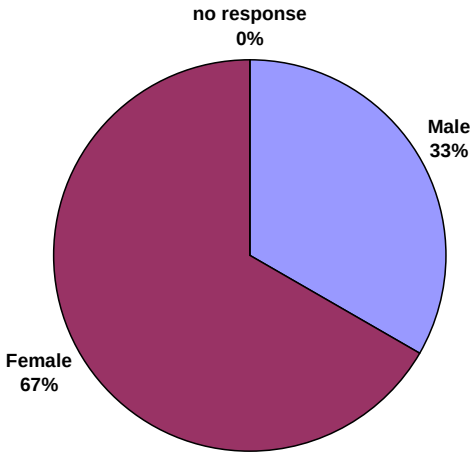
The spread of patients seen had two peaks at aged ranges 18.1 – 30 years and 40.1 – 50 years with 34% and 22% respectively. See Fig. 2 below. The age ranges 0.0 – 18 years, 30.1 – 40 years, 50.1 – 65years and 65+ years all had 11% of respondents.

Fig. 2



There were twice as many female respondents (66%) seen in the medical clinic as were men (33%). See Fig. 3 below

Fig. 3

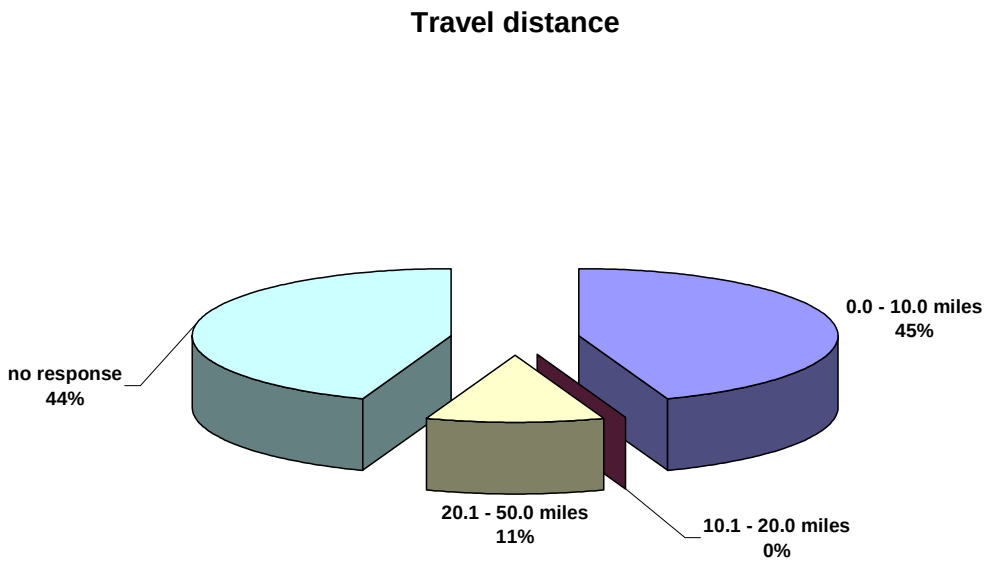


Clinic Catchments Area

Patients seen at this clinic were from Nkawkaw and surrounding areas in the Eastern region of Ghana. About 45% of respondents lived within 10 miles of the hospital and another 11% within 20.1 to 50 miles of the hospital. 44% of respondents let this question unanswered.

See Fig 4 below.

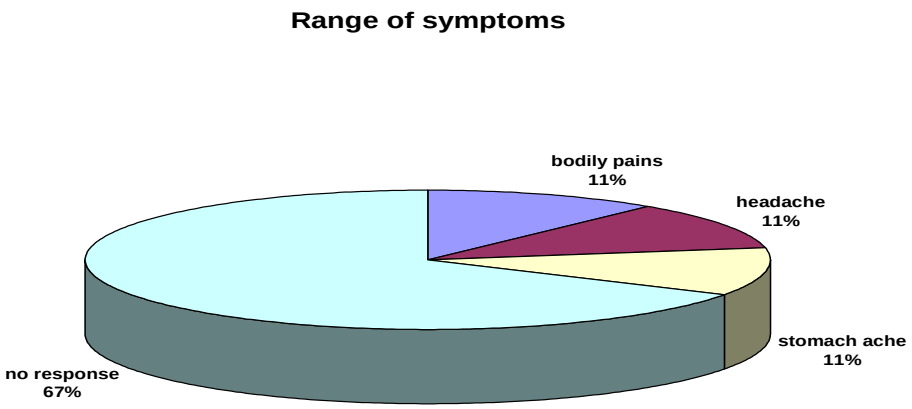
Fig. 4



Range of symptoms

Respondents were asked about their symptoms but most respondents (67%) did not answer this question. 11% each complained about headaches, bodily pains and stomach ache. See fig. 5 below.

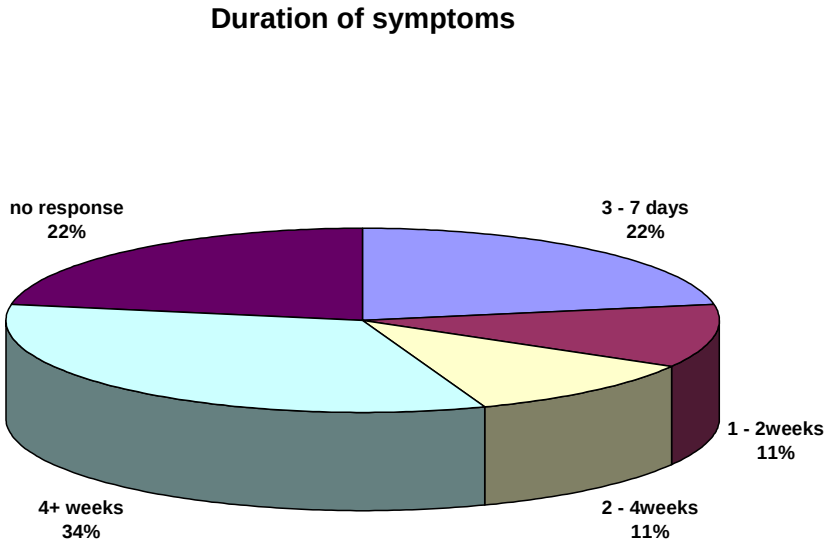
Fig 5



Symptoms Duration

34% of respondents suffered their symptoms for up to a month before turning up at the clinic. 11% presented within 2 – 4 weeks and another 11% presented within 1 – 2 weeks. 22% of respondents did not answer this question. See Fig. 6 below.

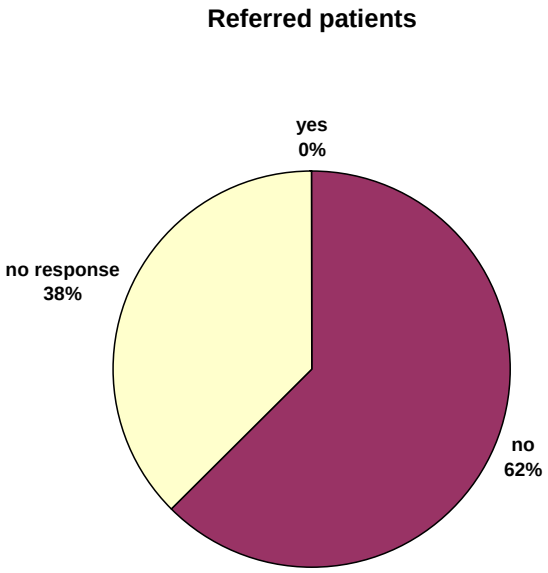
Fig. 6



Patients' Pathways

No respondent admitted to being referred. 62% of respondents said no and 38% did not answer this question. However it is well know that whereas some of the patients are allotted directly by the registration desk quite a number of patients seen were in fact internal referrals from other doctors and Medical Assistants. It is obvious that the patients did not view these as referral but as some form of triage system. See Fig. 7 below

Fig. 7



Service satisfaction

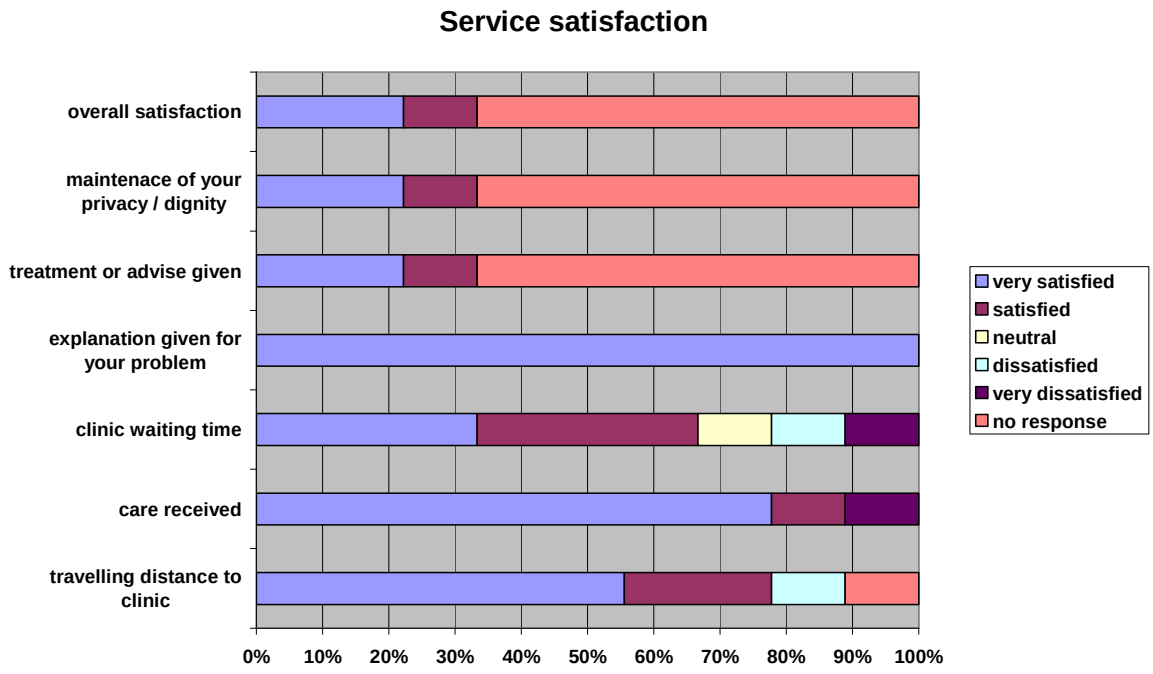
Almost 80% are satisfied or very satisfied with the distances they have to travel. 10% are dissatisfied with the distance they had to travel and the remaining 10% did not respond to this question. See Fig. 8 below. Incidentally the 10% of respondents who were dissatisfied did not indicate how far they had to travel. So it is not possible to even speculate whether their dissatisfaction was with the distance per se or some other aspect of the travel like the mode of getting to the unit.

67% were satisfied or very satisfied with the time they had to wait in the clinic to be seen. 11% were neutral in their response and 22% were dissatisfied or very dissatisfied.

90% of respondents were satisfied or very satisfied with the care they received but the remaining 10% were very dissatisfied. All respondents (100%) were very satisfied with the explanations they received for their problems however only 36% documented that they were satisfied or very satisfied with their treatment and/ or advice, the way their privacy and dignity was handled during this contact. The remaining 64% of patients did not respond to this question.

When asked about overall satisfaction, only 36% documented that they were either satisfied or very satisfied. The remaining 64% did not respond to this question.

Fig. 8

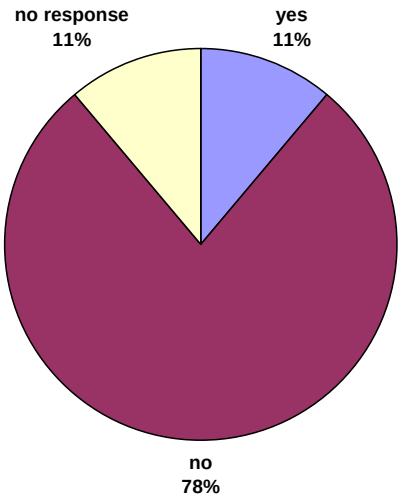


Experience with Moteclife-UK

78% of respondents have no prior knowledge of Moteclife-UK before coming to the clinic. 11% did, having received medical treatment from members of the charity during a previous visit. 11% of respondents did not answer this question. See Fig. 9 below.

Fig. 9

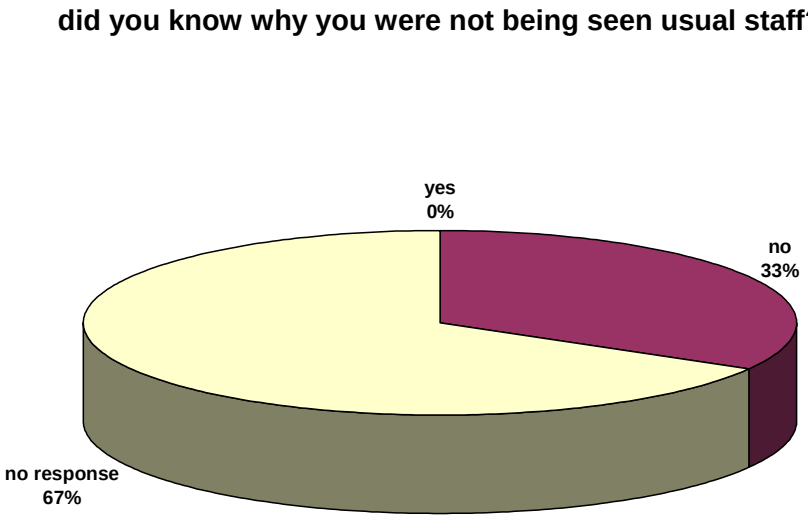
Have you heard of Moteclife-UK before today?



When respondents were asked if they knew why they were not being seen by their regular hospital staff. See Fig. 10. The two thirds of respondents (67%) did not answer the question and the other third answered no.

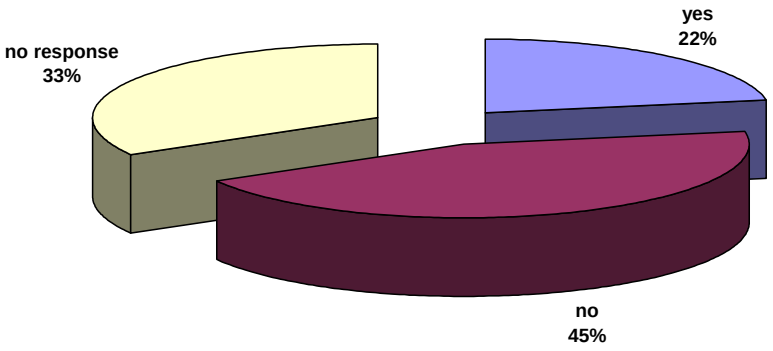
All these patients had presented at he Holy Family Hospital as they would do anytime they needed medical attention. They had no regular doctors. Most of the Ghanaian population do not have family doctors so they see whoever was available to see them at the hospital on the day they presented. Besides the Moteclife-UK physician who they saw, was of Ghanaian origin and communicated with them in their native language or English depending on what language the patients were comfortable with.

Fig. 10



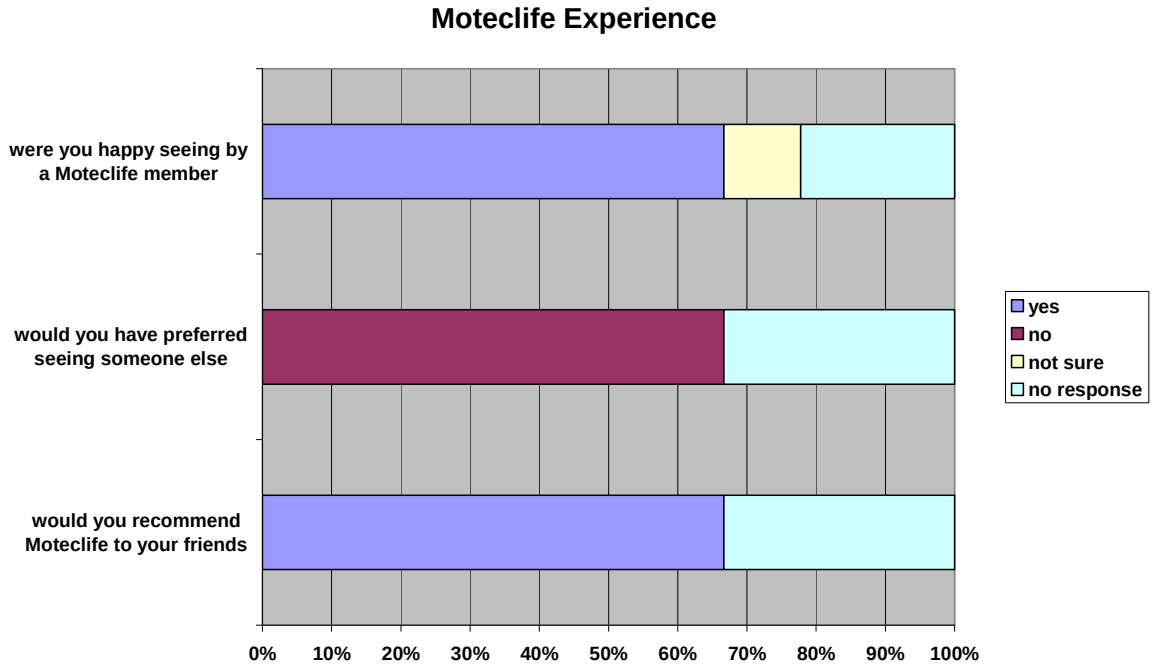
Only 22% of respondents claimed to have known that they were being seen by a Moteclife practitioner. See Fig. 11 below. 45% did not know and the other 33% did not answer.

Fig 11



Respondents were asked if they would have preferred seeing someone else other than the Moteclife-UK practitioner. No respondent answered said they would prefer seeing another doctor. Two thirds (67%) of respondents said no and the remaining one third did not respond. See Fig. 12 below

Fig. 12



Two thirds of the respondents (67%) were happy seeing the Moteclife member 11% of respondents were “not sure” about 22% gave no response. See Fig 12 above.

67% of respondents would recommend Moteclife-UK to their friends and the remaining 33% did not answer this question

Patients' comments & Suggestions

Half of the returned questionnaires had no comments or suggestions whatsoever. Comments from received are listed below.

1. I want to see this doctor always.
2. He is good
3. He was kind to me.
4. This doctor must remain at the Holy Family Hospital Nkawkaw.

Staff feedback

Staffs of Nkawkaw Holy Family Hospital were also given questionnaires to assess the impact of the Moteclife visits on their work load and their views with regards to the actions and activities of Moteclife during the visits. Their views were also solicited on areas where they think Moteclife was more needed.

Unfortunately, only two completed questionnaire were returned. They make interesting reading but it would be difficult to draw any generalisations from these.

Staff Characteristics

Staff characteristics

Both questionnaires were returned from nurses working in the medical outpatients. None was received from the wards. One of the nurses had been working for over one year and the other over two years.

Both respondents were female. The respondent who had been working for two years had worked with Moteclife-UK during a previous visit to Nkawkaw by the team and the other had not.

Effects of visits

Before and during visits

Staff members were asked to comment about the amount of notice they get and whether the preparations to receive the Moteclife team cause them any untoward disruptions to their routines.

One respondent was not sure and the other one said the notice period was enough. Both respondents however agreed that any preparations for the visit did not disrupt their routines.

Both respondents agreed that there was an exchange of knowledge and skills during these visits but there was no change in working practices during these visits.

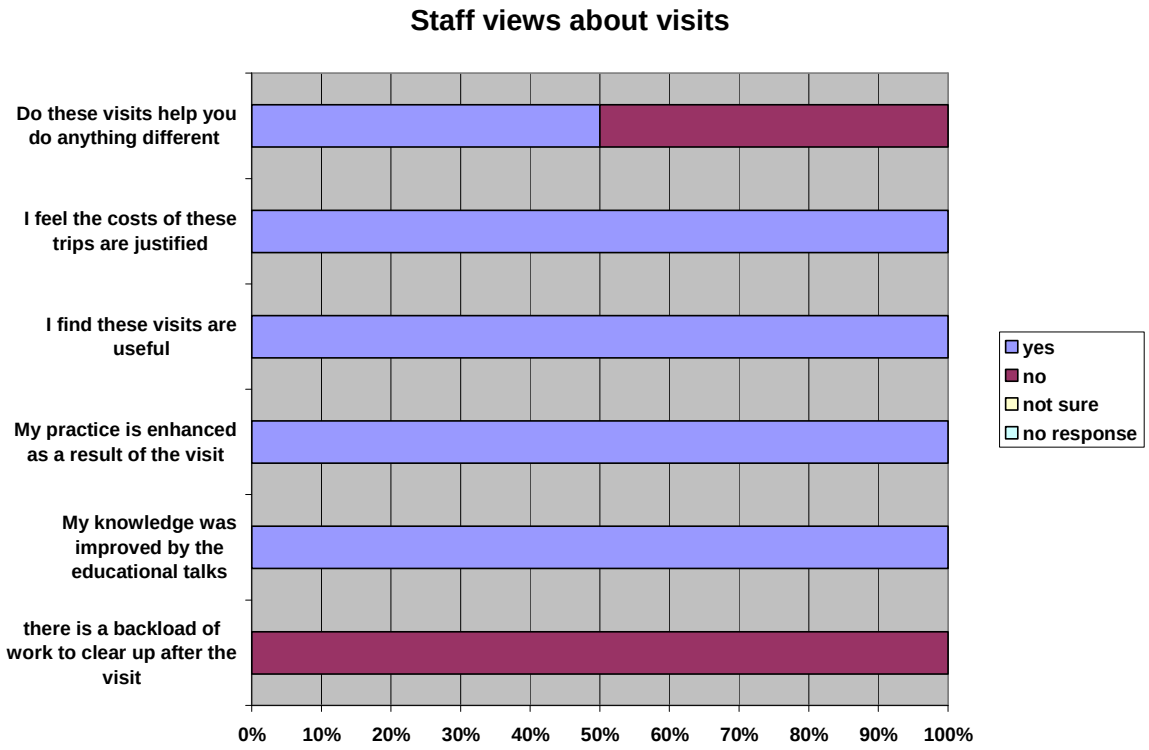
Post visit

Staffs were asked if there a backload of work after Moteclife had completed their visits. All of them said there was no work backlog after visits.

One person agreed that the visits helped her to do things differently but the other denied that the visits helped her to do anything differently.

All respondent said that they found these visits useful, their knowledge were improved by educational talks and their practices would be enhanced as a result of these visits. All of them also thought that the costs of these visits were justified. See Fig. 13 below.

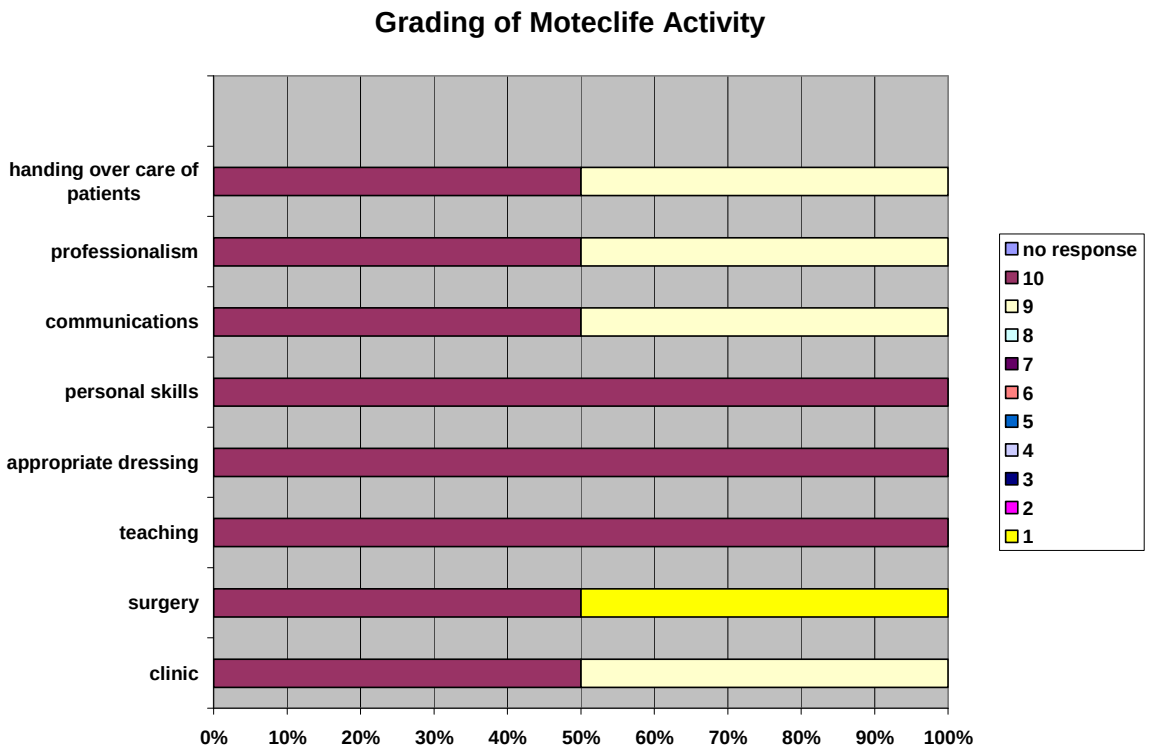
Fig. 13



Grading of Moteclife Activity

Staffs were asked to grade the activity of Moteclife on this trip on a scale of 1 – 10, with 10points being the maximum / best performance and 1 point being the lowest / poorest performance. Eight areas were graded and the mark given for each area applied to the whole Moteclife team which visited Nkawkaw during October 2008. The grades / marks awarded were at the sole discretion of the individual staff member. No guidance was given as to what level of activity should be awarded what mark. See Fig. 14 below.

Fig. 14



For the purposes of this analysis a cut off of 6 – 10 points is used. Whereas this cut off is arbitrary the reason behind this is that an attempt to look at performance that are above average to excellent.

The specific areas involved were “clinics, surgery, teaching, appropriate dressing, personal skills, communications, professionalism, and handing over care of patients”.

All the respondents gave the Moteclife-UK team a 9 -10 grading for each and every one of these areas with the exception of surgery. This was because the surgical team was meant to have been at Nkawkaw on this trip, but the arrangements were cancelled due to unforeseen circumstance. One of the respondents explained that she had not seen ay surgery that was why she gave a grading of 1.

As stated at the beginning, these do make interesting reading but generalisation cannot be drawn from the results.

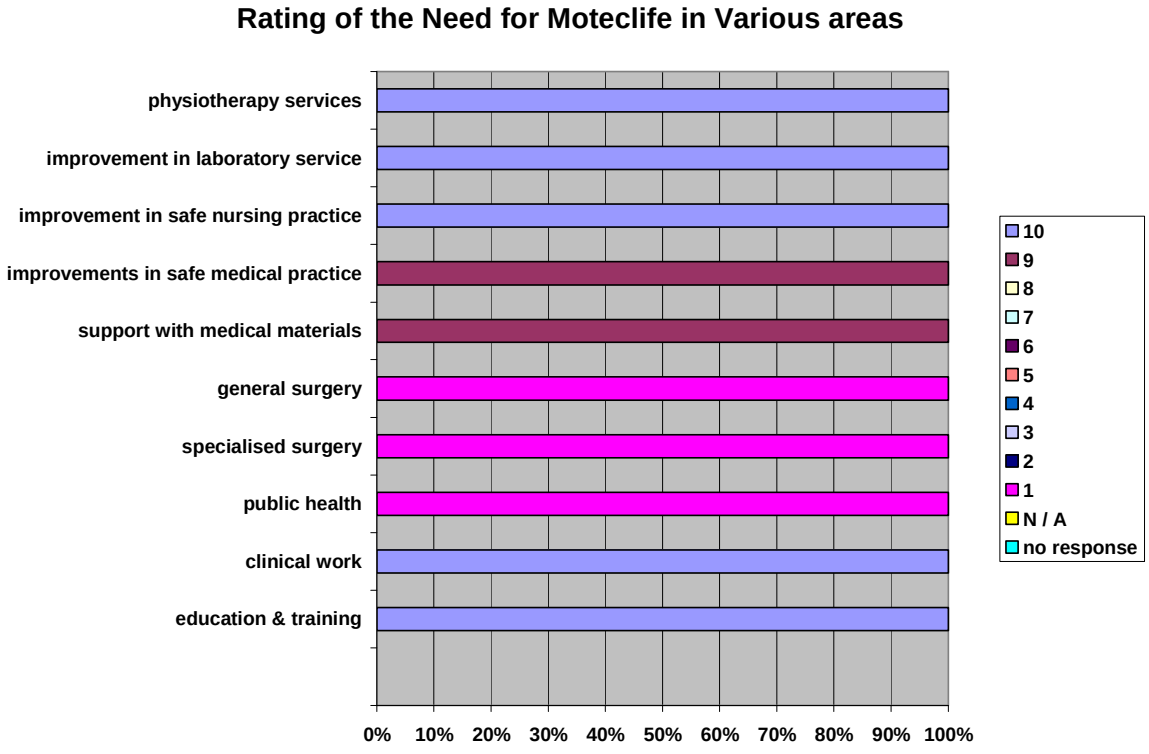
Need for Moteclife in Different Areas

Next the Staffs were asked to rate how much need there is for Moteclife in the following areas; education & training, clinical work, public health, specialised surgery, general surgery, support with medical materials, improvements in safe medical practice, improvement in safe nursing practice, improvement in laboratory service, physiotherapy services, and any other areas (which the staff member may specifically suggest). Again the rating was left entirely to the staff members of Nkawkaw Hospital. Refer to Fig. 15 below for the following analysis.

Public health, general and specialised surgery were given the lowest rating possible, a rating of 1 each. Provision of material support and safe medical practice had a rating of 9 each. All the other areas, namely, education & training, clinical work, improvement in safe nursing practice, improvement in laboratory service, physiotherapy services each got a rating of 10.

Again, no conclusions could be drawn about this data except that it is a classic example of how results can be much skewed when data collection is inadequate.

Fig. 15



Staff Comments

Staffs were asked to provide comments under four main headings.

1. State what was good about the services provided by Moteclife-UK.
2. State what was bad about the service provided by Moteclife-UK.
3. Is there anything that could be improved?
4. Any other comments

The following were comments collated from the returned questionnaires from staffs on the various issues. They follow no particular order and they are largely unfiltered except to prevent obvious repetitions.

What was good about the Moteclife-UK Services?

1. More time is spent sorting out the patients in a manner that is not done in this usual in this hospital.
2. Good Dr-Patient relationship

What was bad about Moteclife-UK Services?

1. I was disappointed that the planned surgeries could not be carried out as patients were complaining about it.

What could be improved?

[No comment was received from any of the respondents on this issue.]

Any other comments

1. There should be more frequent visits as patients really helped a lot during these trips. [this comment was repeated by all the respondents in various ways]

Conclusions and Observations

The quantity and completeness of the feedback received from the clinic and the staff on one hand and the lecture audience on the other during the Moteclife trip of October 2008 visit contrast widely. Whereas the questionnaires from the lectures were adequate and complete those from the clinic were not complete and inadequate numbers were returned. The most likely explanation for this contrast in the same hospital over the same period may lie in how the feedback forms were administered and collected.

Whereas the forms in during the lectures were distributed and at the beginning of the lecture and collected at the end by Moteclife-UK members, distributing and collecting the forms was delegated to outpatients' staff, who was probably already busy form her routine work. Hence two main conclusions which could be drawn from this are that Moteclife-UK members should administer and collect questionnaires themselves unless there are very good reasons not to do so and inadequate data could lead to much skewed when the data comes to be analysed.

For most patients attending the medical outpatients' clinic in Nkawkaw, the distance to the clinic, although could be considerable is of no major concern. However they were less satisfied with long waiting in the clinic to be seen. This state of affairs was partly because of the somewhat cumbersome process of registration which had nothing to do with Moteclife members. This wait is further compounded by the fact that Moteclife physician did not often start seeing patients till about 11am because he was on a ward round with one of the local doctors. This wait could be reduced if the physician dealt mainly with referred patients both on the wards and in the clinics. Patients were satisfied with the service received from the Moteclife team and the attention given to sorting out their problems. They appreciated the patient centred approach of the Moteclife physician and their comments clearly reflected this appreciation.

No generalisations could be made of the staff feedback because there was not enough feedback forms returned.

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On Behalf of Moteclife Audit team
13th January 2009