



REGIONAL OFFICE FOR THE WESTERN PACIFIC
BUREAU REGIONAL DU PACIFIQUE OCCIDENTAL

MISSION REPORT

Subject : Review on-going quality assurance programme activities in each state and recommend improvements

Place(s) visited : Federated States of Micronesia

Dates of mission : 14 March-19 April 2003

Author(s) and designation : Dr Michael Robert Jones
Short-term Consultant

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**WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC**

MISSION REPORT EXECUTIVE SUMMARY

Dr Michael Robert Jones
Author(s)

Federated States of Micronesia
Place(s) visited

14 March-19 April 2003
Dates of mission

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Objectives of mission:

In collaboration with national and state level staff from the Department of Health, Education and Social Affairs and other Government officials:

1. to analyse current quality improvement requirements, plans, structures and initiatives in each of the four states;
2. to review the status of the implementation of previous recommendations made by consultants and analyse factors affecting the implementation of quality improvement initiatives;
3. in Chuuk State, assess and identify priorities for key areas of quality improvement and develop plans for priority areas identified, with practical steps to be implemented by national staff; and 4. to provide recommendations for continued and sustained health service quality improvement activities, policies and plans.

Summary of activities, findings, conclusions and recommendations:

The writer had discussions with a number of key people at both the national and state levels, visited the hospital in each state, the departments of public health and some dispensaries, and reviewed reports which were relevant from a number of previous consultancies, as well as the current national legislation. There are only limited quality activities being carried out, these are in nursing only (except for Kosrae), are in the form of audits of compliance with policy and procedure manuals, and have led to few, if any, improvements in quality as a result. There has also been little progress in the implementation of recommendations made in previous WHO consultancy reports. It is very difficult in any health service, particularly small scale services such as exist in the Federated States of Micronesia, for a department or division, such as nursing, to conduct an effective quality improvement programme in isolation. There needs to be a comprehensive programme for each health service in which all staff participate. An effective quality improvement programme will be the catalyst for improvements, leading particularly to improved clinical outcomes for patients and to improved job satisfaction and morale for staff. The recommendations in this report set out the necessary basis for such a programme. Poor quality is the key problem for health services in the Federated States of Micronesia, and at present both patients and staff are at risk, so that there is an urgent need to properly address this problem. The implementation of Compact Two, with its emphasis on education and health, is a very good time for all State health services to implement a comprehensive and effective quality improvement programme with the support of the national Department of Health, Education and Social Affairs.

Recommendations include the following:

- (1) National health services standards should be adopted (see Annex 2);
- (2) The Department of Health, Education and Social Affairs should work with the States towards parity of health service staff salaries and conditions between all four States;
- (3) A national quality improvement project officer should be appointed;
- (4) High priority should be given to continuing efforts to establish a faculty of nursing within the Federated States of Micronesia;
- (5) All State health services should establish a quality improvement programme driven by the Director with support from a national quality improvement project officer with the following four components: (a) Formation of a multidisciplinary Quality Improvement Committee chaired by the Director; (b) Identification of problems and prioritizing of these problems by the Committee; (c) Inclusion of the most urgent problems to be addressed in a quality plan; and (d) An active continuing professional development programme for all staff; and
- (6) In Chuuk State, the following four problems should be addressed in order: (a) 24-hour a day security for the hospital in particular; (b) Reliable 24-hour provision of hot and cold running water; (c) Cleanliness of all buildings and grounds; (d) Maintenance; and (e) Provision of basic diagnostic equipment and sufficient supplies of medicines to adequately diagnose and treat patients should be addressed concurrently through the present budget process.

Key words : Quality assurance, Health care / Quality of health care

1. PURPOSE OF MISSION

The writer visited Pohnpei, Chuuk, Kosrae, and Yap, Federated States of Micronesia from 14 March 2003 to 18 April 2003 with the following terms of reference:

In collaboration with national and state level staff from the Department of Health, Education and Social Affairs, and other Government officials:

- (1) to analyse current quality improvement requirements, plans, structures and initiatives in each of the four states,
- (2) to review the status of implementation of previous recommendations made by consultants and analyse factors affecting the implementation of quality improvement initiatives;
- (3) in Chuuk State, assess and identify priorities for key areas of quality improvement and develop plans for priority areas identified, with practical steps to be implemented by national staff; and
- (4) to provide recommendations for continued and sustained health service quality improvement activities, policies and plans.

2. BACKGROUND

Previous consultants have noted that poor quality is a key problem of the health services in the Federated States of Micronesia.

There have been a number of consultancies to the Federated States of Micronesia with respect to the quality of health services, and to try to establish a system of quality improvement. However, despite these consultancies, there has been very little progress.

There are currently significant risks and problems for both patients and staff within the health services, and these require urgent attention.

3. ACTIVITIES AND FINDINGS

3.1 Activities

The writer had discussions with a number of key people at both the national and state levels, visited the hospital in each state, the departments of public health and some dispensaries. The writer also reviewed reports which were relevant from previous consultancies, as well as the

current national legislation, Compact Two, and the Basic Social Service Project with the Asian Development Bank.

3.2 Findings

3.2.1 Current Quality Improvement Activities in Each State

In Pohnpei, the Chief Nurse conducts a quality assurance audit in nursing every three months, but otherwise there is no quality improvement programme in place at the hospital. With respect to public health, the Clinical Director is in the process of trying to standardize some protocols and clinical guidelines, and has set up a monthly meeting for all health assistants as well as visiting each dispensary every three months, and doing a clinical review of five patient files.

In Chuuk, the only quality activities relate to the nursing staff. These have been commenced recently with the help of a WHO consultant, who has written job descriptions for the nursing staff, and a Nursing Quality Assurance Committee has been set up. This committee has identified the licensing of all nurses on staff (achieved), decreasing absenteeism, and improving clinical skills as their top three priorities.

In Kosrae, there is a very good set of job descriptions and policy manuals. A staff member who is a nurse by training is responsible for quality assurance, manpower and continuing education for nurses. This person conducts an audit every four months according to a very detailed checklist of all wards and departments in the hospital and in public health. This is a very time consuming task. The items on this checklist (140 items for the wards and over 200 for public health) are taken from departmental manuals, and therefore completion of the checklist serves as an audit of compliance with these manuals. The quality assurance person works out the percentage compliance for each “standard” for each area, and notifies staff if this has improved or declined since the last survey.

The Director is notified of areas of specific department and/or staff concern, and states that the main impediment to improving quality is the lack of money for essential things like medicines and culture media. The hospital is currently undergoing a US\$1.0 million refurbishment.

In Yap, there is a similar situation to Kosrae, except that the audits are only carried out in nursing, and are done by the Chief Nurse. There are very good policy and procedure manuals for nursing, and good job descriptions. The author of these states “The quality assurance system uses as it’s major maintenance tool the policy and procedure manuals implemented into each nursing unit and the related quality assurance audits”. There is also some quality assurance activities done on the laboratory equipment.

Results of the audits show that the same problems keep recurring, but nothing is done about them, and there have been no changes as a result of these audits since they were implemented. This has led to frustration for the staff who feel that there is no incentive for them to try to maintain standards. While the Purpose and Mission Statement says in part “We will eliminate those employees who do not abide or identify with this statement”, this is not possible, as there are not enough nurses now, and few people wanting to become a nurse due to the hard work and poor salary. This situation emphasizes the importance of recommendations (2) and (6).

The problems associated with this audit approach as the sole component of a quality programme are:

- It involves a significant amount of work.
- It is an audit done at a point in time by a person who can only observe what is there on the day of audit, and has to rely on information from others for many items.
- It focuses in great detail on many things that should be the responsibility of “management”/departmental heads to manage on a day-to-day basis.
- It is only one way to help identify problems.
- As one staff member commented, there is a “weariness” of staff who can’t see the point of repeating a process which continually identifies the same problems/deficiencies, but nothing happens to improve the situation.

The whole point of a quality improvement programme is for it to be the catalyst for improvements, leading in particular to improved clinical outcomes for patients and improved staff satisfaction and morale.

This audit is, however, one way of identifying problems which need to be addressed, and should continue in a modified way as part of an overall quality programme.

3.2.2 Status of Implementation of Previous Recommendations made by Consultants

There have been a number of consultants who have provided reports in recent years that relate to quality and the improvement of health services. The writer reviewed all of these, and has found that very little has been implemented as a result. The sheer volume of some of these reports together with the number of recommendations (28 in one report) have been so daunting to the people for whom they were written, that in many instances they did not know where to start, and in others did not have the skills and/or workforce capacity to do so. Political realities also play a very important role.

Work on the priorities that were determined at the workshop in Chuuk in November 2002, and put into a Quality Plan with 17 major objectives, have not progressed at all except for the formation of a Nursing Quality Assurance Committee. The writer inquired about the reason for this, and was informed that again staff felt overwhelmed by the number of priorities that were listed, and were unsure how to progress.

3.2.3 Current Major Problems affecting Quality

There are a number of problems that are impacting on the ability of the State Health Services to improve the quality of patient care and services. These problems are as follows:

- There are no national standards which can be used in any sort of accreditation process.
- There is no uniformity of salary or conditions for staff between States.
- The management capacity is limited.
- There is a lack of sufficient trained staff, especially nurses.

- Staff absenteeism and tardiness are high, and there is a general negative attitude towards work.
- Maintenance of equipment and infrastructure is inadequate.
- There is a lack of drugs, linens and other supplies and equipment.
- There is a lack of basic diagnostic equipment.
- There is no school of nursing in the Federated States of Micronesia, and little interest from students to take up nursing.
- Only three medical students are currently being trained (overseas).
- There are no established standards for the initial licensing of doctors.
- There are varying degrees of commitment to continuing professional development. Continuing professional development is a requirement for the re-licensing of nurses but not doctors.
- There is a lack of community “ownership” of health services with a consequent lack of courtesy and consideration for staff, and misuse of buildings.
- There is an unwillingness of many people in the community to accept some responsibility for their own health.
- There are no standards for external contracts, e.g. cleaning.
- There are no nationally accepted criteria for off-island referrals. As a result, up to 25% of the health budget is spent on these patients, with some concern that there is political intrusion into the process for selecting those that are sent abroad for treatment.

As one person the writer interviewed said “It all boils down to funding and standards, and we don’t have either”, and while this is true for the standards, it is hoped that with the second compact there will be sufficient funds to provide essential health services. In any event, quality and costs are closely linked, and there is no doubt that an effective quality improvement programme is also very cost effective.

3.2.4 Additional Problems Causing Difficulties in Chuuk.

In addition to the above problems, all of which affect the quality of health services in Chuuk, there are other major problems there which further compound the situation:

Buildings and environment:

- Lack of security at the hospital, especially at night
- Often many more than one attendant per patient
- Improper use of hospital facilities by those living nearby and by school children

- As a result of the above and other factors, accumulation of rubbish in clinical and all other areas, and defacing of walls with graffiti
- Cats living in clinical areas with consequent cat faeces and urine apparent.
- Multiple rats, despite the cats who are too well fed on the rubbish and food scraps
- No hot water available nor is there even a reliable supply of cold running water

Staff:

- Absenteeism, tardiness, and negative attitude of staff referred to above are particularly noticeable in Chuuk
- Staff salaries have been “frozen” for some years and are lower than in Pohnpei, which is a continuing source of staff frustration and discontent
- Staff state that there is lack of communication and that they are “scolded” but never praised for their efforts

Equipment:

- Clinical reviews have ceased because medical staff feel there is no point, as a definitive diagnosis cannot be established in difficult cases without basic diagnostic equipment. Limited haematology, a mobile X-ray machine, a basic EKT (if paper is available) with no defibrillator and an ultrasound for obstetrics are the only equipment available.
- Concerns about the radiation safety of the radiology equipment
- Cross infection rates are very high in the opinion of the doctors (which is hardly surprising in view of the cats, rats, rubbish and lack of running water), but there is no way of measuring this due to lack of diagnostic equipment and reagents.
- No proper forms for staff to use in the medical record or for prescriptions. Paper already used and discarded by the Legislature are being used
- As a result of the above, inaccurate statistics being collected
- Lack of equipment also in non-clinical areas, and insufficient food to provide for all patients. No nutritionist on staff (nutritional disorders are very common).

3.2.5 The Way Forward Nationally and in all States:

The underlying premise is for a health service to provide effective quality care for patients and clients in an environment that is safe for patients, staff and visitors, and which values staff. The way to achieve this is through a comprehensive quality improvement programme.

People do not like uncertainty and do not work effectively when uncertainty is present. It is therefore essential that each member of the staff clearly understands what his or her duties are and against which standards they are being evaluated. Hence there are three basic requirements:

- (1) *The establishment of national standards for health services*, and, in due course, a national accreditation process based on these standards (see Annex 2 for a suggested set of standards).
- (2) A clear concise job description for every staff member.
- (3) An up-to-date policy/procedure manual for each department.

With the above basis, there needs to be a hospital-wide and public health-wide quality improvement programme in every state hospital and public health service. This programme needs to be established with the following four components:

- (1) The establishment of a hospital and public health wide multi-disciplinary committee, with representatives from each department, chaired by the Director.

Peer groups/departments should continue to meet as sub-committees to help identify problems, and to ensure that there is proper communication with all staff.

- (2) *Identification of problems.* These can be identified by a number of means such as

- Audits
- Clinical reviews by the medical staff including reviewing all deaths and serious complications, and the establishment of clinical guidelines for the more common conditions
- Patient surveys
- Staff meetings/surveys
- Community focus groups
- Complaints
- Incident forms for serious incidents

- (3) The establishment of a quality plan which also acts as a quality register which can be a spread-sheet with the following headings:

Problem Action (to address problem) Person responsible Date (for completion)

Expected outcome Actual outcome

The multi-disciplinary committee needs to consider all the problems that are identified and prioritize these problems for insertion in the plan. The committee needs to ensure that the most important problems are dealt with first, and that only a limited (manageable) number are listed and acted on at any one time.

- (4) *Encouragement and practical support/facilitation for all staff to participate in continuing professional development*, regardless of what department they work in. There has been little support, for example, for refresher/updating courses for health assistants,

who are the first point of contact for many patients. Continuing professional development for ALL staff is a critical part of a quality improvement programme. While the distances in the Federated States of Micronesia create some difficulties, continuing professional development can be done through teleconferencing, ready access to the Internet, bringing in experts to run courses and updates, in-house clinical reviews and case presentations for clinical staff, etc. This is an important priority identified in the Social Service Project also.

There needs to be an active undergraduate training programme for nurses in particular within the Federated States of Micronesia, and for doctors through a medical school outside the Federated States of Micronesia, to stimulate learning by all staff and to ensure the provision of sufficient properly trained clinical staff both for now, and for the future.

3.2.6 The Way Forward in Chuuk:

In Chuuk state, the basic requirements for a quality improvement programme listed above need to be met, but the first four major problems that need to be addressed are (in order):

(1) Security:

The practical steps necessary are:

- Replacement of missing metal louvers
- Securing all external doors
- 24 hour presence of security personnel
- Only one door should be open at night for staff and emergency patient use with constant security surveillance
- Security to strictly enforce only one attendant per patient, to ensure that visiting hours are strictly observed, and to prevent the use of facilities by neighbours and school children.

(2) Provision of 24-hour availability of running hot and cold water:

- Compact two states that there will be a specific commitment to “projects that directly affect health and safety including water and waste water projects”
- Hotels in Chuuk provide reliable hot and cold running water
- To provide this at health service facilities will not cost a lot of money (the writer is not an expert in this area, but has been informed that the cost should be between US\$10,000 and US\$20,000).

(3) Cleanliness of the whole facility:

Once the above two projects have been successfully completed, the cleanliness of all buildings and grounds can be achieved by:

- Getting rid of the cats and rats

- Proper training of the janitors, and ensuring that they are provided with adequate quantities of disinfectant and gloves at all times
- All staff taking a pride in the cleanliness and appearance of all buildings and grounds, and setting an example in this regard
- Education of the community through the local radio station to emphasize that the hospital is different, and that proper cleanliness is a very important part of helping people to get better. This is also an important objective in the Basic Social Service Project with the Asian Development Bank to “encourage community involvement, particularly in the maintenance of buildings.”

(4) Maintenance:

The roofs of all main buildings have recently been replaced at a cost of over US\$1.0 million. However, there is a lot of the internal fabric in need of refurbishment/maintenance, and this should be achievable without spending a lot of money by:

- Ensuring that staff with the required training and skills are employed
- Providing the tools required and ensuring that there is a system to safeguard the retention of these tools
- Ensuring that a programme of preventative maintenance is put in place.

Throughout this process, it is essential that those who are in management positions consult and communicate with staff so they are fully informed about what is happening.

There are discussions about “privatizing” or contracting out some services such as the cleaning, and if this path is followed it will be absolutely essential that there are high standards set that can be effectively monitored by the administration to ensure they are being achieved by the contractor. There are lessons to be learned from other states who have already “privatized” some services with only limited success.

The writer does not want to appear to diminish *the importance of providing adequate quantities of essential drugs and diagnostic equipment* in Chuuk, but these should be able to be addressed through Compact Two and the current budget process, at the same time as the above four basic problems are being addressed.

It is fortuitous that the new Director has a Master’s Degree in Environmental Health, which means that he has the skills and experience to initiate the above programme and achieve the objectives. In addition, the writer suggests that the Director should consider appointing an experienced staff member as the “Quality Improvement Coordinator”. Although it is essential that ALL staff take responsibility for and participate in quality improvement activities, to have an experienced and dedicated staff member to help the Director manage such activities would be useful. This would not need to be a full-time position, but could be part of the responsibilities of a current member of staff.

3.2.7 National Initiatives

While the writer appreciates that the four states value their independence and the right to make their own decisions, there are clearly some initiatives that need to be taken at the national level, such as the setting of national standards and the establishment of a school of nursing.

However, in addition the writer believes that there needs to be communication and cooperation between the States, with coordination at a national level to make the best use of scarce resources, and so that each State is not duplicating work that has already been done in another state. So, for example, the sharing of job descriptions, departmental manuals, etc. could save a great deal of time and effort. Also, because of the comparatively small size of the Federated States of Micronesia population, the national Department of Health, Education and Social Affairs would have much greater bargaining power when dealing with manufacturers of medicines and equipment. There is a need in all states to purchase basic diagnostic equipment, and a most important part of any contract will be to not only get the best price, but also to include in the contract the training of local staff to use the equipment, and the regular maintenance of this equipment by the supplier. Such negotiations will be greatly facilitated if the order is for more than one machine. Although such equipment can be expensive, it should easily pay for itself through the reduction in off-island referrals.

The disparity of salaries and conditions between States is a significant source of continuing dissatisfaction and lack of good morale for current staff, and also affects the ability to recruit and retain new staff. Hence there needs to be discussion and resolution between the States at a national level to address this problem.

With respect to the current initiatives being considered to contract out/privatize some services, it is absolutely essential that there be agreed, standard contracts with key performance indicators that ensure high standards and that contractors are accountable for achieving these indicators or having their contract terminated.

The appointment of a quality improvement project officer with the necessary skills at the national level, to advise and help the States in quality improvement, to help implement the national standards, to support the Directors, and to collect, analyse, and be a source of information and benchmarking, would be a very good investment.

4. CONCLUSIONS AND RECOMMENDATIONS

4.1 Conclusions

Poor quality is the key problem for the health services in the Federated States of Micronesia.

Despite a number of visits and reports from consultants over the past few years, there has been very little progress made with respect to implementing effective quality improvement programmes in the health sector.

The writer believes that the failure to make progress has been due largely to staff not knowing where or how to start, and feeling overwhelmed by the number of recommendations and tasks. As a result, the writer has tried to focus on keeping this report straight forward and concentrated on the basics.

At the time of the writer's visit, some quality activities (which are audits of nursing activities) are being carried out within the Nursing Divisions in Pohnpei, Yap and Chuuk to a lesser extent, and there is an audit of compliance with departmental policy manuals in Kosrae, but otherwise there were no other quality improvement activities. However, even these activities have led to few, if any, improvements.

The whole point of a quality improvement programme is for it to be the catalyst for improvements, leading particularly to improved clinical outcomes for patients, and to improved job satisfaction and morale for staff. The commitment to quality improvement and the structure to achieve it needs to involve the whole health service network, and will not work with just one division or department.

Despite the difficulties that lack of resources have created previously, and the fact that money will continue to be tight, the writer believes that this is an ideal time to put the basics of a quality/performance improvement programme in place in all States, as Compact Two emphasizes health and education and states in part:

“With respect to the public infrastructure grant, the highest priority shall be given to primary and secondary education capital projects and projects that directly affect health and safety including water and waste water projects, solid waste disposal and health care facilities.”

Furthermore, at a meeting of the Health Directors and their key staff in February 2003 to discuss the health sector provision under Compact Two, it was agreed to use the funds for two strategic goals:

- (1) Improve primary health care
- (2) Improve secondary care

These goals are to be achieved through such initiatives as strengthening management and the introduction of quality assurance programmes.

Finally, this report is consistent with the objectives and timing of the Basic Social Service Project with the Asian Development Bank.

The writer believes that the key to achieving the recommendations in this report, and to improving the quality of health services in the Federated States of Micronesia, lies with the four State Directors supported by a national quality improvement project officer.

4.2 Recommendations:

National:

- (1) National health services standards should be adopted (see Annex 2).
- (2) The Department of Health, Education and Social Affairs should work with the States towards parity of health service staff salaries and conditions between all four States.
- (3) There should be nationally agreed standard contracts for contracting out/privatizing services with enforceable key performance indicators.

- (4) A quality improvement project officer should be appointed to the National Office as a resource person to support and help progress quality/performance improvement in all States.
- (5) A licensing board should be formed for medical staff, and there should be a requirement for all doctors to demonstrate that they have actively participated in continuing professional development as a condition of relicensing.
- (6) High priority should be given to continuing efforts to establish a faculty of nursing within the Federated States of Micronesia.

All States:

- (7) All State health services should establish a quality improvement programme with the following four components:
 - Formation of a multidisciplinary Quality Improvement Committee chaired by the Director
 - Identification of problems and prioritizing of these problems by the Committee
 - Inclusion of the most urgent problems to be addressed in a quality plan with the following headings:

Problem Action (to address problem) Person responsible Date (for completion)

Expected outcome Actual outcome

- An active continuing professional development programme for all staff

Chuuk State:

- (8) The following four problems should be addressed in order:
 - 24-hour a day security for the hospital in particular
 - Reliable 24-hour provision of hot and cold running water
 - Cleanliness of all buildings and grounds
 - Maintenance.

The provision of basic diagnostic equipment and sufficient supplies of medicines to adequately diagnose and treat patients should be addressed concurrently through the present budget process.

5. ACKNOWLEDGEMENTS

The writer wishes to express appreciation to all staff working at the national level and in each State who gave generously of their time to provide valuable information for this report. In particular, he wishes to thank Dr Jeff Benjamin and Mr Marcus Samo, all of the State Directors, and in Chuuk State, Dr Herlip Nowell and Mr Taisen Aake.

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LIST OF PEOPLE MET

The writer met with a considerable number of staff in all hospitals, and Public Health Services and with staff in some of the Dispensaries. The following Senior Staff met with the writer:

POHNPEI:

Department of Health, Education and Social Affairs:

Dr Jeff Benjamin – Assistant Secretary for Health

Mr Marcus Samo – Section Manager Planning, Family Services and NCD.

State Health Service:

Mr Simao Nanpei – Director

Mr Wincener David – Chief Administrator

Ms Kathy Benjamin – Chief Nurse

Dr Relly Jim – Clinical Director of Community Health Centre

Dr Elizabeth Keller – Chief of Staff.

CHUUK:

Dr Herlip Nowell – Health Advisor to the Governor

State Health Service:

Mr Nachsa Saren – Director

Mr Sanphy William – Director from 03/31/03

Ms Julie Muritock – Chief Administrator

Dr Rita Mori – Acting Chief of Staff

Ms Kikue Moufa – Chief Nurse.

Dr Kino Ruben – Chief of Dispensary

Mr Atitior Edmond – Chief of Public Health

ANNEX 1

Ms Kathy Asor – Chief of Sanitation

Mr Siegfried Rain – Supervisor of SAMH

Dr Enet – Chief of Dental Services

KOSRAE:

Dr Hirosi Ismael – Director

Mr Arthy Nena – Administrative Officer and Director Designate

Dr Livinson Taulung – Chief of Staff

Ms Mirah Palsis – Chief Nurse

Ms Matchugo Talley – Chief of Public Health

Mr Kun Mongkeye – Quality Assurance Coordinator

YAP:

Dr Victor Ngaden – Acting Director

Mr John Gilmatam – Assistant Director and Chief of Public Health

Ms Anna Boily – Chief of Clinical Care

Ms Doris Chutneg – Chief Nurse

Ms Maria Marfel – Chief of Ancillary Division

Dr Stanley Gufsag – Chief of Dental Division

Dr Richter Yow – Chief of Medical Staff

ANNEX 2

SUGGESTED NATIONAL STANDARDS FOR HEALTH SERVICES

The following basic standards are proposed to be applicable to all State Hospitals and Public Health Services. All State Health Services should work towards achieving these standards now, and they could be used as the basis of a future accreditation process:

PATIENT CARE.

- 1) Patients are received safely and emergency treatment is immediately available if required.
- 2) The patient's medical history is properly recorded, together with a proper clinical examination and tests. Consultations are conducted with other specialists if required and patients transferred to an appropriate hospital if they have a complicated condition.
- 3) Patients are treated safely and in a safe environment with proper use of pharmacy, equipment, infection control (including waste disposal) and fire safety. In these areas it is important to ensure the following:

Pharmacy

- Drugs prescribed are on the approved list.
- Adequate supplies of essential drugs in stock at all times
- Drugs prescribed in the proper format and given by the appropriate route.
- Drugs not prescribed unless they are necessary.

Equipment

- Tests not ordered unnecessarily and results made available promptly.
- Essential basic diagnostic equipment available
- Equipment safe and properly maintained with proper quality control (records should be kept by the facility to make sure of this).
- Equipment operated by trained technicians only.

Hygiene and Infection Control

- There is good general cleanliness of the facility
- Hot and cold running water are available at all times
- There are sufficient hand basins and these are properly used by staff
- There are separate "clean" and "dirty" areas relating to Operating Rooms
- Instruments are properly sterilized
- Waste is disposed of properly

Fire Safety

- There are clearly marked fire exits which are not blocked by equipment or other things
- Fire extinguishes are readily available, and the staff know how to use them.

- 5) Proper arrangements are made to continue to look after patients as inpatients or outpatients if necessary, and any special requirements attended to (such as consent, operations and anaesthetics).

Annex 2

- 6) The Health Team evaluates the effectiveness of care through the collection of relevant information and data.
- 7) There is evidence of continuing education/professional development by staff.

ADMINISTRATION:

- 1) There is effective administration and management to ensure that quality care is provided in a safe environment.
- 2) There are good working relationships within the Hospital/Health Service and with the Community
- 3) There are sufficient numbers of appropriately trained staff to provide safe comprehensive health care
- 4) Professional staff are licensed and all staff are appointed through a proper process
- 5) All staff positions have clear job descriptions.
- 6) All Departments have policy/procedure manuals.
- 7) Patients' medical records are stored securely and readily available when required
- 8) In addition to the standards under Patient Care, there is provision of a safe environment by
 - Risks to all patients, staff and visitors being minimized
 - An Incident Reporting System being in place
 - Regular maintenance being carried out to ensure the safety of equipment, buildings and grounds

QUALITY IMPROVEMENT:

- 1) All staff are involved in quality improvement activities.
- 2) There is evidence that the quality cycle is completed, through the following:
 - Identifying problems
 - Taking timely action to address these problems
 - Evaluating the effectiveness of the actions taken
 - Informing all staff of the outcome
- 3) There is demonstrable improvement in care and services through these quality activities.