



Federal Democratic Republic of Ethiopia
Ministry of Health

**CLEAN AND TIMELY CARE IN HOSPITAL FOR
INSTITUTIONAL TRANSFORMATION (CATCH-IT) PROJECT**

CLINICAL SERVICE DIRECTORATE

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1. Background

To achieve universal health coverage, the MOH embarked on an ambitious five-year Health Sector Transformation Plan (HSTP) with four transformation agendas: Quality and Equity, Woreda Transformation, Information Revolution, and Compassionate, Respectful Caring Health Professionals (CRC).

The National Health Care Quality Strategy was launched prioritizing important health conditions and introducing the concept of quality planning, quality improvement, and quality control. A number of national reforms have been underway to improve the quality of health care in Ethiopia.

Since 2006 the ministry has been giving duly attentions to structurally lead, support and improve hospitals' services through leading, supporting and implementing successfully designed national initiatives/programs across the country. This paved the way for the establishment of the Ethiopian Hospitals Alliance for Quality (EHAQ), which is a national platform for systematic collaboration and learning among hospitals, while successfully creating a sense of healthy competition among hospitals.

The EHAQ identifies a priority health issue that is decided nationally through an evidence-based process. After successful completion of two cycles that focused on improving patient satisfaction and delivery services, the third cycle EHAQ will focus on the implementation of CATCH-IT Initiative. Its designed to improving quality of clean care, Timely access to basic services and revitalization of Hospital reform initiatives for institutional transformation.

2. Introduction

Hospital cleanliness and timelines of care is an important determinant of quality of care and patient satisfaction. Health care provided in hospital should be safe, effective, patient-centered, timely, efficient and equitable. Service delivery should ensure that patients are the corner-stone in the whole health care delivery process. This would entail hospitals to be responsive to the values, beliefs and culture of patients in all aspects as well as creating a healing health care environment.

Timely care in hospital is essential for good patient outcomes. Delays before getting care in hospital can reduce the quality of care and increase risks and discomfort for patients with serious illnesses or injuries. In addition, it is negatively affecting health outcomes due to delays in diagnosis and treatment, it also decreases patient satisfaction

Cleanliness in hospitals is about more than just keeping the place clean. It makes a statement to patients and visitors about the attitudes of staff, managers and the board in terms of attention to detail on the level of care and the way the hospital is organized and run. It is not possible to have a good hospital without being clean and tidy. Excellence in patient care is dependent on getting the basics right, making sure that the patients are cared appropriately and that the surroundings are comfortable and safe. Thus, cleanliness is the role and responsibility of staffs, client and Hospital communities

3. Rationales of CATCH-IT Project

Though, number of major strategic initiatives has been implemented such as, EHRIG, EHAQ, CASH, APTS, SaLTS and EHSTG. But it were not at expected level because of many internal and external problems, which have been bitterly affecting both the provision of quality of health services being provided in public hospitals across the country and increasing public grievances.

The major challenges for better healthcare delivery in Ethiopian Hospitals are due to decreased substantive and regular provision of supports for regions and hospitals, long waiting time, unsafe hospital environment, absence of accountability, lack of strong monitoring and evaluation mechanism.

CATCH-IT Initiative came to existence to systematically answer for the national call to address the existing major challenges for better healthcare delivery, by improving timeliness and cleanness of care, through the implementation of different change package and re-vitalizations of pervious hospital initiatives.

4. Description of CATCH-IT Project

CATCH-IT is a national flagship initiative of the FMOH that is designed to make essential cleaning practice available and accessible to all segments of the population of Ethiopia. One of the main objectives is to better understand how to support effective implementation of such actions in a range of health-care environments.

Reducing health care-associated infection can be achieved by using a multifaceted approach focusing on: high-level leadership and commitment; safe practices; clean environments; and well-designed processes and systems. The measurement of processes, structures and outcomes before and after implementation will help to monitor and assess the acceptability, feasibility and impact of the integrated package of strategies and guidelines. Lessons will also be learned about how to scale up actions in the future. Initiative has been designed to perfectly align with the national quality strategy and the HSTP. The CATCH-IT will build on the existing reform agendas including but not limited to the Ethiopian Hospitals Reform initiative and utilizes the Ethiopian Hospitals Alliance for Quality (EHAQ) as a platform for rapid scale up.

The CATCH-IT will be implemented by building on existing successful approaches of the Ethiopian Health sector and increasing priority will be provided to identify local best practices for rapid scale up using the existing platform for scale of best practices-EHAQ. The initiative will also embolden the successful approach of strengthening the health system building blocks and efforts will be exerted to identify individual and institutional champions to take the cause of clean and timely care forward. The CATCH-IT strives to maximize the available cleaning capacity in Ethiopia Lack of clean and timely care has been a constant cause of public grievance and identified as a good governance issue and innovative approaches including sustained cleaning campaigns and waiting time reductions strategies will be utilized to alleviate the unacceptable long waiting list for essential care.

5. Objectives

5.1. General objective

- To transform quality of services in hospital through clean and timely care improvement.

5.2. Specific objectives

- To strengthen clean care practice in hospital service
- To reduce waiting time in hospital services for the provision of timely care
- To revitalize the existing hospital service transformation initiatives
- To identify best practices and scale up rapidly through the collaborative learning

6. Principles of CATCH-IT

6.1. Principle One: Cleanliness

- **Cleanliness is everybody's responsibility**, a clean hospital include clean, comfortable and safe environment for patients, attendants, visitors, staff and members of the general public; increased patient confidence in local health care settings in relation to environmental hygiene and the organizations commitment to reduce the incidence of hospital acquired infections.

- **Clean Care is Safer Care:** Patients have the right to be cared in a clean hospital environment including clean practices and procedures so that the hospital is able to ensure safety of the patient/clients and ultimately improves quality of care.
- **Cleanliness is all about Attitude than Resource:** The Attitude of cleanliness and responsibility towards the surroundings much important than the resource allocated for cleanliness and it start with personal hygiene. Hospitals should demonstrate cleanliness in practice, involve staffs in cleaning activities and spread knowledge on the importance of cleanliness by adding it to the daily operation of the hospital

6.2. Principle Two: Timeliness

- **Timeliness of care is at the HEART of everything in health care settings:**

The right time is underappreciated thought especially in health care and we are yet to work on the '*right time*' aspect of it. It is important to be truth full with patients about why we are late, how long they are going to have to wait, and to give options. Try to make tardiness the exception to the rule because:

- ✓ When we are on time, we are demonstrating Hospitality to our patients
 - ✓ When we are on time, we are demonstrating Enthusiasm for being there
 - ✓ When we are on time, we are demonstrating a decent Attitude
 - ✓ When we are on time, we are showing Respect for our patients, staffs, and even our family.
 - ✓ When we are not on time, we can help ease the situation by being Truthful about why we are behind
- **Timely care is saving lives of the diseased:** Being on time is not final outcome, but more specifically a key to running and maintaining a thriving medical practice. Timely care reduces waits and harm full delays for those receiving care. Delay in care increase risks and discomfort for patients with serious illnesses or injuries with potential complications that is negatively affect health outcomes due to delays in diagnosis and treatment.

6.3. Institutional Transformation

As part of the “**Envisioning Ethiopia’s Path** towards Universal Health Coverage, **it is a roadmap** that stipulates major initiatives in pre- existing systems in every hospital have been led by FMOH and RHBs for the better success of implementation of the strategic plan to transform hospitals’ service quality better than before through revitalizing/ redesign system, Engagement of leaders, staffs and other stakeholders.

7. CATCH-IT key interventions

7.1. Cleanliness interventions

- Monthly cleaning Day
- Regular recognition scheme for clean wards
- Implement kaizen 5S
- Hospital should make sure outsourcing contract clearly stipulate the required housekeeping training.
- Conduct standardized regular internal and external cleaning audit
- Assign ward master to sustain cleaning practice

7.2. Timeliness interventions

- Digitalize management of liaison office.
- Central/Regional management of surgical backlogs.
- Introduction of expected date of discharge during patient admission.
- Bank queue system introduction at medical record rooms in collaboration with banks.
- Early initiation of clinics and late working of clinics.
- Morning session into lunch session and seminars into weekends.

7.3. Transformation of the institution Intervention:

Hospitals are expected to transform hospital service quality with the listed prioritized initiatives that have been under implementation at all level of hospitals in the country:

- Pain free Hospital Initiative
- Ethiopian Hospital Service Transformational Guidelines implementation

- HSTQ standards implementation
- CRC initiative implementation
- DHIS 2 implementation and data use
- SaLTS implementation

8. CATCH-IT project implementation

8.1. Phase One: Preparation

The preparatory phase encompasses a key set of activities that need to be conducted before the official launch of the CATCH-IT Project, including planning and preparing for the official launch. The preparatory phase will include the following:

- Finalization of all relevant documents, including EHAQ guideline and change package, Monitoring and evaluation tool, and other required tools.
- Identification of relevant stakeholders and mapping of potential resources.
- Advocate CATCH-IT Project among stakeholders to gain a common understanding
- Revision and strengthening of EHAQ clusters

8.2. Phase Two: Implementation

The implementation phase begins with the official announcement of the initiative during the national official launch event, which will be organized in the presence of implementing hospitals and key stakeholders. Program objectives and implementation modalities will be discussed and consensus will be reached. Regions need to conduct similar regional launch events. The implementation phase will include the following activities:

- National launching of the CATCH-IT Project
- All region launching of the CATCH-IT Project
- Hospital introduction and implementation of key interventions and change package
- Baseline assessment will be conducted at each level
- Integrated supportive supervision will be conducted
- Regional performance review will be done in all regions.

8.3. Phase Three: Evaluation and Reward

Although the monitoring and evaluation process starts the moment the initiative is conceived, a more robust system of tracking the progress of the initiative will be conducted during this phase. Any gaps identified will be used to plan improvement processes. This phase tracks the progress of the initiative and ensures if the targets have been achieved. The challenges and opportunities faced during implementation as well as best practices will be captured for potential scale-up and sharing to a wider audience. Upon successful completion of the EHAQ cycle, an independent audit team will conduct the program evaluation to recognize hospitals.

- Evaluation of the project
- Regional recognition of hospitals
- National recognition of Champions of Champion Hospital

9. Project management

CATCH-IT project will have a nationally coordinated approach expected to be integrated with pre-existing initiatives performance evaluation and management program of hospitals based on EHAQ frame work to be done at all levels.

EHAQ steering committee composed of key stakeholders under MSGD leadership and partners make strategic decisions, provide guidance and directions. The day-to-day project management of the CATCH-IT project will be handled by the EHAQ project team under the Clinical Services Directorate of the FMOH. This team will serve as the engine for driving the project forward.

9.1. Roles and Responsibilities of stakeholders:

9.1.1. FMOH

MOH responsible to oversees and coordinate the implementation of CATCH-IT project nationally.

- Prepares national guideline, manuals, standards and tools.
- Provides capacity building on CATCH-IT project to RHBs and hospitals.
- Supports the efforts for cleanliness by providing financial, material and technical support.
- Mobilizes resources for the initiative.
- Conducts sustained advocacy and communication to mobilize hospitals and their staffs.
- Develop monitoring and evaluation framework and conduct regular M&E
- Documents best practices and prepare change package for scale up
- Conduct external audit of CATCH-IT project of hospitals and recognize best RHB

9.1.2. RHB

Regional health bureaus responsible to oversee the CATCH-IT project and coordinate the implementation of the project in the region

- Develop clear regional level CATCH-IT project implementation plan.
- Conducts sustained advocacy and communication to mobilize the public
- Liaise with MOH to implement the initiative
- Mobilizes resources for the project.
- Conduct regular M&E and provide regular feedback

- Documents best practices and prepare change package for scale up
- Provide all rounded support to respective regional hospitals
- Conduct external audit with MOH experts
- Conduct recognition of best performer hospitals

9.1.3. Hospitals

At the facility level, the hospital management is responsible for implementation of CATCH-IT project

- Develop hospital based CATCH-IT project implementation plan.
- Conduct baseline of the hospital
- Regularly monitor the implementation of CATCH-IT project
- Mobilize all workers in hospitals to implement the CATCH-IT project
- Arrange orientation for all staff, patients, attendants and visitors CATCH-IT.
- Mobilize all workers in hospitals and conduct regular and campaign-based cleaning activities.
- Mobilize all workers in hospitals and conduct regular and campaign-based cleaning activities.
- Create competitive environment among hospital service areas and individuals

10. Scope of the CATCH – IT Project:

The project will be implemented primarily across all levels of public hospitals within one year frame work of the project (July, 2019 –June, 2020) with ongoing scaling up of best practices in each hospital and within the cluster of hospitals.

11. Monitoring and Evaluation

The CATCH-IT initiative will have a strong monitoring and evaluation framework. A list of key indicators that will be used to track project implementation is developed. The M &E framework will be aligned with the existing platforms of the hospital performance and improvement manual and DHIS2 tool. There is a selected set of Key performance indicators for CATCH-IT that is carefully selected to indicate the project outcomes. Consideration shall be given to the broader aims and objectives of the initiative as well as the opportunities to share for larger health facilities beyond the Hospitals. The list could be more detailed at the level of regional health bureaus and hospitals to meet local demands.

Additionally, structured approaches will be designed to regularly follow progress of the project implementation. Methods and tools for review meetings, supportive supervisions and mentorship will be defined in the audit tool. Standard tools and check lists to this effect shall be annexed and used at all levels.

a. Timeliness measures for Emergency service

S.no	Hospital quality indicators	What Is This? Why Is It Important?
1.	The proportion of all emergency room admissions who remain in the emergency room for > 24 hours. (Emergency room attendances with length of stay > 24 hours).	This measure shows the average (median) hours patients spent in the Emergency Department (ED) – from the time they arrived to the time they left ED for an inpatient bed. This number only includes patients who were admitted to the hospital as an inpatient and excludes those people who went home. Long stays in the ED before a patient is admitted may be a sign that the ED is understaffed or overcrowded. Poor bed management and poor communication between departments.
2.	Average Time in minutes patients spent in the ED before	This measure shows the average time in minutes spent waiting in the ED – from the time they arrived until

they were seen by a healthcare professional (Emergency triage within 5minute of arrival).	the time they were seen by a healthcare professional. Who left without being seen? Delays in being seen by a healthcare provider may be a sign that the ED is understaffed or overcrowded or unresponsive.
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b. Timeliness measures for Outpatient service

S.no	Hospital quality indicators	What Is This? Why Is It Important?
1.	Average time from arrival at the outpatient department to treatment consultation with clinical staff member. (Outpatient waiting time to Consultation).	<p>The time that a patient waits from arrival to treatment is a measure of access to health care services. Long waiting times indicate that there is insufficient staff and/or resources to handle the patient load or the available resources are being used inefficiently.</p> <p>By measuring waiting times a hospital can assess if there is a need</p> <ul style="list-style-type: none"> • extra personnel and/or other resources in the outpatient department, • And/or a need to review patient flow processes to increase the efficiency of service provision.

C. Timeliness measure for inpatient service

S.no	Hospital quality indicators	What Is This? Why Is It Important?
1.	Average number of days spent in the hospital beds before discharge is decided by the treating physician. (Average length of stay).	<p>ALOS reflects the appropriate utilization of inpatient services. By monitoring length of stay, hospitals can assess if patients remain in hospital for longer than is necessary, perhaps due to non-clinical reasons, and investigate further if required.</p> <p>NB: If the patient is directly discharged / transferred to home or other facility from ICU the length stay should</p>

		be counted.
2.	Delay for elective surgical admission: The average number of days that patients who underwent elective surgery during the reporting period waited for admission.	<p>Delays in surgery for different conditions are associated with a significant increase in morbidity and mortality.</p> <p>The Government has set a stretch objective that any outpatient who requires a bed should receive the service within 2 weeks.</p> <p>By monitoring the waiting time for surgical admission, hospitals can assess the adequacy of surgical capacity and identify the need for improved efficiency in systems and processes, and/or the need for additional surgical staff and/or resources.</p>
3.	Mean duration of in-hospital pre-elective operative stay: The average number of days patients waited in-hospital (after admission) to receive elective surgery during the reporting period.	A long in hospital pre op stay results in unnecessary bed occupancy as well as increase the risk of colonization by antibiotic resistant hospital flora. It is indicative of insufficient pre admission preparation or inefficient OT management resulting in cancellations.

d. General cleanliness care measures

S.no	Hospital quality indicators	What Is This? Why Is It Important?
1.	Overall hospital cleanness audit score. (CASH Audit Score).	Hospitals monitor their CASH performance regularly so as to identify their gaps and then improve continuously.

e. Measuring Institutional Transformation

S.no	Hospital quality indicators	What Is This? Why Is It Important?
1.	Average EHSTG Standards implementation score	This measure shows the average implementation of EHSTG standards This number only includes EHSTG standards which are applicable to the hospital level. Lower level f EHSTG implementation may be sign of poor hospital leadership.
2.	Average CRC standards implementation score	This measure shows the average score of CRC standards based on the national minimum criteria. Poor score of the standards are a sign that there is patient abuse and complain→ poor communication and coordination among hospital staffs.
3.	Average HSTQ standards implementation score	This measure shows the implementation of HSTQ standards specific to each service areas. Poor performance is a sign of poor clinical leadership and weak quality structure and function in the hospital.
4.	Rate of safe surgery checklist utilization	Safe surgery checklist a safety checks that could be performed in any operating room. It is designed to reinforce accepted safety practices and foster better communication and teamwork between clinical disciplines.
5.	Patient satisfaction score	Patient satisfaction with the health care they receive at the hospital is a measure of the quality of care provided. By monitoring patient satisfaction hospitals can identify areas for improvement and ensure that hospital care meets the expectations of the patients served.

12. CATCH-IT project Action plan Gant chart (June, 2019 – May, 2020)

S.No	Major activity	Schedule												Responsible Body
		June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	
1.	Preparatory phase													
1.1.	Develop CATCH-IT documents													
	• Project document													
	• Change package													
	• auditing tool													
1.2.	Identification of relevant stakeholders and Mapping of resources.													
	• Develop project proposal													
	• Conduct Workshop on CATCH-IT with Stakeholders													
1.3.	Advocate CATCH-IT Project													
	• Develop advocacy plat form (TV, Radio,social medias and Other)													
	• Using public figures													
1.4.	Revision and strengthening of EHAQ clusters													
1.5.	National launching of the CATCH-IT Project													
2.	Implementation phase													
2.1.	Region launching of the CATCH-IT Project													
2.2.	Baseline assessment will be conducted at each level													
2.3.	Hospital introduction and implementation of key interventions and change package													
2.4.	Integrated supportive supervision and mentoring will be conducted													
2.5.	Documenting and spread best practices among hospitals in regions and nationally													
3.	Evaluation and Reward													
3.1.	Evaluation of the project													
3.2.	Regional recognition of hospitals													
3.3.	National Champion Hospital recognition													