

**ADOPTION OF QUALITY HEALTH CARE STRATEGIES ON UNIVERSAL
HEALTH CARE AT MAKUENI COUNTY REFFERAL HOSPITAL**


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DECLARATION

I declare this is my original work and has not been presented before for the award of degree in any institution of higher learning.

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This research project report has been submitted for examination with my approval as the appointed university supervisor.



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DEDICATION

I dedicate this research project to my entire family for their encouragement throughout my study period. Special dedication to my dear wife, Yvonnah Syomiti Kisinga, my daughters Gianna Nduku Muoka and Ivannah Muthio Muoka for their overwhelming support.

ABSTRACT

Quality of health care in low-and middle-income countries is below the expectations and hence the need to focus on strategies to increase the quality of care. Whereas a number of reforms have been initiated to enhance the quality of care services and achieving universal health coverage, the results remain suboptimal. The study sought to establish the quality health care strategies adopted in the implementation of universal health care at the Makueni County referral hospital. The study was designed as a case study of Makueni County referral hospital. The study used an interview guided questionnaire to collect primary data from the senior management of Makueni County referral hospital including the County Director of Medical services, the County executive committee for health and the Medical superintendent among others while the secondary data was collected from online sources. The data was analyzed using content analysis. The study established that the adoption of quality health care strategies such as result-based financing, adequate health infrastructure, adequate human resource, quality management systems and standards, adoption of ICT, and training of staff in strategic leadership enhanced universal health care adoption. The study also identified critical drivers enhancing universal health care service delivery including strategic plan, service delivery charter, management systems and standards as well as health infrastructure and physical facilities. The application of quality health care strategies was found to face drawbacks including inadequate staff, poor maintenance of facilities, bureaucracy, and political interference among others. The study established that an influx of patients to the facility was a big threat to the health care system because it puts a strain on the workload for medical staff creating the need to recruit more health care staff. The study recommends the use of robust and advanced analytics at the hospital level to facilitate the adoption of informed choices of aspects such as drug availability, financing as well as management of patients. There is also need to regularly upgrade IT systems to enable the systems to focus more on health care information and not only on procurement and billing. The study recommends further research on the correlation between accreditation and quality healthcare Improvement in referral hospitals.

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ABBREVIATIONS AND ACRONYMS

ABAHE	- Arab British Academy for Higher Education
ICT	- Information Communication and Technology
IOM	- Institute of Medicine
MDG	- Millennium Development Goals
MOH	- Ministry of health
TQM	- Total Quality Management
UHC	- Universal Health Care
WHO	- World Health Organization
RBF	- Result Based Financing

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

Access to quality and affordable health care is a key element in execution of social justice as well as preservation of human rights. They are also highly inscribed in pillars for sustainable system for health care (MOH, 2011). Similarly, as a means of enhancing systems that have been deployed to strengthen health care, requires improving the quality of care as well as enhancing the performance of the entire sector (El-jardali & Fadlallah, 2017). World Health Organization (2016) asserts that universal health coverage is a core measure towards delivering quality and affordable healthcare to all people with its main aims being to ease the financial burden as part of the steps recommended by the United Nations Sustainable Development Goals. Timothy and Steve (2016) notes that universal health care seeks to address three key objectives which are equitable health care access, access to adequate health care and consideration of financial status for the patient. WHO (2018) indicates that the delivery of health care services is the output which results from the inputs of sufficient and motivated workforce, efficient and effective procurement processes, appropriate medical supplies as well as healthy financial status. Peter et al. (2011) also assert that the performance that pertain to service delivery service delivery is the point where the potential of any health system to improve lives meets the opportunity to realize health gains.

This study was anchored in the theories of leadership-based theory and the institutional theory. According to leadership-based theory, successful implementation of quality improvement programs and strategies requires bold and efficient leadership. Groves,

Kayyali, Knott, and Kuiken (2016) define leadership as an act of influencing people towards achieving specific goals. A leader is effective if they can affect people towards achieving prominent tasks positively. Another theory which the study was anchored on is the Institutional theory. This theory was proposed by Dacin et al., (2007), who posited that actors in an environment drive strategy implementation. It provides a rationale behind the organizational decisions and activities. Institutions drive change and shape the nature of change. Hence, the focus for several researchers on the impact of institutional changes on institutional change (Beckfield et al, 2015).

The study was motivated by two factors. First, there is scant literature on the impact of quality health care strategies on the universal health care service delivery in Kenya. Prior research emphasizes the importance of reforms in the health care system. (Wamai, 2009; Douglas, 2014). Second, most research on quality health care strategies on health care service delivery are only able to identify the critical gaps in the implementation of universal health care but are unable to explain how various quality strategic interventions can bridge the gap. Therefore, there exists an opportunity to understand how various quality strategic interventions can impact the quality of health care in universal health coverage.

The provision of quality universal health care in Kenya by the government has in the past had mixed results, which have by and large negatively affected the poor and vulnerable societal members. And this could be attributed to the poor governance on the allocated resources as well as poor quality of services being delivered (Bernard, 2013; MOH, 2016). Therefore there is need for more studies to investigate the various quality strategic

interventions that the government can adopt to achieve the objective of universal health coverage.

1.1.1 Strategy Implementation

Strategy implementation is a multifaceted, changeable, repetitive process in which managers and employees carry out a number of decisions and tasks, and are influenced by various organizational and environmental factors and are designed to realize strategic goals (Abdullah et al, 2017). According to Arab British Academy for Higher Education [ABAHE], (2012) implementation of quality health care strategies and continuous improvement usually attempts to create and develop quality systems that are never satisfied. It emphasizes on the creation of an environment which strives for constant innovation to improve on efficiency of processes and systems by reducing time consuming and low value adding activities. Peter et al., (2011) states that organizations are complex and their complexity must be put into consideration while developing and implementing strategies for change. Additionally Development and implementation of the quality management system in the healthcare organizations represents a revolutionary change for organizations (ABAHE, 2012).

Strategic actions and implementation require commitment from the top managers on the implementation of a given set of action plans (Bryson, 2018). Therefore designing a strategy and not implementing it amounts to no strategy at all. The implementation of strategic decisions assist an organization in differentiating itself from other organizations in a sustainable and competitive nature. It is however different from operational effectiveness decisions which simply look at doing activities better. (Porter, 1985).

Strategy implementation also brings about organizational change and allows organisations to position themselves in the industry, and to make choices regarding what game to play (Johnson et al, 2005). This may involve how well a given game is played, choosing new games to play and playing existing games better (Johnson et al, 2005).

1.1.2 Quality Health Care Strategies

Quality of health care forms one of the pillars of a viable and sustainable health care system (MOH, 2011) and underpins the recent focus in the use of quality health care strategies to improve service delivery. As indicated by the Institute of Medicine, it characterizes quality health care as the immediate connection between the degree of improved healthcare and the ideal results of people and population. World Bank (2018) identifies access to quality health care as a fundamental step to universal health coverage. Varsha and Ganesh (2017) noted that quality health care strategies were effective and enhanced service delivery provided by hospitals in India. Additionally, Douglas (2014) posits that the use of quality health care strategies in improvement of service deliver at referral hospitals in Kenya revealed that adoption of these strategies would maximize health care service provided to their clients.

In African countries UHC has been integrated as a goal in the national health strategies. However according to World Bank there is no one-size-fits-all approach to achieving the Universal Health Care. And therefore different strategies will depend on the local environment and circumstances and also the national dialogue

Deming (2013) states that quality strategic management seeks to satisfy both the present and future needs of a customer. The World Bank (2018) further posits that quality health

care is the most critical shared responsibility globally. Additionally Vallejo et al. (2009) argues that quality improvement strategies vary from one country to another as well as per quality improvement strategy, leaving considerable scope for progress in quality improvements.

Most low-income countries have witnessed an increase in public expenditure on domestic development assistance, yet the results have been slow. Majority of these low-income countries have a public health system that cannot meet the needs and demands of the user. Moreover, the system is bedeviled by resource leakages leading to inefficiency, worker absenteeism and inequity, where the wealthier groups in society benefit disproportionately. Whereas insufficiency and lack of public systems accountability have been cited as leading lead causes, the WHO cites performance-based financing as an effective strategy towards solving structural challenges facing the public health system. Results based financing can be defined as a mechanism through which providers of health are funded based on results or performance.

One of the low-income countries that have successively implemented performance-based financing is Haiti, where its health service providers are contracted and remunerated based on results. The result-based financing materialized in Haiti leaving to promising health performance. The same program was implemented in Cambodia but failed to develop into a national policy. However, the implementation of performance-based financing in Rwanda as a national policy in 2005, after several piloting, materialized into a sustainable health care system and quality health care delivery of services even in rural areas. The experience in Rwanda has inspired many neighboring countries to consider adopting RBF and scaling it as a means to reform health systems. The implementation of

RBF has led to increased performance, earnings, the number of outputs as well as the quality of services rendered.

As cited by the World Health Organization (WHO), there is sufficient evidence to demonstrate that result-based financing can address challenges facing the public health system in most countries such as low efficiency, inequity and responsiveness. It has led to increased accountability among health facilities, medical drugs suppliers, national programs and health care professionals. It has also contributed to enhanced efficiency as a result of reduced brain drain and greater motivation among health care providers. Moreover, it has provided a new perspective regarding the decentralization of the health systems (Meessen, Soucat & Sekabaraga, 2011).

Kenya also piloted a Results-Based Financing (RBF) in Samburu central within the county of Samburu in the last decade. The piloting was focused on childcare and reproductive services before health services were devolved in Kenya and were piloted in 26 health facility dispensaries and health centers within the county. The project, which was sponsored by the World Bank, provided a format upon which to scale the program to more counties with similar conditions in arid and semi-arid areas. The pilot project was able to establish how a strong link between incentives and performance enhanced accessibility, equity and quality of health care delivery.

Adoption of ICT is another strategy that has contributed to a sustainable health care system. In a qualitative study carried out by Chirchir, Aruasa & Chebon (2020) on the influence of technical factors on quality health care delivery, the findings indicated a strong correlation. The study established that nurses at Moi Teaching and Referral

hospital adopted technical factors in the handling of electronic health records. The referral hospital is one of the health facilities that have revamped its ICT infrastructure, access to the internet as well as physical security to enhance health care service delivery. WHO cites health financing systems as critical towards enhancing universal health coverage and improvement of service delivery. Robust health financing systems aid in the process of soliciting for funds, getting rid of financial barriers to health accessibility and promotion of equity and efficiency.

A well-functioning health system working in harmony is built on having trained and motivated health workers, a well-maintained infrastructure, and a reliable supply of medicines and technologies backed by adequate funding, robust health plans and evidence-based policies. Adequate health infrastructure is one where good health services ensure safety, quality and minimum resource wastage. The infrastructure is also adequate if its health workforce is responsive to the needs of patients in terms of competence, productivity and distribution. It also ensures that there is timely and reliable information to guide decision making. Moreover, it ensures that essential medical services and products are equitably shared and accessed. Besides, quality management systems and standards ensure that strategic policy frameworks are functional and are linked to effective sight, appropriate incentives and regulations, accountability, coalition building, as well as strict attention to systems design.

Presence of adequate human resource team who are well trained and committed enhances the provision of quality care to the highest level possible. A functional team of health care providers' support to policy options can enhance workforce recruitment, retention, deployment, performance and motivation. The team works together towards improved

service delivery based on a culture of ethics, trust and integrity. According to a report by the United Nations high level meeting on UHC in 2019, They stated that key pillars to a successful UHC programme included strategic leadership, adequate human resource ,innovation and technology among others.

1.1.3 Universal Health Care

Universal health care is a core component towards delivering quality and affordable healthcare to all people and hence eases the financial burden (WHO 2018).Peter et al 2011, notes that improvement in the performance of organizational health care service delivery is critical and that any potential gains in health outcomes from increased funding and better technologies will not be achieved without improvement in service delivery.

David, Alexander and Ramnath (2018) notes that achieving UHC is an ambitious aspiration which should be expected to deliver myriad health, economic and social welfare benefits along the way. Access to UHC services is a necessary precondition for the success of providing adequate population health through making comprehensive and affordable health care service delivery available to every person (IOM, 2002).

According to Viroj, Anne and Toomas (2015) UHC essential service delivery forms a significant global health target combining financial protection against catastrophic health spending and medical impoverishment as well as ensuring access to essential services delivered. This assertion is supported by Ariel et al. (2018) who state that the critical elements underpinning UHC include an efficient, affordable and resilient health system which does not impoverish its users. The performance in service delivery acts as the link where the potential of a health system to improve lives would meet the opportunity to

realize health gains (peter et al, .2011). Kathryn et al. (2013) states that regular monitoring of access to services and service delivery should be prioritized as it is often a weak component of country and global monitoring of progress and performance. Wild et al. (2012) observed that despite significant increases in resourcing, health care service delivery is still falling in many developing countries.

1.1.4 Makueni County Referral Hospital

Located in the southern part of the former Eastern province and borders four counties with Kitui to the east, Taita Taveta to the south, Kajiado to the west and Machakos to the north, Makueni County have a population of 987,653 people according to Kenya National Bureau of Statistics 2019 census. The county of Makueni has invested in a number of WHO building blocks in preparation for universal healthcare. Some of these building blocks include; investing in service delivery, leadership and governance in healthcare, health information for evidence based practices, enhanced infrastructure for primary and specialized healthcare, regular medical equipment and drug supply, recruitment of competent personnel (County Annual Progress Report, 2018). In October 2016 the county government of Makueni launched a universal healthcare program dubbed Makueni Care. According to a report on vision 2030 website, it states that 33.7% of Makueni County annual budget is allocated to health care.

There has been an increase in healthcare facilities from 109 to 232 hence reducing the distance between health facilities from 9km to 5km. According to the governor of the county, the objective of Makueni Care is to actualize the most ideal medicinal services bundle, given the county- level asset limitations and wellbeing targets, and it was said to be a reasonable bundle to convey universal health care (makueni.go.ke, 2018).

Currently the county has one referral hospital (Makueni County Referral Hospital) located at Wote town, the head quarter of the county. It recently launched an ultramodern Makueni Mother and child hospital within the county referral hospital, and this meant that the county referral hospital is expected to serve more communities from the four neighboring counties and from its community as it moves closer to achieving universal health coverage. Referrals from other neighboring counties, sub county referral hospitals and county clinics are ultimately received and managed at the referral hospitals. In addition the hospital houses several departments which include accident and emergency, medical, surgical, mother and child health, dental among other departments (makueni.go.ke, 2018).

1.2 Research Problem

The quality of health care provided to patients is critical in achieving universal health care and it is greatly determined by organizational strategic interventions (Douglas, 2014). The quality of care in most countries, particularly low-and middle-income countries, is suboptimal and therefore there is need to focus on strategies to increase the quality of care (WHO, 2018). Towards this end, MOH (2016) emphasized the need to embark on reforms to refocus on quality of care and increasing demand for services which are essential elements in attaining universal health coverage. This is asserted by Douglas (2014) who argues that quality health care strategies are critical in improving the quality of care; reduce wastage of resources and increases outcome of patient care.

Makueni county is one of the county in the country which has been lauded for its great strides towards the achievement of Universal health care through its program dubbed Makueni Care. It has invested in a number of WHO building blocks in preparation for

universal healthcare. Some of these building blocks include; investing in service delivery, leadership and governance in healthcare, health information for evidence based practices, enhanced infrastructure for primary and specialized healthcare, regular medical equipment and drug supply, recruitment of competent personnel among others (County Annual Progress Report, 2018). And therefore learnings from the county can be replicated elsewhere.

Numerous studies have been conducted in the quality of health care and universal health coverage. Globally Alexander et al. (2018) did a systematic review study on effectiveness of strategies to improve health-care provider practices in low-income and middle-income countries and found out that the impact of strategies to improve health-care provider practices varied substantially, although some approaches were more consistently effective than others. While they provided vital insights their study failed to demonstrate direct linkages between quality health care strategies and quality health care services. El-jardali and Fadlallah (2017) carried out a case study in Jordan and Lebanon where they used a mixed method approach highlighted that there was generally lack of commonly agreed and standardized quality indicators in health hence it was difficult to determine the impact of the existing quality improvement and patient safety initiatives. Despite being a case study it however failed to link the quality health care strategies and its effect on the quality of care. Wild et al. (2012) did a study and observed that despite significant increases in resourcing, health care service delivery is still falling in many developing countries, they however did not investigate what strategic interventions needed to be put in place to turn around the falling health care service delivery.

In Kenya several studies on health care have also been done. A study done by Timothy and Steve (2016) notes that there exists evidence that the Kenyan government has been in the frontline towards universal health coverage. The study however falls short of identifying quality strategic interventions which can be adopted by the government in realizing the objective of quality of health care services offered. Another study by Douglas (2014), found out that Continuous improvement in the provision of health care at the country's referral hospitals in Kenya largely depends on adoption of appropriate quality management standards and systems, strategic leadership training and results-based financing. The study however did not look at the effectiveness of the quality health care strategies on UHC hence the need for this study. Wamai (2009) did a situational analysis of the enduring challenges in the Kenyan health system and noted that more changes are necessary to ease the burden of health care costs on households in a bid to increase utilization since cost remained a significant barrier. However the study did not look at some of the strategic interventions to be taken to reduce the health care cost hence the need to conduct this study.

Literature on the implementation of quality health care strategies on UHC service delivery in Kenya remains scanty and shallow. To bridge this gap, this study focused on unraveling the linkage between quality health care strategy implementation (ICT, performance based financing, innovation, leadership) and UHC service delivery in Makueni county referral hospital. The study addressing the question; what are the quality health care strategies implemented on universal health care service delivery at Makueni county referral hospital?

1.3 Research Objective

The objective of this study was to establish the quality health care strategies adopted in the implementation of universal health care services delivery at the Makueni county referral hospitals.

1.4 Value of the Study

In the theoretical development, the findings of this study will inform scholars in development of quality indicators that can be used in development of a framework indicating the linkages between the quality of health care services and UHC success. Thus quality indicators tools developed can be used by researchers to assess the quality of healthcare across multiple conditions at the country, regional, and medical group level.

At institutional level, this study will help managers in identifying critical quality strategic interventions that can be of importance in improving the quality of health care services and hence managing the high costs in health care. Towards this end, the findings of this study will be instrumental in adoption of and the success in implementation of UHC by institutions at the county and also the government.

The findings of this study will be used to inform the public policy makers both at the national and county governments on operational strategies for improving quality of health care services in the health sector and in the achievement of universal health care. The study will also facilitate the national and county governments in identifying the drivers and mitigate barriers to universal health care programs by adopting appropriate quality and continuous improvement interventions.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter outlined and synthesized the theoretical basis of the study by looking at the relevant theoretical models and precisely connecting them to the phenomena under study. The chapter reviewed extensively past studies associating quality health care strategies and universal health care service delivery.

2.2 Theoretical foundation

Leadership based theory and institutional theory are two theories in this study. They guided the researcher in proposing the explanations underlying the causes and influences of the phenomena under study. Blumberg, cooper and schindler (2011) argued that the main aim of theory in research is to help guide the researcher. More specifically they cited that a theory defines non observable constructs that are inferred from observable facts and events, and are thought to have an effect on the phenomenon under study.

2.2.1 Leadership Based Theory

The successful implementation of quality improvement programs and strategies requires bold and efficient leadership. Mary Parker Follet emphasizes in her ‘law of the situation’ the importance of systems thinking. Follet opines that management and workers need to assess the situation together and that workers need to have more engaged in planning and work execution. The practical implementation of quality improvement strategies requires leaders who lay emphasis more on improving methods other than giving orders and effecting compliance.

Groves et al. (2016) define leadership as an act of influencing people towards achieving specific goals. A leader is effective if they can affect people towards achieving prominent tasks positively. Leadership approach is dynamic and it can change over time from instructing, coaching, involvement to the delegation. The same dynamism applies to Total Quality Management (TQM). The concept behind the approach of TQM is empowering workers to provide solutions and meet the needs of the customers while at the same time enhancing the performance of an organization (Oluoch, Nyonje & Awiti, 2018).

Further, as posited by Valmohammadi and Roshanzamir (2015), several organizations have adopted TQM to refocus and improve organizational effectiveness even though it changes from time to time. Workers therefore have to be encouraged to take part in not only designing but also implementing the quality improvement strategies and programs. Studies show that quality management systems such as ISO 9001 have helped improve the management practices in organizations. Besides, Six Sigma has also been used to improve the quality of service provision. These have been noted as models of proper management in institutions as well as theories of change.

2.2.2 Institutional Theory

Institutional theory has been a prominent perspective in contemporary organizational research. It encompasses a large, diverse body of theoretical and empirical work connected by a common emphasis on cultural understandings and shared expectations (Robert, Pamela & Johnny (2019). Institutional theory can be used to provide a rationale behind the organizational decisions and activities (Beckfield et al., 2015). Institutions

drive change and shape the nature of change; hence, the focus for several researchers on the impact of institutional changes on institutional change. This theory was proposed by Dacin et al. (2007), who posited that actors in an environment drive strategy implementation.

Policies are effectively adopted at the organizational level if effective systems such as strategy implementation and continuous improvement are applied (Ahmad et al., 2014). The environment in which an organization operates limits the capacity of an organization to implement its strategic activities and make it more inclined to conformity. As cited by Kang, Matusik, and Barclay (2017), an environment which is characterized by normative expectations cultivates both positive and negative expectations which shape the behavior of an institution. The expectations act as a drive-in, reinforcing the implementation of improvement strategies. Additionally Institutional theory is often used to explain the adoption and spread of formal organizational structures, including written policies, standard practices, and new forms of organization as noted by Robert, Pamela & Johnny (2019).

2.3 Quality Healthcare Strategies and Universal Health Care.

Quality healthcare strategies are concepts which take a whole system approach while designing, refining and executing them and are supposed to reflect the concern for the outcomes achieved for both individual service users and whole communities (WHO, 2006). Brook et al. (2000) viewed quality health care strategies to involve two components which on one hand entails the high technical quality care the patients receives including the procedures, tests, or services performed for which the desired

health outcomes is achieved while on the other hand quality care is when patients are treated in humane and culturally appropriate manner.

Universal health care is a concept which is dynamic and is responsive to its customer needs. This in turn means that no single healthcare service delivery model can be used universally and exclusively (Asha, 1999). Additionally strengthening universal health care is crucial to the achievement of the health-related Millennium Development Goals (MDGs).

The article '*Factors influencing healthcare service quality*' explores the factors that influence quality of healthcare in Iran. Mosadeghrad (2014) carried out exploratory in-depth individual and focus group interviews in Iranian healthcare organizations. The aim of the article was to assess the quality of healthcare services. The article established the factors affecting quality healthcare including personal factors of the provider, the patient as well as organizational factors. He also identified ways to improve healthcare quality; training, visionary leadership, resource availability, proper planning, effective resource management among others. This article informed researcher on the conceptual framework design to utilize in developing an understanding on the factors affecting the quality of healthcare services.

Azam, Rahman, Talib, and Singh (2012) explored the quality parameters in healthcare with the goal of proposing an integrated model that meets the needs of the patient. An in-depth healthcare literature review was used. Through critical analysis, gaps were identified with regards to how they impact on the effective development of an integrated model. The findings recommend an integrated healthcare establishment-quality model

with a practical value. The article guided the researcher on the parameters of quality healthcare to assess in Makueni County Referral Hospital.

Mate, Rooney, Supachutikul and Gyani (2014) sought to illustrate the interface between accreditation as a strategy and quality improvement. The authors explored the healthcare reforms that low and middle-income countries are adopting to achieve universal health coverage reforms. Accreditation is identified as a quality enhancement strategy utilized by some health system providers. One of such countries that have adopted national accreditation system is Thailand. The article is based on literature review. The article did not establish the correlation between accreditation and quality healthcare improvement.

Bradley, Taylor and Cuellar, (2015) in their article sought to assess the role of strengthening management systems on enhancing quality of care. In low income settings, strong management support is essential towards improving quality of care due to scarcity of resources. The authors identified the need for leveraging management capacity with the objective of meeting the objectives with limited means. The study findings recognize the role played by management capacity efforts towards the adoption of effective systems and standard operating procedures. With the right management systems in place, the existing human, technical and financial resources would be used to leverage quality in the healthy systems. The article lacked enhanced methodological rigor.

In Indonesia, Handayani, Hidayanto, Sandhyaduhita and Ayuningtyas (2015) looked at the dimensions necessary for healthcare facilities to meet the quality demands and expectations by the stakeholders. Both qualitative and quantitative data collection methods were used. Interviews were mainly used to collect data from the top management group. Entropy method was used for data analysis. The article identified

human resources, process, policy and infrastructure as the main strategies in order of priority that are necessary for improved quality of care. The findings of the study however emanated from Indonesian healthcare institutions and hence could not be applicable in the Kenyan situation.

Adherence to a culture of patient safety is one of the strategies adopted to enhance quality of healthcare. The article is a systematic review on the interventions implemented to inculcate a culture of safety. The systematic review searched data bases to identify studies done from January 2000 to October 2012. Alhassan (2013) sought to establish the trends in patient safety after a targeted intervention. A total of 3679 abstracts were identified and screened. The study sought unit-based interventions, communication and team building initiatives adopted. After the interventions, 29 of the studies recorded improved culture of patient safety. The strength of evidence was however low. The study found out that pre-post evaluations were of low to moderate quality. The study explored the interventions adopted by Makueni County in the provision of universal healthcare coverage.

Mosadeghrad (2014) identified the challenges facing the implementation of TQM in many healthcare organizations in Iran. The article cites that TQM has does not work in Iranian healthcare. The goal of the article was to find out the barriers to effective implementation of TQM in Iran. The study adopted a mixed research design using in-depth interviews. A survey-based research was also carried out to establish the obstacles related to implementation of TQM. It was found that the effective TQM largely depended on the management support accorded the top management in healthcare institutions. Other causes of obstacles include non-holistic perspectives during implementation, high

management turnover, lack of adequate management training, lack of corporate quality culture and poor team orientation among others. The findings of the study however emanated from an Iranian healthcare institutions and hence could not be applicable in the Kenyan situation.

Continentially Alhassan et al. (2013) sought to establish the link between the health worker motivation and healthcare quality strategies adopted in Ghana. Ghana is one of the countries facing challenges such as low staff motivation in the health sector. The main goal of the study was to identify the interventions that lead to improvement in the quality of healthcare facilities in Ghana. A baseline survey was conducted it Primarily used data which was collected using structured interviews. Secondary data was obtained from accreditation data base. The hypothesis testing was done using the spearman correlation test to find out whether motivation of the providers correlates with the quality healthcare strategies. It was established that majority of the healthcare facilities did not have a documented evidence on patient safety and continuous quality improvement. Positive associations were established between staff's satisfaction on working conditions and the facilities' effort to improve quality and enhance patient safety. The article does not however explore the role of management support as a quality healthcare strategy.

Regionally a study done in Ethiopia by Girmatsion et al.,(2017) on the quality of the delivery services in health facilities in northern Ethiopia revealed that the quality of care were sub optimal and therefore systemic and sustained efforts needed to be strengthened to improve quality of care. This study used a facility based survey method using facility audit checklist to assess the level of quality of delivery services. This study however failed to look at the role quality health care strategies would have played in improving the

delivery services. The study sought to establish how the use of quality health care strategies can be used to improve quality of health care service delivery.

Another study done in Malawi by Chansa & Pattnaik., (2018) concluded that through implementation of innovative UHC service delivery reforms, the country has been able to expand access to quality health care services to its largely rural and poor population. The findings of the study however was based in Malawian healthcare institutions and hence could not be applicable in the Kenyan situation.

In Kenya, progress has been made towards provision of universal healthcare coverage. Oketch and Lelegwe (2016) explored the efforts make in Kenya towards quality healthcare provision. The article utilized both qualitative and quantitative sources of data collection. The critical review of the policy documents informed secondary data collection. Primary data was collected through the use of interviews. The findings established that the Kenyan government is committed towards universal healthcare. However, there was minimal solidarity in healthcare financing, dysfunctional ties in healthcare systems, minimal cases of continuous medical training, outdated procurement support systems, inadequate human resource and poor infrastructure. Other challenges established include high costs of operation, accreditation of facilities and poor morale among the workers. The article did not establish the effectiveness of the efforts in the provision of quality healthcare.

Another study by Douglas (2014), found out that Continuous improvement in the provision of health care at the country's referral hospitals in Kenya is highly dependent on reception of suitable quality management standards and frameworks, strategic leadership training and results-based financing. The study however did not look at the

effectiveness of the quality health care strategies on UHC hence the need for this study to explore the interventions adopted by Makueni County in the provision of universal healthcare coverage.

2.4 Summary of Literature Review and Knowledge Gaps

This section is a summary of literature and knowledge gaps on the quality healthcare strategies on universal health care service delivery. From the summary was evident that there existed gaps in terms of the methodology, lack of local study as well as role of management in strategic adoption and implementation. The summary highlighted previous studies and their findings, the authors, the topic of study and methodology used as shown in Table 2.1.

Table 2.1: Summary of the literature and knowledge gaps

Author	Study	Methodology	Findings	Gaps
Alhassan et al. (2013)	The correlation between motivation healthcare staff and quality healthcare strategies	Baseline survey	Positive associations were established between staff's satisfaction on working conditions and the facilities' effort to improve quality and enhance patient safety	The article did not explore the role of management support as a quality healthcare strategy
Mate, Rooney, Supachutikul and Gyani (2014)	To illustrate the interface between accreditation as a strategy and quality improvement	Literature review	Accreditation is identified as a quality enhancement strategy utilized by some health system providers	The article did not establish the correlation between accreditation and quality healthcare improvement.
	Initiatives adopted by China to manage escalating cost of healthcare	Descriptive research design	China has utilized alternative provider payment methods, innovating drug procurement systems and adoption of the standard clinical paths to reduce cost.	Study did not explore the effectiveness of alternative provider payment options on implementation of universal health coverage
Oketch and Lelegwe (2016)	The efforts made in Kenya towards quality healthcare provision.	Descriptive research design	Despite the Kenyan government commitment to quality healthcare, there is minimal solidarity in healthcare financing, dysfunctional ties in healthcare systems, minimal cases of continuous medical training, outdated procurement support systems, inadequate human resource and poor infrastructure.	The article however did not show the effectiveness of the efforts in the provision of quality healthcare
Mosadeghrad (2014)	Challenges facing the implementation of TQM in many healthcare organizations in Iran	Mixed research design using in-depth interviews.	Effective TQM largely depended on the management support accorded the top management in healthcare institutions.	The findings of the study emanated from Iranian healthcare institutions and hence may not be applicable in the Kenyan situation.
Handayani et al. (2015)	Dimensions necessary for healthcare facilities to meet the quality demands and expectations by the stakeholders.	Descriptive research design	Human resources, process, policy and infrastructure are main strategies in order of priority that are necessary for improved quality of care.	The findings of the study emanated from Indonesian healthcare institutions and hence may not be applicable in the Kenyan situation.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter outlined the steps followed by the researcher to achieve the stated research objective. In this chapter the researcher stated the research design employed as well as the study population under study. Data collection and analysis were also discussed in detail. In summary; this chapter established the foundation to be used in chapter three and four.

3.2 Research design

Research design can be described as a plan in which research methods and procedures are linked together to obtain valid and reliable data which can be empirically analyzed conclusions obtained and formulation of theory (Welman et al 2009). It refers to the strategy that a researcher chooses to integrate the different components of the study in a sequential, coherent and logical manner, hence ensuring effective addressing of the research problem.

This study used a case study design. This study design was chosen because the study was specific to an institution and hence it allowed for in-depth collection of information with the intention of understanding a phenomenon or situation. In addition case study design allowed for careful analysis and complete observation of a given social unit.

3.3 Data collection

The respondents to this study included the County Director of Medical services, the County executive committee for health, and the Medical superintendent at the Makueni county referral hospital as well as chief nursing officer at the Makueni county referral

hospital. Both primary and secondary data was used in this study. Qualitative primary data was collected using an interview guided questionnaire which was developed based on the research question. This was divided into four sections: Section I covered the background information, Section II, was on data collection on the quality healthcare strategies adopted by the county government, Section III covered the implementation of quality healthcare strategies identified in section II and their level of success. Section IV included information on critical drivers of quality healthcare strategy implementation by the county government of Makueni and the challenges faced in the adoption of the strategies.

Interview guide was chosen because it is an inexpensive way to gather data from the respondents from the county health committee comprising of head of medical services, medical superintendent and the county minister for health as well as chief nursing officer and chosen heads of departments. They were chosen due to the role they play in the day to day running of the county health services and at the county referral hospital. The choice of the respondents was also informed by the need to represent all the decision making levels and implementation of various quality healthcare strategies by the county management.

Secondary data was collected from other various sources including the Government of Kenya publications, Makueni county publications, and the Kenya National Bureau of Statistics publications. The secondary data also involved reviews of the related literature on Universal Health Care.

3.4 Data Analysis

Data analysis involved the use of content analysis to extract meaning from the collected information and enable conclusions and recommendations to be drawn. This analysis was suitable because the data collected was qualitative in nature. The analysis sought to elucidate, through close examination of the content and language of texts what was learned from the respondent's understanding of the phenomenon and terminology, as well as their beliefs on quality health care strategies and service delivery.

CHAPTER FOUR

DATA ANALYSIS, FINDINGS AND DISCUSSION

4.1 Introduction

This chapter presents the findings on the quality health care strategies adopted in the implementation of universal health care services delivery at the Makueni County referral hospital. Specifically the chapter presents findings on the quality health care strategies adopted and the level of success in the implementation of the strategies to achieve universal healthcare. It also looks at the critical drivers in the implementation of the quality health care strategies at the county referral hospital.

4.2 Respondents and Organizational Profile

This section highlights the profile of the respondents and the Makueni county referral Hospital. It looks at the respondent's involvement in running of healthcare services at the county referral hospital. It also highlights the services offered by the Makueni county referral hospital.

4.2.1 Respondents Profile

Data was collected from the Makueni health committee team including the County director of medical services, county health executive committee member, medical superintendent, two heads of departments and the chief nursing officer. The respondents are key health management teams who are also key in strategic decision making and implementation of policies at the county referral hospital. They were directly involved in the development of the benefit package for the Makueni care program. Most of the respondents (80%) indicated that they had worked at the county referral hospital management team for more than five years while 20% had worked in less than five years.

additionally, 60% of the respondents indicated that they had attained a postgraduate degree in their areas of specialization.

In terms of the quality health care strategies 100% of the respondents were aware of the quality health care strategies being implemented to improve service delivery and were satisfied by the adoption level. In the implementation level, the respondents (60%) were involved directly in the implementation of the quality health care strategies at the service delivery level. This was important to allow close continuous monitoring and the level of success in the implementation phase of the strategies. Moreover it provided the management team feedback.

4.2.2 Organizational Profile

Makueni county referral hospital provides both preventive and curative services in a wider scale. Different departments are situated within the hospital and this includes accident and emergency department, mother and child health department, medical and surgical departments among others. Additionally, Makueni County has invested in systems to ensure efficient and effective service delivery which include information and communication technology which facilitates registration storage and retrieval of patient's information and data from different departments and allows for verification of information by officers at different levels.

4.3 Quality Healthcare Strategies in Improving Universal Health Care

The respondents were asked to provide their opinion on quality healthcare strategies and policies adopted at Makueni referral hospital to enhance service delivery. They indicated that despite the challenges faced in the implementation of universal health care dubbed

Makueni care, most of the quality healthcare strategies and policies adopted improved quality of care given to patients.

The respondents identified several quality health care strategies being implemented at the county referral hospital. They cited strategies which include results-based financing, adequate health infrastructure, quality management systems and standards, adequate human resource, adoption of ICT, and training of staff in strategic leadership. They also indicated that the facility has clearly defined processes to ensure the expectations of all the stakeholders including patients, suppliers as well as the ministry of health are met. In addition they stated that the facility has inculcated a culture of integrity, trust, and ethics that has supported improved service delivery.

4.3.1 Result-Based Financing (RBF)

The respondents said that they considered the implementation of result-based financing somewhat successful towards improving service delivery processes and systems. Result-based financing practically enhanced health systems hence contributing to improved service delivery. After the implementation of RBF, there was an enhanced accountability, governance, and health management information system process. They also stated that RBF served to incentivize health care workers at the facility to approach their duties with integrity, trust, and ethic in the provision of quality and comprehensive health care services. Further, they noted that RBF is an intervention that should not be designed to be used as a stand-alone.

Further, the respondents indicated that there were times when the facility's management had to initiate an organizational and structural change but the plan was difficult to maintain. They noted that maintaining such changes required a lot of financial resources

to support financial investments such as the adoption of new technologies and the hiring of adequate human resources. The investments were difficult to maintain and hence the facility opted to initiate cutbacks. They observed that the management at the facility projected a future decline in reimbursement rates hence making it hard for some of the quality programs to be maintained. They, therefore, stated that result-based financing may not be reliable as a stand-alone intervention for quality service delivery in improving the quality of care given to patients at the facility.

4.3.2 Adequate Health Care Infrastructure

The respondents indicated that the adoption of adequate infrastructure was somewhat successful. They noted the need and existence of basic infrastructure at Makueni referral hospital in supporting the implementation of quality health programs. The respondents stated that for programs such as infectious disease monitoring, immunization, prevention of lifestyle diseases, and prevention of injuries, there has to be an adequate health infrastructure. Based on this strategy, the respondents identified three key components of health infrastructure. They pointed out qualified and capable human resources, real-time data, and information systems capable of efficiently responding to patient health needs as vital components in the implementation of health care programs at the facility. Adequate health infrastructure availed the requisite foundation for monitoring the health status and provision of solutions to community health challenges.

Further, they noted that adequate health infrastructure has helped the facility to diagnose and assess health hazards bedeviling the surrounding community. According to the study, sufficient health infrastructure helped in informing, empowering, and educating people regarding health issues. Some of the policies and plans adopted by the facility to support

health care efforts also utilized the health infrastructure. The workforce was able to enforce regulations and laws that ensured that public health and safety was guaranteed. Finally, they also stated that adequate health infrastructure helped the facility in the assessment of effectiveness, quality, and accessibility of individual-based health services.

4.3.3 Quality Management Systems and Standards

From the respondents, the study found out that the implementation of quality management systems and standards was successful at the facility. The respondents also indicated that the facility has clearly defined its processes to meet the expectations of patients, suppliers, and the ministry of health among other stakeholders. They further noted that the processes were regularly monitored to ensure that they meet the expectations of the ministry of health. The respondents pointed out that there are clearly defined measures put in place to ensure that the expectations of stakeholders are met. Further, they indicated that there are measures that are put in place to safeguard continuous improvement in the quality of services offered. To a greater extent, the facility has a mechanism to respond to customer complaints in real-time. According to the study, the facility trains its staff regularly on total quality management practices and has significantly contributed to the reduced errors in service delivery.

Further, the adoption of quality management systems and standards was found to be essential in enhancing the provision of quality services. The respondents noted the need for integration of six sigma and ISO in the operations of the facility to leverage efficiency. The respondents also indicated that through the feedback strategies adopted, the facility can modify the management practices from time to time to ensure that they are in tandem with the accepted guidelines. They acknowledged the role of quality

management systems and standards in enhancing the performance of the facility and achievement of the growth, strategic goals, and optimization of quality.

4.3.4 Adoption of Technology

The respondents indicated that the facility has invested significantly in technology which has helped to improve efficiency and effectiveness in the delivery of healthcare. They further noted that the technology used is current and that it helps in the delivery of quality services. Moreover, the respondents noted that customer complaints are now being solved in real-time because there is a system that can receive customer feedback in real-time. Moreover, as a result of the adoption of technology, the facility can offer new services or products to customers. Moreover, the respondents attributed the reduced waiting time for patients coming to the facility to the adoption of ICT in managing its systems. For instance, they reported a reduction in the time taken for the ambulance services to respond to patient needs by half the time it used to take before the adoption of technology. The workload concerning service provision also reduced significantly as a result of the adoption of technology.

Further, the time taken for the waiting time reduced significantly as a result of the adoption of technology. For instance, there was a reduction in the time taken for a patient to see a specialist also reduced. Another example included information and communications technology (ICT) that facilitates registration, storage, and retrieval of patient diagnosis and treatment data from different departments (lab, pharmacy, etc.). Through ICT, access to up-to-date information on in-patient and outpatient information and the waiting time also reduced significantly. The study, therefore, found out that with the adoption of technology, there was a reduction in the operational turnaround time in

the delivery of services. The respondents also indicated that ICT was successful in service delivery improvement at the county referral hospital. Moreover, it was noted that with the adoption of technology, it was easier for the facility to carry out reimbursements to the patients, workers, and insurance companies for the services provided.

4.3.5 Strategic Leadership Training

The respondents noted that strategic leadership training adopted at the facility was successful. They also indicated that managers were exposed to strategic leadership training forums twice a year to enhance quality service delivery at the referral hospital. Strategic leadership training supports organizational as well as individual goals of contributing to quality service delivery. They also said that through strategic leadership training of managers, the facility provided numerous opportunities for them to think about strategy, solving conflicts, management of employees and operational analysis among other issues at the referral hospital.

Further, they indicated that significant performance improvement was noted at the departmental levels where leaders were subjected to strategic leadership training. The rating on access and service delivery by the patients visiting the facility also improved especially when the managers in different departments and the Chief Executive Officer were viewed as effective leaders. They noted the need for middle managers such as the Physician in charge and the Clinician in charge among others to clearly understand strategy and lead other employees towards value-based care, patient satisfaction and positive health outcomes. They further argued that when there are confident and effective leaders in a health care setting, there is a likelihood of improved quality and productivity, reduced wastage and reduced clinical and medical errors. Strategic leadership therefore

was noted to have a significant role to play in the provision of quality services at the referral hospital.

4.3.6 Adequate Human Resource

The respondents indicated that Makueni County recognized the importance and need to ensure an enabling environment to provide quality health services. This was well articulated in the Makueni Vision 2025 document as improvements in staffing levels and health infrastructure. This therefore the respondents recognize somewhat a successful achievement of adequate human resource as a quality healthcare strategy. They noted that human resource professionals were facing a myriad of challenges affecting their ability to deliver satisfactory high-quality health care. Some of the challenges identified include a high doctor-to-patient ratio of 1:25,436 and a nurse-to patient ratio of 1:1,779, compared to the national standards of 1:10,000 and 1:1,000, respectively, budgetary constraints, and high rates of turnover and low morale of the health care professionals. Regarding to the ration of nurse to patients at the referral facility, they noted the times when nurses demonstrated low levels of satisfaction. The inadequate nursing assistants as a support service also contributed to work overload for nurses due to the expectations placed upon them by the stakeholders. The nurses to patient rations were therefore not balanced effectively in most cases leading to nurse burnout.

They however acknowledged the importance of adequate human resource in the provision of high quality health care. The delivery of a health care system depended heavily on not only the level of skills, knowledge and motivation of human resources but also their number. They as well emphasized on the need to employ more nurses as a cost effective strategy aimed at enhancing quality provision of services. As noted by the

respondents, a quality nursing care is critical in improving the stakeholder perceptions of a health facility and ensuring that patients receive safe and quality care. The county has been progressively hiring staff and sponsoring specialized training. It has also improved in-house development of staff capacity by training specialized health care workers, as shown below

4.4 Adoption of Quality Health Care Strategies

4.4.1 Structural Measures.

Regarding the staff/patient ratio, the study established a doctor to patient ratio to be 1:25,436 and a nurse-to patient ratio of 1:1,779, compared to the national standards of 1:10,000 and 1:1,000 respectively based on the patients who sought medical services at the facility since inception. The study also found out the total bed capacity at the facility to be 200 out of which 80 are for neonates while 120 of the remaining are for the adults. In the referral hospital, the study noted that there were 12 specialist and 35 medical doctors currently employed in the facility.

The respondents indicated that due to the influx of patients seeking services at the facility, the operational facilities are not enough in facilitating service delivery. The hospital has invested heavily in the improvement of health facilities especially in the child and maternal health. This is demonstrated by the number of operational physical facilities which has also doubled from the initial 109 when the facility began its operations to 232 operational facilities in 2018.

4.4.2 Process Measures

The respondents said that since the adoption of a universal health care program in the county, patients are now able to access free medical attention at the referral hospital in

real-time. Members of households are issued with a Makueni Care card making them eligible for in and out-patient health services at the facility. Based on the feedback of patients, the respondents indicated that the adoption of the Makueni care card was growing among the community. As a result of the adoption of the medical card, the respondents noted that problems were being solved at a fast rate. They also said that since the adoption of the card system, the time taken for the patients to be attended to at the emergence and accident departments facility reduced significantly.

With the initiation of the health care program and issuance of the Makueni care card; there was an influx of patients to the facility that sometimes overwhelmed the system. However as indicated by the respondents, the facility endeavored to provide quality, convenient, and timely health care services. Despite the influx of patients, the respondents indicated that the average waiting time to attend to clients in the various departments was between 31 minutes and one hour but not exceeding 60 minutes. Moreover, the respondents rated the time taken to admit patients in various departments as somewhat fast due to the large number of patients seeking medical attention. Regarding the time taken to discharge patients from the facility, the respondents also stated that it was somehow fast.

4.4.3 Outcome Measures

The study established that the annual rate of readmission of patients at the facility varied depending on clinical or system-level issues as well as demographic factors. The average rate of readmission ranged between 1-2 to 3-4 times or more annually. Clinical factors included the use of high-risk medications, some patients having more than two chronic conditions such as diabetes, cancer, sepsis, depression, and hypertension among others.

Moreover, the study found out that the risk of readmission was also associated with demographic factors such as prior hospitalization, low health literacy, lower socioeconomic status as well as discharge against medical advice. Moreover, only a few of the causes of readmission were found to be related to the initial procedure. Further, HIV infected patients reported higher cases of readmissions (more than 8 readmissions per year) than those who were negative.

The average length of stay at the facility was one month. However, the study established that the length of stay varied from one department to another. For the patients seeking medication for acute conditions, the average length of stay was 25 days or more especially those being treated for complex wounds and those who depended on ventilators. Regarding mortality rates, the records indicated an average rate of mortality of 5.4 deaths per 1,000 populations in the various departments.

The referral hospital services as cited by respondents made the clients very satisfied. The respondents cited that after the adoption of results-based financing and strategic leadership, the time taken to admit and discharge patients reduced significantly. Reduction in the rates of readmission for conditions attributed to misdiagnosis as well as non-adherence to evidence-based diagnosis and treatment guidelines also indicated customer satisfaction. A drop in the readmissions due to the adoption of analytics in health care also pointed towards customer satisfaction. The respondents further confirmed that the facility has a way of accessing quality performance and that personnel are adequately exposed to total quality management practices at the facility.

4.5 Drivers of Quality Health Care Strategies in Adoption of Universal Health Care

This section looked at the critical driver which enhanced the adoption and implementation of quality health care strategies on service delivery. The study identified health care strategic plan, service delivery charter, information and communication technology, management systems and standards as well as health infrastructure and physical facilities. They were key to the success of the implementation of the universal health care programme.

4.5.1 Health Infrastructure and Physical Facilities

The respondents indicated that the implementation of health infrastructure and physical facilities were useful to a great extent in the provision of universal health care delivery. Regarding this driver of quality health care, the respondents stated that the implementation of quality universal health care services at the facility heavily depended on adequate health infrastructure. They also said that the county government played a key role in ensuring that there is adequate health infrastructure to safeguard the provision of integrated health services. The study established the public health workforce, public health laboratories; information and data systems at the referral hospital played a key role in the planning, evaluating as well as assessing fundamental health services. The respondents argued that the facility's public health personnel depended on infrastructure to not only respond to chronic challenges to health but also acute health threats such as disease outbreaks. The study established that despite an upsurge in the number of patients seeking health care services at the facility, the management is responding positively through the recruitment of more nurses and medical teams.

Further the study identified projects and programs implemented by the referral hospital including the acquisition, installation, and commissioning of a Magnetic Resonance Imaging machine, telecommunications infrastructure, Computed Tomography scan machine, endoscopy, and laparoscopy equipment, cancer treatment center and 6 fully equipped ambulances. Through the implementations of the projects and programs, the referral hospital has managed to diagnose and provide solutions to health hazards and problems in Makueni County. The respondents also said that through the successful implementation of the programs, the facility has managed to monitor the health status and solved the community challenges in real-time.

On the information and data systems, the respondents indicated that there are challenges in the provision of accurate, relevant, and real-time public health action. They also reported that at times the IT systems focused more on procurement and billing and less on the provision of health care information. The study established that a lot of patient data was manual including paper reports that were accessible through supervisors. However, the respondents indicated that despite the challenges faced, the management has made significant strides towards enhancing data collection and analytical capacity at the hospital level to enhance patient management, drug availability, and financing. The use of analytics in health care is to ensure that there is the reduced length of stay and readmissions whose overall impact is reduced cost of care and reduced resource wastage.

4.5.2 Strategic Plan

Concerning the strategic plan, the respondents indicated that it was critical in enhancing universal health care service delivery to a great extent. The study established that Makueni county vision 2025 has well-articulated the importance of health care and which

Recognizes that “*a healthy population is an essential ingredient to socio-economic Development.*” The county has implemented the strategy of adequately equipping the medical facility with an MRI machine, CT scan, endoscopy, and laparoscopy equipment, cancer treatment center, as well as fully equipped ambulances, helped to a great extent in achieving quality health care for all. Regarding the strategy of enhancing access to quality health care, the study established that intervention programs and approaches in medical camp outreaches, Malezi bora, and deworming campaigns helped in enhancing helped to a great extent in enhancing access to quality health care. Moreover, enhanced family planning, immunizations, youth-friendly clinics, maternal health services, and intensified school feeding programs were useful to a great extent in enhancing access to quality of care.

Further, the study established that the referral hospital has automated its health information systems. Through specific programs such as the installation of a tele center with enough infrastructure to provide diagnostic services in remote regions of the county and end to end hospital automation drove the provision of universal health care delivery. Moreover, the development of financing partnerships and health care services via programs such as employment of 600 medical personnel to meet staffing needs as well as external resource mobilization and capacity transfer helped in driving quality health care service delivery to a greater extent. The respondents cited that the process of strategic planning was holistic, systemic, and rational hence warranted the integration of short, medium, and long-term plans to enable the hospital facility to emphasize the essential transformation of the future.

4.5.3 Service Delivery Charter

The study established from the respondents that service charter played a critical role in enhancing effectiveness and efficient service delivery at the facility. A service charter is an essential communication tool that is used in the management of expectations, explication of responsibilities as well as provision of an objective platform upon which level of service delivery can be assessed. The study established that clients visiting the facility were integral to service delivery. As a driver of quality service delivery, the service charter was important in ensuring enhanced accessibility, courtesy, and fairness in the provision of universal health care services. Through the service charter, the respondents noted that it helped the staff to meet the needs of the public and staff. The provision of services was anchored on the value of, teamwork, integrity, staff professionalism, effective communication, and diversity.

Further, the study established that the service charter ensured that contact details and hours of operation are provided with appropriate literature to the public. Moreover, the respondents said that the staff used an appropriate language i.e. English and Kiswahili where possible and that all correspondences were communicated using an appropriate language.

On the guiding principles of service delivery, the respondents indicated that through the charter, there were clear service delivery benchmarks whose objective is to meet the expectations of clients. The facility was able to communicate effectively with all stakeholders and also treat clients with the utmost dignity and respect during service delivery. The facility was also able to adopt an effective management and monitoring

system which was able to not only track the performance but also recommend corrective action.

On commitment to clients, the service charter helped to ensure effective feedback on all correspondences, utmost integrity and professionalism, and real-time feedback for all customer concerns raised. They indicated that through the charter, an entire health system in Makueni benefitted through a more accountable and responsive standard to all consumers of health care services at the facility.

4.5.4 Management Systems and Standards

Regarding the management systems and standards, the study observed that the facility has made strides in configuring its management systems to fortify inventory and financial service delivery as well as human resource management. There were regular quality audits on the management systems to ensure that they adhere to the standards laid down by the ministry of health. The respondents indicated that there is a sustained monitoring and evaluation process every 6 months to ensure that the quality programs deliver quality universal health care. Moreover, the respondents indicated that the staffs responsible for implementing quality standards and management systems were committed to their roles.

Further, the respondents said that there were adequate sensitization and training of personnel to align them to the emerging health care demands. Moreover, the study noted that quality assurance cycles at the facility enabled the creation of quality improvement teams in all departments and sections. The quality improvement teams are responsible for driving the various strategic interventions towards meeting the intended results. In addition, the respondents confirmed that the management team was committed to safeguarding the implementation of quality enhancement strategies. The study also found

out that the adoption of ICT aided in reinforcing data collection and analytical capacity at the facility. The respondents confirmed that it was easier for the staff at the facility to identify problems and customize quality health care services that meet the expectations of stakeholders.

4.6 Drawbacks to the Adoption of Quality Health Care Strategies

The respondents indicated that despite the success in the role of quality health care strategies adopted in the implementation of universal health care services delivery at the facility, challenges of inadequate staff, poor maintenance of facilities, high cost of accreditation, bureaucracy, and political interference among others. The study established that an influx of patients to the facility was a big threat to the health care system. The respondents indicated that an influx of patients visiting the facility has put a strain on the workload for medical staff creating the need to recruit more health care staff. The facility has also experienced an influx of patients seeking medical attention for minor health conditions whose conditions can be addressed at lower levels. Once people have paid and are aware that there is a safety net of free access to care, they engage in a moral hazard.

Further, the respondents also noted that decision making is centrally placed in the hands of bureaucrats at the ministry of health, Makueni County who control funds generated by the county. They cited delays in reimbursements to patients for money spent in the provision of care. The respondents felt that the management lost their autonomy when vital decisions are made on the procurement of some equipment and the meritocracy in the hiring of staff. In some instances, the study established that some equipment was bought based on political priorities as opposed to the health needs of the population. Staffing was also identified by the respondents as a challenge facing the implementation

of quality health care delivery. Despite getting drug supplies from the county government, the respondents reported cases when they ran out of non-essential drugs.

4.7 Discussion of the Findings

The study established that the adoption of quality health care strategies such as result-based financing, adequate health infrastructure, adequate human resource, quality management systems and standards, adoption of ICT, and training of staff in strategic leadership enhanced universal health care service delivery. Result-based financing improved data quality in health management and delivery processes and systems as a result of increased levels of accountability, integrity, and work ethic. The findings were consistent with Manongi et al's (2014) finding that performance-based financing leveraged the initiation and implementation of proactive actions that serve to motivate health personnel in improving the quality of care with minimal support.

Adequate infrastructure comprising of qualified and capable human resources, real-time data, and efficient information systems aided in the diagnosis and assessment of health hazards which guided the provision of evidence-based health services. The finding did not corroborate well with Leslie, Sun, and Kruk (2017) who argued that health care personnel in facilities with strong infrastructure often provided poor quality of care and hence should not be used as a measure of quality. The measurements of process and outcomes of care were therefore key in assessing the effectiveness of adequate infrastructure as a strategy.

The quality management systems and standards implemented at the facility also enabled the facility to clearly define its processes to meet the expectations of patients, suppliers, and the ministry of health among other stakeholders. It has helped in safeguarding

continuous improvement in the quality of services where feedback to customer complaints is provided in real-time while at the same time reducing errors in service delivery. The findings are in tandem with the findings by Ganesh, Rampersad, and Dorasamy (2017) who cited that quality health care delivery required strong commitment with the quality of management systems and standards when executing health care programs. The strategy enhanced sustainable, well-run, and effective running of programs to meet the goals and therefore providing optimal patient care.

The level of efficiency and effectiveness in the delivery of health care services depended on the effectiveness and level of technology used at the facility. The strategy was useful to a greater extent because it helped in solving customer complaints in real-time, reduced waiting time for patients coming to the facility, and reduction in workload. The findings were in with the Columbia Medical Association (2006) that indicated that the adoption of ICT reduced turnaround time for the patients to see a specialist. With the new diagnostic tools, diagnostic methods, and drugs brought as a result of new technology, the respondents noted that there was hope for better treatment and less costly health care.

From the findings, the facility has adopted strategic leadership training programs that have been successful. Through the strategy, the facility has availed immense opportunities for management to make strategic decisions, solving conflicts, manage employees, and efficiently optimize operational at the referral hospital. The strategy also contributed to value-based care, reduced clinical errors, reduced wastage, patient satisfaction, and positive health outcomes. According to Moffatt-Bruce, Clark, DiMaio, and Fann (2018), strategic leadership training programs helped in re-emphasizing the role

of patient safety based on the fact that strategic leadership help in shaping the health care system agenda.

Delivery of a health care system depended heavily on not only the level of skills, knowledge, and motivation of human resources but also their number. Adequate human capital was is therefore key in the provision of high-quality health care service delivery. Inadequacy of human resources in the delivery of satisfactory and high-quality health care is a huge contributor to low levels of satisfaction, heavy workload, and even burnout. As cited by Rocha et al (2019), inadequate health care workers contributed to dissatisfaction and emotional exhaustion leading to burnout. The findings were also confirmed by Manyisa and Aswegen (2017), who acknowledged the need for regular evaluations and improvement of the staff to patient ratios to improve patient safety and quality of care.

Regarding the application of quality health care strategies, the study assessed structural, process, and outcome measures. On structural measures, the study established that with the influx of patients seeking services at the facility, it was difficult to meet the WHO guidelines on the staff/patient ratios. According to Daviaud and Chopra (2018), the World Health Organization (WHO) recommends a medical doctor to patient ratio of 1:1000 as well a nurse to patient ratio of 25: 10,000 which are not met in the findings. However, with regular upgrading of facilities, equipment, and recruitment of more personnel, addressing issues such as staffing, treatment procedures, and data systems, the facility will have the capacity to deliver evidence-based care especially in rural settings. Rademakers, Delnoij, and Boer (2011) argue that structural measures are essential in

assessing the capacity, systems as well as processes in the provision of quality health care.

On process measures, the study established that patients are now able to access free medical attention at the referral hospital in real-time due to the adoption of a Makeni Care card. The facility endeavored to provide quality, convenient, and timely health care services as indicated by reduced average waiting time, time taken to admit and discharge patients. As argued by Rademakers, Delnoij, and Boer (2011), process measures also helped to indicate what a provider should do to enhance the health of patients or healthy people in line with the recommended standards of clinical practice.

In this study, outcome measures were critical in establishing the rates of readmission. The study established that after the adoption of results-based financing and strategic leadership, the time taken to admit and discharge patients reduced significantly leading to high levels of customer satisfaction. Main (2013) argued that through outcome measures, the impact of an intervention on the health status of patients would be measured. As a key measure of quality in healthcare, confirmed that it is based on many factors. The facility may not be able to control all of them hence the need for sound risk-adjustment methods to minimize inaccuracies in the measurement of health care quality.

Regarding critical drivers of quality care strategies in the implementation of universal health care service delivery, the study established a strategic plan, service delivery charter, management systems, and standards as well as health infrastructure and physical facilities. It was observed that the implementation of health infrastructure and physical facilities helped in the diagnosis and provision of solutions to health care challenges in real-time. The strategic plan also ensured that the facility is equipped with the requisite

equipment and enhanced access to health care. Further, the service delivery charter played a critical role in enhancing accessibility, integrity, professionalism, courtesy, and fairness in the provision of universal health care services. As cited by Thomassen, Ahaus, and Walle (2014) a service charter helps in the alignment of strategic health care goals, trust among workers, and also in process integration.

On the driver of management systems and standards, the study observed that the facility has configured its management systems to fortify inventory and financial service delivery. Moreover, regular audits enhance adherence to the standards laid down by the ministry of health. The importance of quality management systems and standards was confirmed by Odhiambo (2016) who established a positive correlation between the driver and quality health care delivery. Moreover, the study established the need to have a holistic approach that is anchored on sound benchmarks, resources, and people to enhance positive health care outcomes in the facility's healthcare service delivery.

Finally, in the application of quality health care strategies, the study identified inadequate staff, poor maintenance of facilities, bureaucracy, and political interference as challenges facing the application of healthcare strategies in the provision of universal health care services. The challenges are attributed to the influx of patients to the facility hence straining the health care system. However as cited by Maphumulo and Bhengu (2019), challenges facing the implementation of health care strategies are inevitable and hence the need for regular quality improvements to minimize errors, enhance efficiency, lower cost, and also reduce delays in quality health care delivery.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents a summary of the findings, conclusions and recommendations for further research based on study findings. It also highlights the limitations of the study which were observed during the study period. Finally this chapter looks at the implications of the study to theory and practice in the management of national healthcare.

5.2 Summary

The quality healthcare strategies adopted at Makueni referral hospital to enhance service delivery include results-based financing, adequate health infrastructure, quality management systems and standards, adequate human resource, adoption of ICT, and training of staff in strategic leadership. The management at Makueni referral hospital has put in place processes that meet the expectations of all the stakeholders including patients, suppliers as well as the ministry of health. The facility has inculcated a culture of integrity, trust, and ethics which has supported improved service delivery.

The hospital has also adopted a result-based financing strategy which has contributed to improved service delivery processes and systems. With the implementation of the strategy, there was an enhanced accountability, governance, and health management information system process. The strategy incentivized health care workers at the facility to approach their duties with integrity, trust, and ethic in the provision of quality and comprehensive health care services. The adoption of adequate infrastructure was also successful in supporting the implementation of quality health programs. Sufficient health infrastructure helped in informing, empowering, and educating people regarding health

issues. Moreover, the adoption of quality management systems and standards was successful in responding to customer complaints in real-time, reduced errors, and enhanced efficiency in service delivery.

The additional quality health care strategy includes the adoption of technology which has helped in improving efficiency and effectiveness in the delivery of healthcare. The customer complaints were received in time and hence enhanced customer satisfaction. There was also reduced waiting time for the patients visiting the facility as a result of integrating ICT in the management of systems. The adoption of strategic leadership at the facility has also created opportunities for strategic conflict resolution, employee management, and operational analysis. The facility did not have adequate human resources hence leading to low morale among the health care professionals. Quality nursing care is critical in improving the stakeholder perceptions of a health facility and ensuring that patients receive safe and quality care.

The assessment of the quality health care strategies applied was illustrated using structural, process, and outcome measures. On structural measures applied, the study found out that the staff to patient ration was insufficient to cater for an influx of patients visiting the facility for medical attention. The operational facilities were also inadequate in facilitating sustained service delivery in spite of the heavy investment in the child and maternal health facilities. Regarding process measures, the study established that with the adoption of the Makueni medical card, the time taken for the patients to be attended to at the emergence and accident departments facility reduced. As a result, the average waiting time, time is taken to admit and discharge patients reduced significantly. On outcome measures, the adoption of ICT, and strategic leadership, the rate of readmission reduced

significantly. The average length of stay at the facility and mortality rates also dropped due to the adoption of analytics in health care also pointed towards customer satisfaction.

The critical drivers enhancing universal health care service delivery at Makueni referral hospital include strategic plan, service delivery charter, management systems, and standards as well as health infrastructure and physical facilities. Finally, the application of quality health care strategies was found to face drawbacks including inadequate staff, poor maintenance of facilities, bureaucracy, and political interference among others. The study established that an influx of patients to the facility was a big threat to the health care system because it puts a strain on the workload for medical staff creating the need to recruit more health care staff.

5.3 Conclusions

The study investigated the quality health care strategies adopted in the implementation of universal health care service delivery at the Makueni County referral hospital. The findings showed that result-based financing, adequate health infrastructure, quality management systems and standards, adequate human resources, adoption of ICT, and training of staff in strategic leadership enhanced service delivery. As a result of the adoption of the quality strategies, the facility has inculcated a culture of integrity, trust, and ethics which has supported improved service delivery. The study noted that with a holistic approach to the adoption of quality strategies, the facility would be able to enhance the implementation of universal health care service delivery. Among the drivers of quality health care strategies, the study identified strategic plan, service delivery charter, management systems, and standards as well as health infrastructure and physical facilities as key in enhancing universal health care service delivery at Makueni referral

hospital. Whereas the adoption of the quality strategies enhanced quality service delivery, the study established inadequate staff, poor maintenance of facilities, bureaucracy, and political interference as drawbacks in the application of quality health care strategies. However, with regular upgrading of management systems and standards, there is a likelihood of excellence in the service quality and health outcomes in the future.

5.4 Recommendations of the Study

The study recommends the use of robust and advanced analytics at the hospital level to facilitate the adoption of informed choices of aspects such as drug availability, financing as well as management of patients. This will help in reducing the length of stay at the facility, readmissions, and cost of care as well as wastage of resources.

The study also recommends regular upgrading of IT systems to enable the systems to focus more on health care information and not only on procurement and billing. This recommendation is informed by the finding that a lot of data is recorded manually and paper reports and released by supervisors in various departments.

Further, the study recommends the adoption of a holistic approach towards the application of quality health care strategies to optimize outcomes realized in the delivery of quality services. Finally, the study recommends the institutionalization of strategic leadership programs at the facility to facilitate the maximization of intended outcomes at different service delivery levels.

5.5. Limitations of the Study

The study was limited to Makueni referral hospital and hence affecting the generalization of the research findings to other health care facilities. The results were analyzed using content analysis, a method that is inherently reductive and subject to error especially when the relational analysis is utilized to deduct a higher degree of interpretation.

5.6 Suggestions for Further Studies

The current focus was limited to Makueni County and hence the study suggests future studies on quality health care strategies adopted in the implementation of universal health care service delivery in all health care facilities in Kenya. Future studies should seek to establish the correlation between accreditation and quality healthcare Improvement. Moreover, future studies should explore the effectiveness of alternative provider payment options on the implementation of universal health coverage.

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APPENDICES

APPENDIX I: LETTER OF INTRODUCTION



UNIVERSITY OF NAIROBI SCHOOL OF BUSINESS

Telephone: 020-8095398
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Tel: 020 8095398
Nairobi, Kenya
Date: 30th July, 2020

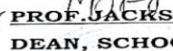
TO WHOM IT MAY CONCERN

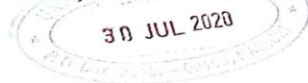
The bearer of this letter, **Benjamin M. Kyama** of Registration Number **D61/71497/2014** is a Master of Business Administration (MBA) student of the University of Nairobi.

He is required to submit as part of his coursework assessment a research project report. We would like the student to do his project on **Application of quality healthcare strategies on Universal healthcare service delivery at Makueni County referral Hospital**. We would, therefore, appreciate if you assist him by allowing him to collect data within your organization for the research.

The results of the report will be used solely for academic purposes and a copy of the same will be availed to the interviewed organization on request.

Thank you.


PROF. JACKSON MAALU
DEAN, SCHOOL OF BUSINESS



APPENDIX 1I: INTERVIEW GUIDE

Dear Participant,

Re: A study on application of quality health care strategies on universal healthcare service delivery at Makueni County referral hospital.

My name is Benjamin Muoka Kyama, a Master degree of Business Administration student at the School of Business, University of Nairobi. I am conducting a study on application of quality health care strategies in improving services delivery at Makueni county referral hospital in Makueni County. I am kindly requesting for your support in answering the below questions to enable me to achieve the study objective. Note that information provided will only be used for academic purposes and that the following will be observed during and after this study:

- 1) Confidentiality will be observed at all time and your real name will not be used at any point in the written report.
- 2) Your participation in this research is voluntary; you have the right to withdraw at any point in the research process.

Thank you for agreeing to participate in this study.

SECTION I

BACKGROUND INFORMATION

1. What is your level of education?
2. What position are you currently occupying at the county?
3. How long have you worked at the county referral hospital?
4. Does the county has a mission and vision in the health ministry?.....

SECTION II

QUALITY HEALTH CARE STRATEGIES.

What is your opinion on the use of quality healthcare strategies in improving the quality of care given to the patients?

Which of the following quality health care strategies are being implemented by the county government at the county referral hospital.

1. Leadership training
2. Result based financing
3. ICT innovations
4. Quality management standards and systems.
5. Adequate health infrastructure
6. Others (specify).....

How would you rate the success of each of the above said strategies?

Quality health care strategy	Highly successful	Very successful	Successful	Unsuccessful	Not implemented
Leadership training					
Result based financing					
ICT innovations					
Quality management standards and systems					
Others specify					

SECTION III

APPLICATION OF QUALITY HEALTH CARE STRATEGIES

The success of any given strategic intervention requires adequate support in three key areas which can be measured. These measures are as follow. From your experience....

A. Structural measures.

8. What is the current Staff/Patient ratio within the county referral hospital (Doctor/Patient ratio and Nurse/Patient ratio).....
9. What is the total bed capacity in the different departments.....?
10. How many specialists' nurses are currently employed in the county referral hospital.....?

11. How many specialist doctors are currently employed in the county referral hospital
.....

12. In your own opinion how would you describe the adequacy of facilities in facilitating your service delivery?

Highly sufficient [] Moderate [] Low [] Insufficient []

B. Process measures

How would you rate the service delivery in the following areas?

13. Use of the Makueni care medical card?

Extremely fast [] Very fast [] Somewhat Fast [] Slow [] Very Slow []

14. Problem solving involving the medical cards?

Extremely fast [] Very fast [] Somewhat Fast [] Slow [] Very Slow []

15. How would you rate time taken to attend to a patient in the accident and emergency department?

Extremely fast [] Very fast [] Somewhat Fast [] Slow [] Very Slow []

16. On average, what is the waiting time to attend to clients in your department?

Within 1 minute [] 2-10 minutes [] 11-30 minutes [] 31 minutes- 1hour [] More than 1 hour

17. How would you rate time taken to admit patients in your department?

Extremely fast [] Very fast [] Somewhat Fast [] Slow [] Very Slow []

18. How would you rate time take to discharge patients from the hospital?

Extremely fast [] Very fast [] Somewhat Fast [] Slow [] Very Slow []

C. Outcome measures

19. What is the rate of re-admission of patients within a year?

1-2 times [] 3-4 times [] 5-6 times [] 7-8 times []

Others please specify.....

20. Please indicate the average rate of mortality in the last 6 months in the various departments

0- 10% [] 11%- 20% [] 21% - 30% [] 31%-40% [] others, please specify.....

21. On average, what is the length of stay of in-patients in your department?

1 day – 5days [] 1 week [] 2 weeks [] 3 weeks [] 1 month [] above 1 month []

22. How would you rate clients' satisfaction with your services?

Extremely satisfied [] Very Satisfied [] Somewhat Satisfied [] Unsatisfied []

Very Unsatisfied []

SECTION IV

A. Drivers of Quality Health Care Strategies Implementation.

Do you have any of the following in your county referral hospital? If yes, to what extent have they helped in improving service delivery?

	Great Extent	Moderate Extent	To Some Extent	To a Small Extent	Not At All
Service Delivery Charter Yes () No ()					
Mission Yes () No ()					
Vision Yes () No ()					
Strategic Plan Yes () No ()					
Others (specify).....					

B. What specific challenges are you facing despite the implementation of quality health care strategies in Makueni county referral hospital?