

This document presents the summary from two panel discussions in the SLMTA/SLIPTA Symposium: 1) Expert Panel featuring four SLMTA laboratories that have achieved accreditation; 2) Hospital Continuous Quality Improvement towards Accreditation (**S**trengthening **H**ospital **M**anagement **T**oward Accreditation, or **SHMTA**). For all other sessions, please refer to the PowerPoint PDF files.

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## Unlocking the Secrets to Accreditation

# Expert Panel Discussion on Accredited SLMTA Laboratories

**Moderator: Kilian Songwe**

**Panelists: Thomas Gachuki; Phidelis Maruti; Kelebeletse  
Mokobela; Sandra Mavuto**

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### Thomas Gachuki (Kenya HIV National Reference Laboratory)

**Q: What step by step process was taken towards accreditation at your laboratory?**

A: Baseline assessment; SLMTA program and mentorship; mid-term assessment (5 stars); then to accreditation via SANAS

**Q: What would you do differently?**

A: Develop good Quality Manual and SOPs. Mobilize resources to avail funds for progress e.g. for equipment. The Quality Manual was revised to accommodate the required standards and guide the implementation effectively..

**Q: How did you know you were ready for accreditation?**

A: After mid-term review and pre-assessment by SANAS trained auditor. It is a challenge to remain accredited compared with initial accreditation.

### Kelebeletse Mokobela (Botswana Nyangabgwe Referral Hospital Laboratory)

**Q: What step by step process was taken towards accreditation at your laboratory?**

A: Awareness training; appointment of Quality Manager; gap analysis

**Q: What do you think were your success factors?**

A: We involved everyone. We brought all staff together as a team and made sure all staff contributed and felt they owned their system. Quality committees were composed of representatives from all lab sections (e.g. inventory, quality, equipment, etc.). Improvement projects and quality Indicators were presented to all staff. Monthly review of records and logs improved staff commitment. We encouraged staff to make suggestions. We intensified our internal audits and follow-up, and closed the Nonconformities (NCs) section by section. The competition motivated the staff. Change of lab management was a turning point for us.

**Q: When did you know you were ready for accreditation?**

A: We were actually not sure if we were ready. But we knew that accreditation was achievable.

## **Phidelis Maruti (Kenya Bungoma District Hospital Laboratory)**

**Q: What were your biggest challenges at your laboratory?**

A: Staff Turnover was the biggest challenge. We had to re-train the staff we had lost. Furthermore, with limited resources, we had to improvise and used local materials. We mobilized stakeholders for financial support e.g. PEPFAR partners. There were also competing demands and priorities from other programs/ activities. You just had to stay focused and dedicate yourself for what is required for accreditation. Learn to say no.

**Q: What would you do differently?**

A: Learn to recognize the root cause, not the symptom. Plan appropriate action to attack the root cause. Have confidence in yourself. Acknowledge every small good deed by your staff.

## **Sandra Mavuto (Zimbabwe Cimas Harare Medical Laboratory)**

**Q: What contributed to your success?**

A: The SLMTA program – we implemented documents and document control; formed a Quality Steering Group; strengthened internal audits via audit trainings and conducting audits; planned the budget accordingly. You need to develop a culture for quality improvement.

**Q: How did you know your lab was ready for accreditation?**

A: After 2 stars we took the chance for accreditation. Accreditation is a journey and not a destination.

# Hospital Continuous Quality Improvement towards Accreditation

(Strengthening Hospital Management Toward Accreditation)

**Moderator: Barbara McKinney**

**Panelists: Dr. Charles Awasom and Laura Takang Eno**

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**CA:** Dr. Charles Awasom (Former Director of the Bamenda Regional Hospital, Cameroon)

**LE:** Laura Takang Eno (CDC-Cameroon, mentor and lead author of a manuscript describing how SLMTA was used to drive transformation in the Buea Regional Hospital)

**Q: How did the hospital get started with the SLMTA process and how did the process move to the entire hospital?**

**LE:** In the beginning, the Buea Regional Hospital and Laboratory were environments where quality was completely absent. The director and staff wanted quality but they did not know how to do it. Initially, the hospital director thought SLMTA was just another program. However, once the director saw the quality improving in the lab, he called the lab team and asked if these changes can be sustained and spread to the entire hospital. With guidance from the SLMTA team, the director created a quality improvement task force and engaged his physicians & staff. Each department in the hospital was asked to develop a quality improvement project.

**CA:** At the time SLMTA was implemented in our laboratory, I noticed a lot of other gaps in the Bamenda Regional Hospital. I was fortunate to be able to attend a two-week program on quality improvement at the University of Heidelberg. I realized that to improve health care for the patient, the entire hospital needed to improve. We needed to build a team so when we rise, we all rise together. And every single department needs to be part of the Quality Improvement (QI) team. Leadership was required to create a vision, and then to create a team to build the culture of quality.

**Q: How did the culture change?**

**LE:** We had certain indicators pointing to our changing culture. The number of our patients doubled. Our patients told us that they especially appreciated the clean environment. The language was even different. When you improve your systems, you feel different. Staff attitudes changed. Patient satisfaction then improved because patients noticed a change in our culture.

**CA:** If you invest in the laboratory, you even obtain more revenue. The laboratory staff were more motivated to come to work because they realized their careers were moving forward. There was a self driving force within the staff. The working environment improved and leadership realized that the staff were driven by motivators beyond the financial. Quality improvement was not just a project but a process. The clinician lab interface must be understood. Clinicians' collaboration with the lab improves services. The clients realized that the staff were concerned about their needs.

**Q: Let's talk about the "how-to"? How did you specifically modify the SLMTA program for the hospital at large?**

**LE:** We modified the cross-cutting modules and presented them to the physicians and the hospital staff. The productivity modules were also especially helpful. As we facilitated the "Meet the Clinician" activity, we realized that the clinicians were part of the system. We worked on QI projects without additional costs to the system.

We formed a multidisciplinary quality improvement team from unit leaders across the organization. This QI team met monthly to review where we were with the head of the hospital.

**Q: I know you must have encountered new challenges as you modified and adopted the SLMTA program. Could you share some of those challenges with the participants here today?**

**CA:** We were challenged by getting the clinicians to see this as not "just another project". It was challenging to get them to buy-in and own the process.

**Q: What do you feel were your most significant accomplishments?**

**CA:** The whole culture of quality emanates throughout the organization. We improved the safety of labour for our patients by creating a new labour room theatre. We decreased the waiting time for patients as we became more sensitive to how long they had to wait. Our external client satisfaction soared upward as the waiting time decreased. We begin to ensure use of personal protective equipment by all our staff.

**Q: Thank you Laura & Dr. Awasom for sharing your powerful and inspiring stories today. Do you have any parting words for our audience?**

**LE:** Upper management commitment is essential.

**CA:** Our moral ethics propel us to improve the quality of health for our clients. ***I call all hospitals to work towards adopting SLMTA as a simple model for improvement and provision of quality services in Africa!***