

PUBLIC SERVICE EXCELLENCE AWARD 2017

ENTRY FORM

Theme:

*“Fostering creativity and innovation
to better respond to citizens’ needs”*

PUBLIC SERVICE EXCELLENCE AWARD 2017

INTRODUCTION

The Public Service Excellence Award (PSEA) is one of the many tools used to drive the public service towards becoming a more dynamic, customer-centric and highly performing institution. It encourages team work and a culture of excellence across the public service.

Its overall objective is to recognise and reward meritorious efforts of Ministries/ Departments and their respective Section/Division/Unit which have strived and travelled the extra mile to improve public service delivery and customer satisfaction in a noticeable manner. It is also a reliable instrument to foster innovative management practices in public sector organisations.

THE THEME

The theme chosen for the 2017 Edition of the PSEA is *“Fostering creativity and innovation to better respond to citizens’ needs”*. This theme is meant to give an added dimension to the ongoing effort of Government to enhance the quality of public service in line with Vision 2030 and the 3-Year Strategic Plan.

THE AWARD

The best three submissions will receive the Gold, Silver and Bronze Awards in order of merit. The Winners will also be offered cash prizes as follows:

Gold Award : Rs 100,000
Silver Award : Rs 60,000
Bronze Award : Rs 40,000

ELIGIBILITY

All Ministries/Departments or Divisions/Units are eligible to participate in the Award.

However, Grand Winners of the previous editions of the Award are not eligible for participation for the next two editions following the year of their award.

ADJUDICATION

A Panel of Jury will be set up to assess the submissions.

APPLICATION

Applications should be submitted on the appropriate Form which is available on the website of this Ministry at <http://civilservice.govmu.org>. Information provided by participants should be factually correct, comprehensive and concise.

A hard copy, duly signed by a member of Senior Management, and a soft copy of the submission should reach this Ministry by **31 July 2018**, at latest, at the following address:

Administrative Reforms Division

Ministry of Civil Service and Administrative Reforms

Level 10, SICOM Building 2, Corner Chevreau & Rev Jean Lebrun Streets, Port Louis

Tel: 405 4100 (PABX) - Extension: 10224 / 10225

Fax: 211 5047

Email: mcsa-ar@govmu.org

Website: <http://civilservice.govmu.org>

All submissions should be typewritten. **Handwritten or incomplete submissions will not be considered.**

NOTES FOR GUIDANCE

In their submission, organisations are required to bring forth their achievements for the past 12 months in terms of “**Best Practice**” (*as defined below*) and provide a substantive overview thereof so as to justify what qualifies them to be the potential winner of the Award. Organisations are encouraged to include written documentary evidence in support of their write-ups.

Definition of a Best Practice

A Best Practice is the implementation of a method/process/procedure/activity that has proven to work efficiently and effectively and produced remarkable results, and is, therefore, recommended as a model for other organisations to emulate.

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Ref:

Date of receipt of Entry Document: / /

Date of acknowledgement: / /

ENTRY FORM

1. PROFILE OF ORGANISATION

Name of organisation : **Department of Gastroenterology
SSRN Hospital**

Address : **Sir Seewoosagur Ramgoolam National
Hospital Powder Mill Pamplémousses**

Full name (*Block Letters*) of Contact Person : **Dr D. Appiah**

Post held by Contact Person : **Consultant in Charge Internal Medicine**

E-mail Address : **endoscopysrnh@gmail.com**

Telephone Number : **243-9296**

Contact address, if different from above : **Same as above**

**Name (*Block Letters*) and Signature of
Senior Manager who validated the
submission** : **(NAME) Dr. Appiah**
(SIGNATURE).....

Telephone Number of the Senior Manager : **5 253 0805**

Title of the Best Practice : **Putting Patients Safety and Satisfaction
First**

Start date : **01 January 2017**

2. AREAS OF BEST PRACTICE

Organisations are requested to submit a well-defined Best Practice that has contributed to make substantial changes/improvements in management practices inspired by a combination of any of the ten pillars below. (*Pillars concerned by the practice must be selected from the list below*)

<input type="checkbox"/>	<p>Growth and Development <i>Public Sector business, programme and service delivery solutions that facilitate the inclusion of social and economic growth, keeping pace with the way society is evolving and are reflective of the diverse Nation we serve.</i></p>
<input type="checkbox"/>	<p>Business Transformation <i>Anticipation and responsiveness to the evolving client needs through modernisation and business transformation including the efficient use of resources and effort in developing a new workplace, culture and ethos.</i></p>
<input type="checkbox"/>	<p>Innovation and Acceleration <i>Making use of science, research, technology, innovation, institutional knowledge, data analytics, smart practices, shared information and knowledge for ideas generation and concept mapping.</i></p>
<input type="checkbox"/>	<p>Digital Transformation <i>Making use of technology, E-platforms (such as e-procurement, etc), tools and applications as an accelerator for improved quality service, efficiency, productivity, performance and results.</i></p>
<input type="checkbox"/>	<p>Smart Process <i>Making use of objective-oriented systems to simplify and automate business processes to be forward-thinking, rapid, responsive and efficient.</i></p>
<input type="checkbox"/>	<p>Strong Governance and Institutional arrangements <i>Ensuring that the right oversight and guidance for good governance, compliance, ethics, integrity, transparency, accountability, legal, operational and performance frameworks are in place.</i></p>
<input type="checkbox"/>	<p>Performance <i>Ensuring greater coordination and clarity of objectives, goals, roles and responsibilities and performance outcomes and providing the right tools, resources equipment and physical environment to enhance efficiency, productivity and employee commitment and motivation.</i></p>
<input type="checkbox"/>	<p>Capacity Building and Capability Development <i>Developing capacity, capability and learning to ensure that employees are continuously adopting and developing new skills, capabilities and technical/behavioural competencies while giving high priority to digital skills.</i></p>
<input type="checkbox"/>	<p>Implementation <i>Planning, design and implementation of projects, programmes and priorities are integrated so that the right people, funding, resources, logistics, infrastructure are in place and there is a shared ownership of outcomes.</i></p>
<input checked="" type="checkbox"/>	<p>Customer Satisfaction: The Bottom line <i>Improvement in customer experience and making public services efficient, transparent and equitable based on consultation and feedback from clients. The public and clients are at the heart of policy development, programmes, services and actions.</i></p>

3. EXECUTIVE SUMMARY

3.1 Provide an executive summary of the Best Practice successfully implemented by your organisation. (Not more than 300 words)

- The Gastroenterology Department at the SSRN Hospital is the only dedicated endoscopic unit in Mauritius. The main activities of the unit is to provide full endoscopic investigations of the gastro intestinal system this includes
 1. Gastroscopy - endoscopy of the upper gastro intestinal tract.
 2. Colonoscopy - endoscopy of the lower gastro intestinal system.
 3. ERCP - imaging of the biliary and pancreatic system including treatment of disease of the biliary tract.

- Prior to the creation of this unit in 2007, endoscopy used to be performed on an ad-hoc basis. Our dedicated endoscopy unit provides for a better patient experience and is manned by a team of dedicated and highly trained doctors and nurses.
- With continuous upgrading of the unit our activities have been extended from initially providing only diagnostic endoscopy to now providing a full range of treatment by endoscopy (therapeutic/advanced endoscopy)
- The following procedures are only performed in the endoscopy unit at SSRN Hospital: treatment of oesophageal varices by banding and injection of biological glue, dilatation of strictures of any part of the gastrointestinal tract, removal of foreign bodies such as coins and safety pins, removal of stones in the biliary tract and stenting of cancers of the common bile duct.
- In addition to patients from SSRN Hospital, the unit also treats patients referred from the other 4 main hospitals in Mauritius.
- The Endoscopy Unit at SSRN Hospital runs a yearly Endoscopic Workshop in association with the Bradford Teaching Hospitals Foundation Trust (UK). This workshop enables the sharing of ideas, teaching of new techniques, review of latest developments and treatment and thus enabling us to keep abreast in the field of gastroenterology.

4. MOTIVATION FOR THE ADOPTION OF THE BEST PRACTICE

4.1 What were the problem areas faced by the organisation and how were beneficiaries affected? *(Not more than 300 words)*

There were many problems faced by the organization which affected the patients. Among those were the problem to get the best equipment for endoscopy. To get the best equipment for endoscopy the purchasing department was going through tender. So they were buying the cheapest equipment. With the cheapest equipment the patients would have been affected because it was not having the latest technological advances. So the purchase of the new latest technology equipment had to go to cabinet to be approved so that it could be purchased.

4.2 Describe the plan or strategy adopted to address the problem areas using the ten pillars at Section 2. List down and describe the main elements of the plan or strategy, focusing especially, on their innovative feature(s) and the expected or intended effects. *(Not more than 500 words)*

The endoscopic staff meet every fortnightly to review the day to day running of the unit and three monthly to review major developments of the unit i.e. equipment, infrastructure etc.

Every member of the staff including the receptionist and the maid servant are encouraged to take part in the discussion. Every single view is taken seriously.

We correspond to the hospital director and hospital administrator for issues that can be resolved at hospital level. For matters where important funding is needed we correspond to headquarters at the Ministry of Health and QL.

Our strategic planning process is also influenced by our patients feedback. We analyze all the issues raised and prioritize accordingly.

Technical and advanced treatment strategic planning is done in conjunction with a leading endoscopic centre based at the Bradford Teaching Hospitals Foundation Trust (UK) taking into consideration the needs of the population and the facilities available locally. It involves a yearly workshop by consultant gastrologists from Bradford followed by a strategic meeting with the Ministry of Health and Quality of Life.

We are in close contact with our colleagues in the UK through emails, video conferencing etc.

5. METHODOLOGY

5.1 What were the quantitative and/or qualitative targets or key performance indicators that were set for the implementation of the Best Practice? *(Not more than 300 words)*

- To perform any endoscopic procedures within hours of any patient presenting with a life threatening condition, for example, a bleeding peptic ulcer,

thereby obviating the need for emergency surgery.

- To perform any routine ERCP within 1 week, any gastroscopy within 2 weeks and any colonoscopy within 4 weeks of the test being requested.
- To train doctors and nurses from other hospitals so that they can perform endoscopy to international norms and develop their own units
- To set up a Gastroenterology Department in Mauritius.
- To provide advanced endoscopic treatment for patients from all over Mauritius, thereby supporting smaller units.

- To maintain the highest standards of audit and governance.

5.2 (i) Describe in details the involvement of employees and, if any, other stakeholders in the identification of the problem areas. (Not more than 300 words)

- We evaluate services by auditing every aspect of ‘endoscopy’ – from pre-procedure waiting times and patient experience to endoscopic outcomes.
- We provide an evaluation form (annex) to our customers and take in consideration all comments and remarks so that we can improve our services.
- We keep a central record of all procedures and outcomes performed in the unit.
- We also keep a hard copy of every single procedure carried out on the unit for audit purposes and for ease of access of reports for the future.
- We hope to develop an electronic reporting system which can be shared with future endoscopy units in other hospitals.
- All endoscopists keep a log of their procedures and these are audited in terms of fixed international criteria on a yearly basis. For example, endoscopists need to reach the end of the colon in at least 90% of cases and if this is not achieved, remedial training is provided.
- We record all cases of adverse effects and we analyse these at regular intervals for educational and remedial purposes. Patients Satisfaction Surveys are utilized to evaluate the level of services provided by the unit before discharge.
- A suggestion box is fixed in the unit where the patients can suggest measures that can be implemented so as to bring improvement in the service.
- Track records of the improvement of health of our patients are kept by giving them regular reviews. They are also given the liberty to call up at the unit in person or by phone and inform our team of any change in their health status so that corrective measures could be taken in time.
- A visitor’s book is available for any person as a member of the hospital community to

write his feedback on anything at the unit during his treatment. The book is reviewed at least every two week.

(ii) How far were employees and, if any, other stakeholders involved in problem solving and decision making? (Not more than 300 words)

There are rules which are being enforced governing ethical matters. According to Best Practices, we promote an ethics culture. One way of accomplishing this task is that we encourage our staff or fellow board members to report any ethics violations they know or suspect.

Upholding human values, and fostering democracy and good governance.

Ensuring safety, security and confidentiality.

Fostering environmental protection by use of environmentally friendly consumables.

All endoscopists do a yearly audit of their individual procedures and ensure that they meet the requirements as decreed by the British Society of Gastroenterologists. If there are shortcomings these are identified and rectified through dedicated training by lead consultant.

All nurses receive yearly training in the cleaning and handling of endoscopic equipment. They also receive training in the management of patients before, during and after endoscopic procedures through the annual Bradford-Mauritius Endoscopy Workshop.

5.3 How was team work and team spirit fostered to achieve objectives? (Not more than 300 words)

- We have a good doctor- nurse rapport.
- Working as a team has become a pleasure for us. We rarely have absenteeism.
- We have regular get together which strengthen our interpersonal ties.
- Though we don't have an additional financial reward we are motivated by alleviating our patient's difficulties by endoscopic treatment which is unique in our centre.
- Working in endoscopy is appealing to most. The working environment is pleasureable. We are an icon in endoscopy, the work is challenging, and we innovate and maintain a high standard. Staffs are enthusiastic to work in this unit.
- We receive patients from all over Mauritius and they are extremely grateful to us.
- The unit has won three PSE Awards and this highly motivates our staff to do better.
- Endoscopy is teamwork through and through. We foster this by empowering

everybody in the unit to have a say and be considered as an equal. We listen to everybody's concerns and feedback.

- Simple things matter to us: for example, the whole team has lunch together on Wednesdays. We do 'the cockpit check' prior to any endoscopy session – the whole team is aware of the work load and the order of the procedures.
- Team members are encouraged to voice any of their concerns. During endoscopic procedures, the old axiom of 'the doctor is king' doesn't apply: instead our nurses will share their experience with the doctors in training and offer advice.
- Mutual respect ensures a strong team spirit and we consolidate this by organizing social events from time to time. We encourage team members to have a blameless culture by raising issues of concern earlier rather than later.
- More importantly, we are trying to build a community of endoscopy doctors and nurses and a national 'endoscopy team spirit'. During our yearly endoscopy workshops, we provide dedicated training for each of the teams from the following hospitals: Jeetoo, Victoria, Flacq and JNH. We have shared all of our paperwork with these teams such that endoscopy is performed in a uniform way throughout the island. We have produced and provided these teams with a DVD of how disinfect endoscopes as we've realised that standards varied across different hospitals. We encourage other teams to contact us if they have any questions and we hope to be the approachable leaders for endoscopists throughout Mauritius.

5.4 What were the measures taken to ensure that resources were used optimally? (Not more than 300 words)

We have dedicated sessions to perform specific endoscopic procedure – currently on Mondays, Wednesdays and Fridays for gastroscopy and colonoscopies.

Tuesdays and Thursdays are for ERCP and therapeutic procedures.

We ensure that nurses and doctors have dedicated times so that there are no delays during sessions.

Nurses are allocated to the endoscopy unit through their off-duty and we no longer are in a position where nurses have to be scrambled on the day of the endoscopy sessions (which has been the case in the past).

We ensure that patients are contacted by phone to confirm their attendance to keep the 'DNA' (Did Not Attend) rates low. We stagger the appointment times to ensure the flow of patients with minimum waiting times for patients.

We ensure that the patients receive all the necessary information on fasting and bowel preparation so that no procedure is cancelled on the day.

We ensure that our equipment is in functioning order by regular inspection (for example, leak testing).

We also ensure we have all the disposables in stock – this includes endotherapy equipment and disinfection fluids.

We perform the procedures in a timely and internationally recognized standard way by highly trained staff such that failure rates are kept low and patients do not have to attend again.

We have dedicated waiting, changing and recovery rooms to ensure a laminar flow of patients but more importantly to ensure patient dignity and confidentiality.

We Endeavour to provide an in-patient service (patients who are already in hospital as opposed to patients who come on an outpatient basis) within 2 days of any request to keep the length of stay in hospital to a minimum.

Our endoscopists have been highly trained to perform procedures which up to 2010 would have required an open operation leading to a long length of stay in hospital. For example, ERCP's allow the removal of gallstones from the bile duct, which would otherwise require an operation with a high morbidity and mortality and would require a hospital stay of at least 7-10 days. In contrast, following an ERCP the patient can be discharged either the same or the next day.

Furthermore, whereas in the past some of these patients would have to be sent abroad with the associated monetary and social costs, now we can provide these services locally with the associated savings and patient wellbeing.

6. IMPLEMENTATION OF THE BEST PRACTICE

6.1 Explain how the Best Practice was implemented. (Not more than 300 words)

- Growth of the unit as determined by the number of different endoscopic procedures performed every year. We have been growing by 25% every year since 2009 when the unit opened.
- We monitor the completion/success rate of all procedures in relation to different endoscopists.
- We monitor the failure rates and adverse events, which we analyze regularly.
- We monitor use and damage to our highly sensitive equipment.
- All doctors keep a log of their individual procedures and these are audited on a yearly basis.
- We keep documentation of all the doctors and nurses we train on the unit and

this includes teams from other hospitals.

- We take note of patient's feedback.

6.2 How were obstacles/bottlenecks resolved? *(Not more than 300 words)*

- The concerned officers are addressed individually as to their shortcomings and we jointly find solutions.
- Regular meetings are held to update our knowledge and skills to perform better in the unit.
- Our staff participates in workshops organized by the ministry in conjunction with the Bradford Teaching Hospital so as to improve our standard of care

6.3 State specifically how the health and safety issues and environment-friendly concepts were taken on board while implementing the Best Practice. *(Not more than 300 words)*

- Disinfection process is vital in endoscopy as instruments are inserted in body cavities where they get contaminated. We follow strict international disinfection protocols to avoid cross infections between patients.
- The nurse involved in disinfection using high level disinfectants wears protective goggles, gloves, aprons, caps etc. the room is well ventilated.
- Our electrical systems are regularly inspected and serviced by the Energy Service Division.
- The unit is equipped with Fire extinguisher.
- For environmental safety we now only use eco-friendly disinfectant solutions.
- During certain where x-rays is used everybody is protected by the use of lead apron and thyroid shields. The walls of the room are also leaded. There is also close radiation monitoring for all staff by Radiation Protection Authority on a three monthly basis.
- We use continuous monitoring i.e. blood pressure, pulse, cardiac monitoring and oxygen saturation during procedures. We are immediately alarmed if the patients condition deteriorates so that we can take remedial action.
- Likewise after a complicated procedure patients are kept under close monitoring and surveillance during the recovery phase.
- Patients attending the unit as outpatients, if we happen to diagnose a condition which requires urgent attention we will admit the patient for speedy treatment.

6.4 Explain the monitoring and feedback process during the implementation of the Best Practice. (Not more than 300 words)

- The patient charter is well established amongst all our staff: ancillary staff, nurses and doctors. We re-enforce this by regular team meetings and our only consideration is the patient's well-being. We aim to **do no harm** to patients and we ensure the best possible care to every single patient.
- Citizens are aware of their rights as they are when accessing any other service in the health service. We are happy to provide a copy of the endoscopy report to the patient, which is a first for Mauritius.
- We encourage feedback and we take all feedback very seriously with a view to improving delivery of our services.
- Procedures are explained directly on a one to one basis to patients so that even the least educated patient understands, e.g. use of "Bhojpuri" language. On taking appointment either at the unit or by phone calls from other hospitals our staff are never tired re-enforcing quality standards.
- Posters are affixed in the unit to keep patients informed of all developments and new technologies techniques and treatment available.
- Circulars of updated infection control policies and guidelines of disinfection and decontamination according to the British Society of Gastroenterologist (BSG) are e-mailed to institutions having recourse to our services.

Posters of customer charter are available at entrance of the unit.

6.5 Name at least two risk factors that arose in implementing the Best Practice and explain those factors and/or risks briefly. (Not more than 200 words)

7. EVALUATION OF THE BEST PRACTICE

7.1 Explain how was the evaluation of the impact of the Best Practice conducted? (Not more than 300 words)

We evaluate services by auditing every aspect of 'endoscopy' – from pre-procedure waiting times and patient experience to endoscopic outcomes.

We provide an evaluation form (annex) to our customers and take in consideration all comments and remarks so that we can improve our services.

We keep a central record of all procedures and outcomes performed in the unit.

We also keep a hard copy of every single procedure carried out on the unit for audit purposes and for ease of access of reports for the future.

We hope to develop an electronic reporting system which can be shared with future endoscopy units in other hospitals.

All endoscopists keep a log of their procedures and these are audited in terms of fixed international criteria on a yearly basis. For example, endoscopists need to reach the end of the colon in at least 90% of cases and if this is not achieved, remedial training is provided.

We record all cases of adverse effects and we analyse these at regular intervals for educational and remedial purposes. Patients Satisfaction Surveys are utilized to evaluate the level of services provided by the unit before discharge.

A suggestion box is fixed in the unit where the patients can suggest measures that can be implemented so as to bring improvement in the service.

Track records of the improvement of health of our patients are kept by giving them regular reviews. They are also given the liberty to call up at the unit in person or by phone and inform our team of any change in their health status so that corrective measures could be taken in time.

A visitor's book is available for any person as a member of the hospital community to write his feedback on anything at the unit during his treatment. The book is reviewed at least every two weeks.

7.2 Describe the impact of the Best Practice on the level of services provided to key customers and on the environment, society. *(Not more than 300 words) (Please provide data by comparing targets v/s actual performance, before-and-after indicators, and/or other types of statistics or measurements)*

- The change from radiology i.e. the use of x-rays, radiation to the current concept of endoscopic imaging of the gastro intestinal system has been the most environmentally friendly move.
- The technique of endoscopy itself is eco-friendly compared to surgery. Endoscopic treatment has led to the reduction of many surgical procedures and this has led to reduction in surgical wastes, use of antiseptics, antibiotics etc. this we consider as a major benefit to our environment.
- In the last twelve month we have increase our endoscopic procedures and also introduced new techniques which have increase the benefits against radiology and surgery.
- We have also recently reorganized our waste disposal so that they are disposed by proper waste segregation.
- In the last twelve month our use of paper has been reduced to a strict minimum as we aware of the impact on the environment. Our unit now uses a computerized filing system for the patient files. Computerized patient files

use far less paper than the old system of thick paper medical files.
Appointments, cancellation or change of appointments are all executed by phone.

- Recently we have completely stopped using any detergent which can be detrimental to the environment. All detergents used at the unit now are biodegradable – CLEAN and can therefore be drained directly into the kitchen drain.
- We do realize the number of visits patients undertake for treatment. In addition to time loss from work there is an unnecessary overuse of transportation and carbon emissions. We now offer a one stop treatment i.e. patient come, have a diagnostic procedure and if indicated will receive appropriate endoscopic treatment at the same time.

8. REPLICATION TO OTHER ORGANISATION

8.1 How can the Best Practice be replicated to other organisations? (Not more than 200 words)

We give them excellence from start to finish.

So how do we make them happy?

At the SSRNH Endoscopy Unit

- We treat our patients well.
- We respect them.
- We are honest to them.
- We respond quickly.
- We are open and accessible.
- We answer their questions and clear all their doubts.
- This is all common sense. But common sense isn't terribly common, is it?

8.2 Based on your organisation's experience, name up to three factors which you consider as indispensable to replicate the Best Practice. (Not more than 200 words)

- Endoscopy is basically a process where we can image the digestive system and also carry out a variety of treatments. Our endoscopic equipment is top of the range and uses modern technology (technically we have moved on from fibrescopes to videoscopes). We have had to adopt better and higher quality equipment so as to provide optimal treatments.
- E.g. we now only use the latest technology in colonoscopy (universal positioning device) which allows a complete colonoscopy with minimal discomfort. The endoscopist by continually observing the equipment inside the body can react appropriately to deliver a good examination. At present we are the only unit using this technology.
- High definition medical imaging provides clearer and precise diagnosis.
- Our latest addition to our range of equipment is the Argon Plasma Coagulator (APC). APC has got a wide variety of use and is now being used for the control of bleeding, ablation of tumours amongst others.
- ERCP (see section 2, iii) has allowed us to treat patients with obstructive jaundice. Several patients with cancer causing obstructive jaundice were simply not treated previously. Now with the use of these modern technologies ERCP has changed the practice and given patients hope. ERCP also is an effective treatment for gallstones stuck in the common bile duct with a resulting decrease in morbidity and mortality compared to surgery.
- We use an electronic database for patients on the waiting list. As a first, we are in the process of developing a cross-hospital, national endoscopy report database.
- We are now discussing with the policy makers to tackle the growing rate of cancer of the digestive system. E.g. by performing screening colonoscopy we can prevent colon cancer. This type of screening has shown to be effective in developed countries. Colon cancer is already No 1 in men and no 2 in women.