

1-1-2016

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### Recommended Citation

katende, Godfrey (2016) "Performance Measurement processes in Uganda: Role of nurse administrators," *Manipal Journal of Nursing and Health Sciences*: Vol. 2: Iss. 1, .

Available at: <https://impressions.manipal.edu/mjnhs/vol2/iss1/15>

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## Performance Measurement processes in Uganda: Role of nurse administrators

### Cover Page Footnote

I am grateful to Dr Joshua Muliira for moral support and encouragement

# Performance Measurement processes in Uganda: Role of nurse administrators

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## Abstract

The concept of performance measurement is relatively new with inadequate documentation in Ugandan health sector. Worldwide, nursing professionals still represent the largest health workforce although their involvement in the policy formulation and development remains minimal. Despite the limited involvement in policy development, the performance measurement and transparency programs continue to target at nursing for quality care improvement. The objective of this paper was to examine performance measurement in the current policy arena with Uganda in order to recommend for use in other developing countries. The paper presents evidence based solutions and strategies for integration of performance measurement when developing standards for improved healthcare services in Uganda. Generally, nurses and nurse administrators in developing countries need to be fully involved in designing nurse-sensitive performance indicators during the policy development process. Several strategies to integrate performance measurement into the healthcare system as a measure of quality healthcare services in Uganda do exist. Other developing countries faced with similar challenges could learn from Ugandan healthcare system with its reforms.

**Keywords:** Developing countries, Nurses, Performance measurement, Policy, Public health, Uganda

## Introduction

The American Public Health Association (APHA) in 2012 noted that the policies do provide a cornerstone of public health practice. Initially they were well developed and implemented to use for addressing many critical public health problems (APHA, 2012). Policy development depends on a particular health issue or situation that could vary at three different levels - organizational, regulatory, and legislative (APHA, 2012). Health departments in various countries including Uganda tend to engage in many policy activities. These policy activities often critically and strategically consider performance measurement as a roadmap to successful implementation (APHA, 2012). This paper intends to examine the performance measurement as a policy issue with Uganda in perspective and

for consideration for recommendation in other developing countries during the development of nurse-sensitive indicators. It further discusses the strategies for integrating performance measurement into Uganda's healthcare system.

## Background and History

The demand from public, government, private partners, as well as external funding agencies for improved quality patient care delivery coupled with healthcare costs is the driving force for searching and introducing effective measurement tools. Uganda is a fast growing country with a large population of about 33 million people (Katende, Groves, & Becker, 2014). This along with a decentralized healthcare system puts demand and pressure on the health sector hence affecting the provision of quality healthcare services. Additionally, Uganda is faced with human resource management challenges related to weakness in performance management

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**How to cite this article:** Katende, G. (2016). Performance Measurement processes in Uganda: Role of nurse administrators. *Mpl J of Nurs Health Sci*, 2(1), 68-73.

of healthcare workers (Lutwama, Roos, & Dolamo, 2013).

The existing human resources for health to meet the demand of the growing population and the emerging and re-emerging diseases will require a standard approach of measurements to demonstrate the type and quality of care provided. Moreover, the healthcare system in Uganda is structured into national and regional referral hospitals as well as district healthcare centers. All these are set to provide healthcare services to the people of Uganda.

Performance measurement is a central element of any performance management system consisting of both qualitative and or quantitative measures of capacities, processes, and outcomes that are relevant to assessment of a particular performance indicator (APHA, 2012). The history of performance measurement started in the middle of the nineteenth century when Florence Nightingale became concerned about the sanitary conditions in London military hospitals during the Crimean war. Nightingale developed an elaborate data collection and statistical analysis system, which focused on in-hospital mortality (Loeb, 2004; Nerez & Neil, 2001). Between 1914 and 1920, a Boston based surgeon, Dr Amory Codman also developed a data system, which categorized the patients' present complaint and matched it with the type of surgery. Dr Amory further established a tracking system, which could be used to determine outcomes defined by mortality and morbidity (Loeb, 2004; Nerez & Neil, 2001). Dr Avedis Donabedian later proposed a three-tier model for assessing quality of healthcare based on structures, processes, and outcomes (Loeb, 2004; Nerez & Neil, 2001). In the late 1980 and early 1990, the Joint Commission on Accreditation of Healthcare Organization (JCAHO) also developed its own performance measure initiatives based on a set of measures of clinical processes and patient outcomes (Loeb, 2004; Nerez & Neil, 2001). JCAHO further developed healthcare networks that consisted of integrated healthcare systems, managed care plans, long-term care networks as part of performance measures (Loeb, 2004; Nerez & Neil, 2001). Over the past decade, the JCAHO standards have evolved with the demand for performance improvement, driving

many healthcare organizations to learn more about continuous quality improvement (Loeb, 2004).

### **Benefits of performance measurements in nursing: lesson learned from developed world**

Performance measurement remains an integral part of healthcare supported by data and information to facilitate accountability for quality healthcare outcomes. The National Quality Forum (NQF) created in 1999 as a public-private sector partnership approved 39 standard measures in several priority areas such as heart failure, acute coronary syndrome, pneumonia, paediatric conditions, surgical condition, and pregnancy/childbirth/neonatal conditions (Loeb, 2004; Kurtzman & Corrigan, 2007). There were concerns arising from non-involvement of nurses as key players in development and completion of the state of nursing-performance measure in 2007 (Loeb, 2004; Kurtzman, Dawson & Johnson, 2008; Kurtzman & Jennings, 2008).

In Uganda, nurses and midwives represent the largest health workforce and need to be updated (Katende et al., 2014). However, their involvement in the policy formulation and development remains minimal and yet performance measurement and transparency programs continue to target at nursing for quality care improvement (Kurtzman & Corrigan, 2007; Kurtzman & Jennings, 2008). This is similar to what is observed in the United States where penetration of nursing performance measurement among hospitals remains largely unknown (Kurtzman, Dawson & Johnson, 2008). Another challenge that occurs in Uganda is the fact that the voices of nurses and midwives are heard during the policy development process, with minimal contribution.

The benefits of performance measurement realized in the developed world include workforce restructuring and redesign. The continuous evaluation of nurse staffing and the linkage between nurse staffing and patient outcomes made this possible (Montalvo, 2007; Kurtzman, Dawson & Johnson, 2008). Continuous improvement of National and regional data use focuses on primarily the set of nurse-sensitive performance measures with a belief of nurses and nurse leaders to adopt data-driven policies. Decisions made by nurses are viewed as

key levers in achieving patient safety targets and healthcare outcomes (Kurtzman & Corrigan, 2007; Kurtzman & Jennings, 2008).

Similarly, the performance measurement serves to identify structures of care and could be used to improve care processes (Montalvo, 2007). These care processes in turn influence the care outcomes. In fact, structural-outcomes, process-outcomes as well as interrelationships structure and process-outcomes are easily identified (Montalvo, 2007). All these are important facets in improving nursing care and practice.

Performance measurement on the other hand is important in supporting informed policy decisions related to regulation and accreditation (ANA, 2005). Ugandan nurses and midwives through their participation need to actively be engaged in the development of scope and standards of practice that serve to advocate, and safeguard the rights of patients through enhanced accurate and reliable data collection methods (ANA, 2005). Currently, there is no scope of practice in Uganda to guide nurses and midwives to function efficiently and effectively in their roles leading to variability in nursing and midwifery practices (Katende et al., 2014). Yet other policies such as the task shifting policy would support nurses and midwives in their expanded roles are still underdeveloped and debatable. Hence this leaves nurses and midwives in developing countries to inadequately use the following nurse-sensitive indicators to support what they do; patient falls, nursing hours per patient, paediatric pain assessment, pressure ulcer prevalence, nosocomial infections, urinary catheter associated urinary tract infection as well as ventilator associated pneumonia among others. Nurses and midwives need to demonstrate the quality of care they provide through well-known nurse-sensitive indicators (Montalvo, 2007). Unfortunately, these measurements require standardization if they are to be used for specific countries.

### **Performance measurement characteristics**

Performance measurement must meet the following elements as articulated by the American Public Health Association (APHA). (a) Objective standards

of performance with targets or benchmarks, (b) A reliable reporting system of measures to the intended users of the indicator data and, (c) A program or process used to manage changes and quality improvements in policy, program, and process or infrastructure based on performance standard measures and outputs (APHA, 2012). In the current policy environment, performance measurement has to be comparative for purposes of comparative performance information used for both public and private purchasers based on data (Nerez & Neil, 2001). Ideally, this should lead to competitiveness between the private and the public healthcare providers consequently cutting down the costs of healthcare services without compromising quality. In most of the developing countries' healthcare systems, performance measurement is not given due attention therefore leading to a major significant difference between the costs of care in private and public sector. It is therefore common for the majority underprivileged population to seek healthcare mainly in the public health sector.

Performance measurement recognizes timeliness as a measure of implementing healthcare plans. Often, healthcare plans are standardized for physicians, nurses and other healthcare providers. Standard care plans do facilitate hospital profiling with the assumption of improved decision-making (Nerez & Neil, 2001). Hospital ranking in Uganda is not common. If it exists, is not based on performance measurement timeliness characteristic. It is rather based on the bed capacity and existence of specialized healthcare services. A less likely occurrence in most of the hospitals in Uganda, both public and private is the existence of standardized healthcare plans, which makes nursing and midwifery care uniform. Nurse leaders in Uganda and other developing countries need to be proactive in developing and implementing standard nursing care plans to facilitate hospital and health center profiling.

Performance measurement needs to be useful and understandable by both experts and non-experts for meaningful interpretation. Current standard measures need to create an opportunity for healthcare organizations to embrace continuous development of science based on evidence-based

medicine (Nerez & Neil, 2001). The use of evidence-based practice plays an important role in achieving many quality improvement processes undertaken by healthcare organizations. Nurses and midwives working in Uganda and other developing countries continue to face challenges related to inadequate resources making it impossible to provide evidence based care. It is therefore not surprising for the poor health indicators that continue to prevail in most parts of the developing countries. Nurses and nurse administrators have a role to avert the poor health indicators through adapting an evidence-based approach to care of their clients.

Finally, performance measurement needs to be significant and cost-effective for use in developing standards. In the US, the current performance measurement has led to a collection of approved several performance measure sets (ORYX) that have been used by a set of hospitals or hospital systems (Nerez & Neil, 2001). This has greatly affected many healthcare organizations, as they have to perform well in the different aspects in order to maintain their accreditation status. In Uganda, the accreditation process of healthcare organizations takes a strict process at the initial stages. Monitoring performance of the already and newly accredited healthcare organizations remains a challenge in most parts of the developing countries including Uganda since performance measurement tools are underutilized. The standards set by individual healthcare organizations lie in the management of owners of the businesses as observed in the private sector. For Uganda's case, reporting of performance is irregular and this makes it impossible to implement changes required for improved quality of care.

### **Challenges and evidence based solutions for integrating performance measurement**

Although measuring performance presents with a set of challenges to individuals and healthcare organizations, it documented potential solutions. These challenges include increasing complexity of providing quality medical care, demands for accountability and a limitation in the available tools for accurate measurement. Among the solutions, more of process measures are used since the

process measures tend to be frequent, controllable, immediate, and rarely confounded by other factors (Eddy, 1998; Kurtzman & Jennings, 2008).

Formal workup sessions with formal analysis based on clinical significance, relevance, feasibility, statistical characteristics as well as taking into consideration of the cost-effectiveness aspects of measures are paramount (Eddy, 1998). The advantages of considering a formal workup relates to ensuring that the measure is valid, accurate but also, once implemented, should not burden organizations with unimportant, inaccurate, or misleading superfluous measures (Eddy, 1998). All health institutions in Uganda need to take workup sessions seriously to ensure that the healthcare providers are involved at an earlier stage to institutionalize this process.

Distortion poses a challenge to measuring performance and may be partially solved when measurements are based on evidence, well calibrated and are cost-effective (Eddy, 1998). Additionally, it is preferred to use a 'rotate measurement approach'. Rotation is described as creating and publishing a large number of measurements and using part of them for a specified period on a rotating basis (Eddy, 1998).

The creation of information systems not only involved an electronic medical record but also, supplemented with dictionaries, data standards and being linked with other databases is another solution (Eddy, 1998; Kurtzman & Corrigan, 2007). It is believed that information systems are helpful in solving the issue of complexity of healthcare plans (Eddy, 1998). The hospital information system (HIS) in Uganda are still far from being a reality but greater efforts are underway to make them available in especially bigger hospitals and referral centers.

Supplementing the use of population-based measurements with case-based measurements has been pointed out, as another potential solution because, case-based measurements have an advantage of addressing the challenges of bluntness, distortion, incompleteness as well as cost that exists with population-based measurements (Eddy, 1998).

Standardizing core measurement sets serves a potential solution for performance measurement implementation that the Uganda's health sector. Standard core measurement sets help to solve a problem of eliminating some important measurements. Having a single core measurement tool used across the entire country will help to set benchmarks that can easily be used to track and compare plans across all forms of healthcare organizations in Uganda (Eddy, 1998). Firstly, funding for the development, analyzing, and field-testing should be emphasized as it serves an advantage of being a public good (Eddy, 1998). A suggestion to keep the process free of political influence and the notion for private sector to fund the process has been fore fronted (Eddy, 1998). Healthcare professionals in Uganda need to collaborate, develop, and assess the feasibility of the developed standards without any coercion.

#### **Strategies used to evaluate and monitor implementation of performance indicators**

Firstly, standard tools for accurate, reliable, and valid data to be collected. Specifying and defining performance indicators is vital for benchmarking. A collective effort is imperative to agree on the measures to be focused on. Nurses being central, their active involvement cannot be underestimated. The need to consult widely with experts in quality and performance measurement is equally important to strengthen the process. Finalized forms need to be pilot tested for ambiguity but also for reliability and validity. Training data collectors is important since the data collected is useful for taking decisions.

#### **Implication for Nurse Administrators and Leaders**

Nurse Administrators and nurse leaders need to understand the entire process leading to development of performance measures and nurse-sensitive indicators. Working in teams with guidance from nurses and midwives' professional organizations and in a collaborative approach is imperative. The voice of nurses and midwives needs to be heard as most of the health related performance indicators have a connotation on nurses' roles. Nurse Administrators need to participate in research focused on data

collection for improved healthcare outcomes. Such data should advocate for increased staffing, resource mobilization and allocation for improved nursing care and practice.

#### **Conclusion**

Performance measurement is a critical policy issue and still poses challenges in Ugandan healthcare system. Its implementation in various healthcare organizations is still lacking because of the lack of national standards used to evaluate performance measurement activities. Evidence shows that the nurses are the key levers in the policy development and implementation, and help healthcare organizations to achieve key patient safety and healthcare outcomes. Hospitals and other healthcare organizations in Uganda should understand the processes that involve developing standards for measure while undertaking hospital accreditation. Nurses and midwives in Uganda need to be involved in policy formulation, development, and be actively engaged in their implementation. Several strategies can be used to integrate performance measurement into the healthcare system as a measure of quality healthcare services in Uganda. It is recommended that other developing countries facing similar challenges could learn from Ugandan healthcare system and its reforms.

#### **Acknowledgements**

I am grateful to Dr Joshua Muliira for moral support and encouragement.

Sources of support: None

Conflict of interest: None declared

Source of support in form of grants: None

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