



## How Gatundu Level 5 Hospital Reduced Congestion in the Wards by Setting Up A Non-Communicable Disease Centre

County:	Kiambu, Gatundu South Sub-County		
Sector:	Health	Sub-sector/Theme:	Non-Communicable Diseases
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Target Audience:	CECM/Health; CDH and Chief Officers, Health; County Hospital Administrators; County Hospitals staff		
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### CONTEXT AND CHALLENGE

Gatundu South is located in Kiambu County, approximately 20km from Thika Highway. The main economic activity in the area is farming, which is suited to the climatic conditions of the area. The main health facilities include Gatundu level 5 Hospital, one of the county's three level 5 facilities. There are 24 health facilities in the sub-county, which include eight in the public sector; eight, which are run by faith-based organisations; and eight in the private sector. Gatundu Level 5 Hospital serves major part of the population and is the referral hospital for the sub county. The hospital offers maternal child health services, curative services, Family planning, comprehensive care services, in patient and outpatients services curative services, supportive health pharmacy, dental services, mortuary services, curative services and gynaecological services.

According to county records, the most common illnesses in the county are communicable diseases, attributed to the climatic conditions and high altitude, and non-communicable diseases arising from lifestyle choices. For instance, high blood pressure has been a common cause of ill health in the county in recent years. Subsequently, the **hospital suffered** a lot of congestion in the medical wards and outpatient department with patients seeking screening, treatment and other management assistance for chronic non-communicable diseases (NCD). In addition, due to the large numbers and lengthy queues, many NCD patients failed to secure appointments with the doctors on time, and had difficulties rescheduling appointed clinic days if they could not make it. This interfered with treatment and led to poor patients' adherence to drugs/treatment regimen. The

hospital also lacked adequate personnel in its clinics, including those specialised in treating NCDs.

## RESPONSE AND ACTIONS

**Decision taken to create a specialist unit:** In June 2016, the hospital administration made a decision to build a separate non-communicable disease centre, to decongest the wards and outpatient services which were serving a lot of repeat NCD patients. It was hoped that a dedicated centre would improve the quality of care given to NCD patients and minimise on the incidents of complications, some of which led to patients' extended stay in hospital.

**Setting up the non-communicable disease centre:** Establishing the new centre started in 2016, with funding from the county government. It was established on an existing building within the hospital, significantly cutting down the financial resources incurred by the county government in getting it up and running. The centre opened its doors in early 2018 and has been running since then.

**Running the Centre:** The centre is divided into three sections: diabetes clinic, hypertension clinic and palliative care clinic. The center is able to offer medical services at any given day unlike other public medical institution where one may have to wait for even months to receive the same treatment. All the clinics run daily, five days a week, from 8AM. The centre also has its own personnel that concentrate only in their specific department and not in other areas of the hospital to make sure that close attention is given to NCD patients. The patients get outpatient treatment, but the centre also has day beds, where patients can be observed, and this has served to reduce congestions in the wards. In addition, the centre carries out the following activities:

- **Group health talk:** Patients are advised to come at 8:00am or very early in the morning so that counselling is done before actual treatment is given. A group health talk is given to all patients on arrival pertaining general health on NCD and how they can live positively when they are at this period.
- **One on one counselling:** This is done during the consultation with the patients, where each patient is attended to at a time, medical advice is given on how the patient should take care of his/herself. They are also counselled on what lifestyle to live to maintain a healthy life. They are advised to take proper diet and how to take it, what to do to keep them fit and healthy i.e involve themselves in physical activities.
- **Involving patient supporters:** To improve drug adherence, the department works by involving supporters to the patients. The supporters are advised to help in making sure that the patients take the drugs as prescribed by the nurses and following the given schedule strictly. The supporters are also advised to help in making sure that the patients adhere to their appointed dates to the different clinics.

## OUTCOMES AND RESULTS

- The new centre has led to reduced congestion of patients in the medical wards and outpatient, since all the NCD conditions are managed at the NCD centre.
- Since its opening, the centre serves about 80 diabetes and hypertension patients in a day. Having dedicated staff has also improved the efficiency in patient handling, and most are usually gone by the afternoon, having received the care they needed.
- The unit has also eased the headache of patients traveling to Kenyatta National Hospital for treatment.

- The management of the centre explained that having the centre enables the staff to provide one on one counselling, which has in return led to increased patient adherence to treatment.
- Involvement of supporters in the counselling helped in improving the rate at which at the patients adhere to their appointment dates to the clinics.

### **RECOMMENDATIONS FOR OTHER COUNTIES**

- Starting the centre has led to reduced congestion in the medical wards and proper management of both NCD and other medical conditions in the hospital. Other counties could start similar centres to reap the same benefit of being able to offer focused care to patients with chronic conditions.
- Having dedicated staff is necessary for the success of the centre. Counties should employ more trained staff to run the centres exclusively.
- Patients on treatment for chronic conditions should be encouraged to come along with supporters while receiving care for support in managing treatment.