Improving staffing at a maternity ward

Interviewer: Today in the studio we have with us members of the Warmbaths hospital G-Lab team, Kelsey [McCarty] and Nick [Jean-Nicolas Gagnon], welcome. Maybe you can start off by telling the listeners a little bit about the background of the project, where the hospital’s located, and what you were originally tasked to do.

Nick: Yeah, so I can get started. So Warmbaths is a small town in South Africa. It’s about two hours north of Johannesburg in the province of Limpopo and the goal of the project was to look at their maternity ward, look at their operations, and they wanted us to come up with a staffing model, which means looking at their nursing needs in terms of hours and see, based on their operations, the type of patients they would see, the tasks they would have to do, how many nursing hours do we need to operate efficiently.

Interviewer: So is the idea that when you get on the ground you’ve got, based on the work that you’ve done with the group, email, online, that you come ready to talk about a plan or do you really leave a lot of room for what you discover once you get there in person?

Kelsey: It’s a combination of both. So based on the work that we do and what we find out about the company through the Skype conference calls, we do put together a work plan that both our whole team agrees to and they agree to. And it’s signed and it stages out the phases of the trip and exactly what we’ll do when we get on site. Now in the conference calls it’s actually very hard to get a lot of information, especially a lot of detailed information. That was definitely one of the challenges we had. So you go with the work plan and we started off going through the steps but you find very quickly additional information that might change the scope slightly. And that definitely happened to us and I think it happened to many other teams as well.

Interviewer: So other than say some of the things you talked about like equipment and things like that, were there other challenges, you know, cultural challenges, language barriers, anything like that that also impeded getting this done.

Kelsey: Sure, I mean in terms of cultural challenges, one of the things we noticed was timelines are very different. So three weeks in South Africa is very, very different from three weeks in the United States. So it required a lot of patience and, you know, we may be resetting our expectations at some points about what we could realistically accomplish in three weeks there, given how they approach times. It’s also sort of different in terms of how people communicate there. So if you need any information, you have to specifically ask for it. So here in the States when you’re in an educational set-
ting or you have any kind of mentorship I think people are very eager to share with you what they know, kind of ask you what your interests are, find out why you’re there, see how they can be of help to you. In this setting, it was entirely up to us to ask the questions and to determine what we needed and a very almost deductive almost Sherlock Holmes process because people just don’t offer information they don’t talk readily. Once you talk to them, they’re very open. If they have the answers they’ll, they’re certainly very friendly, and will help you in any way that they can but you do have to ask stage by stage questions. That was something we saw not only within our research approach but also in terms of the patients. And sometimes it’s a frustration of doctors because patients will come in and they’ll have a problem but the doctor has to say, so how’s your head, how’s your stomach, have you had any pain today? And the patients just don’t offer the information and they have to ask many, many question to find out, oh well actually I have, you know, some bleeding and even things that obvious are not readily shared unless the direct questions are asked.

**Interviewer:** Now can you talk at all about kind of what you ended up being, your final recommendations and if you’ve had a change to follow up on any implementation of those?

**Nick:** Yeah in terms of recommendation, the big thing we saw was the lack of equipment. And of course the hospital we were working with was facing resource limitation in terms of money, it’s a public hospital. So what we did is, we still identified in our report that equipment, the lack of equipment was a concern because we thought as a third-party consulting team it was important to identify that. We also gave them recommendations so they could address maintenance and repair of those equipments. We also gave them a recommendation on integrating cost analysis in running their ward. So basically, they did not always have a good idea of how much it cost to run the ward, how much a c-section cost for example, and those kinds of things. So we gave them a recommendation so they could integrate that piece into their analysis. And finally we gave them a recommendation on record keeping, to streamline record keeping and make it more efficient.

**Interviewer:** And so, with the G-Lab projects do you ever have any idea say a few months down the road. Do you have any communication with the folks that you’ve worked with or idea of how things are going?

**Kelsey:** The assistant to the CEO, her name was Honoly, and she was kind of like our host mom while we were there. She arranged our housing for us, she took us out to her friend’s game farm and we got driven around in 4x4s. She was really like our host mom making sure that we were comfortable, we were having fun even when we weren’t at the hospital during the days and she’s actually I think since we’ve been back emailed us three or four times already, make sure we got in okay, yeah and texting too. So she’s very adamant about staying in touch which we’re excited about because she was just wonderful to meet and obviously someone who we’ve developed a personal as well as professional relationship with. So we’re sure that we can get some updates through Honoly as well.
Interviewer: Great so is there anything else you’d like to let people know about the project?

Kelsey: So you had asked about cultural differences. And one of the things that was noticeable, noticeably different to us was when the women show up to deliver they actually come alone. So their parents don’t come, the husband or partner don’t come, the women just show up all on their own. And there’s so much respect to the sisters they call them, they’re nurses but they call them sisters from back in the days in South Africa where all of the nurses used to be nuns. And the sisters take, they’re very, very dedicated to the patient care. And there’s this sort of cultural understanding that the sister is there to care for them and they completely and trust all their care to these sisters. And that’s not only for the delivery process but also once the baby is born they’re moved to the postnatal care and every morning they go on rounds as the nurses. The night shift leaves, the morning shift comes on and they check on all their patients. And that round typically starts at 7 a.m. but we were getting to the hospital around 8 a.m. and we decided that we should probably see what happens in that first hour at the hospital when the shifts are changing. So one morning we got there at 7 a.m., we watched them go on rounds and then we went back to the little office they had set up for us. And about ten minutes later we hear this singing coming down the hall. So we start walking up the hall and we see they’ve lined up all of the mothers holding their new babies, in the, around the reception desk and all of the nurses are standing there and they’re singing a morning prayer. And it wasn’t just like any song, there was harmonies and it was beautiful. It was just amazing in the morning.

Interviewer: So a bit more of an interpersonal and emotional interaction with the patients.

Kelsey: Yes very much so.

Nick: The other thing that was great about experience was how open the medical staff was to let us observe how they do their work. So the nurses and the doctors they let us, you know, shadow them through rounds, counseling with patient, we assisted two clinics, they even offered us to watch a c-section which didn’t happen unfortunately but it was great to see how the medical personnel was to letting us, you know, see their day to day work. And I think that’s something that would’ve been a lot more difficult to do in the U.S.

Kelsey: And we missed the c-section operation but we did see several deliveries and that was totally new experience. And I can honestly say that when I was planning on coming to business school a couple years ago I never thought that witnessing the birth of a child would be included in the education. It was definitely an experience.