



## Tools in QA/QI: where do they fit?



- Approach
  - Plan
  - Process





Personnel with necessary training & skills





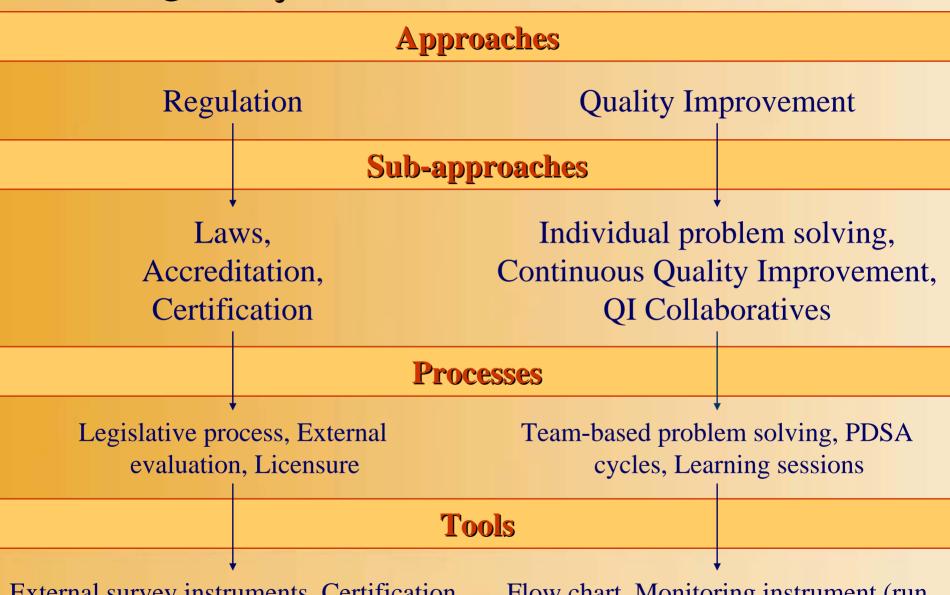


## QA/QI: Basic Principles

- Client focus
- Understand the production/service process
- Teamwork
- Measurement: testing changes & monitoring results



## Quality Assurance in Healthcare



External survey instruments, Certification self-assessment checklist

Flow chart, Monitoring instrument (run charts), Collaborative website



# What's new in health system improvement?

The *improvement collaborative*, developed by the Institute for Healthcare Improvement (IHI), seeks to rapidly spread existing knowledge/best practices to multiple settings through systematic efforts of a large number of teams





# What is an Improvement Collaborative?

- A collaborative is an organized effort of shared learning by a network of sites (or teams) to:
- Adapt to their local situations a known, best practice model of care for a specific priority health problem
- Achieve significant results in a short period of time (12 mos.) and thus reduce the gap between best and current practice
- Scale up the adapted model throughout the organization using an intentional spread strategy





# How are collaboratives different from other QI strategies?

- Teams in many sites working on same topic, simultaneously testing different changes
- Good ideas are actively disseminated
- Friendly competition keeps up pace of results
- Spread/scale-up planned, initiated early on





### QAP Collaboratives

7	Topic	Country	Status 9/04	No. Sites
£	PMTCT	Rwanda	14 <sup>th</sup> month	18
Ē	ART	Rwanda	1 <sup>st</sup> month	20
graff.	Malaria	Rwanda	14 <sup>th</sup> month	23
	EOC	Ecuador Honduras Nicaragua	13 <sup>th</sup> month 10 <sup>th</sup> month 12 <sup>th</sup> month	3 provinces 1 region 5 SILAIS
	Pediatric Hospital Care	Eritrea, Niger, Nicaragua, Guatemala, Malawi, Tanzania	14 <sup>th</sup> month — planning	Eritrea: 10; Niger: 14; Nic.: 10; <i>Malawi: 8; Guat.: 13</i>
	Multiple Topics (5)	Russia	12 <sup>th</sup> month	23 Oblasts
	Adolescent Rep Health	Jamaica	4 <sup>th</sup> month	4 clinics
	EOC	Eritrea	3 <sup>rd</sup> month	1 zone
严	Family Planning	Tanzania	Planning	9 facilities in 3 districts
T	HIV/AIDS	Russia	Planning	3 Oblasts + St. Petersburg

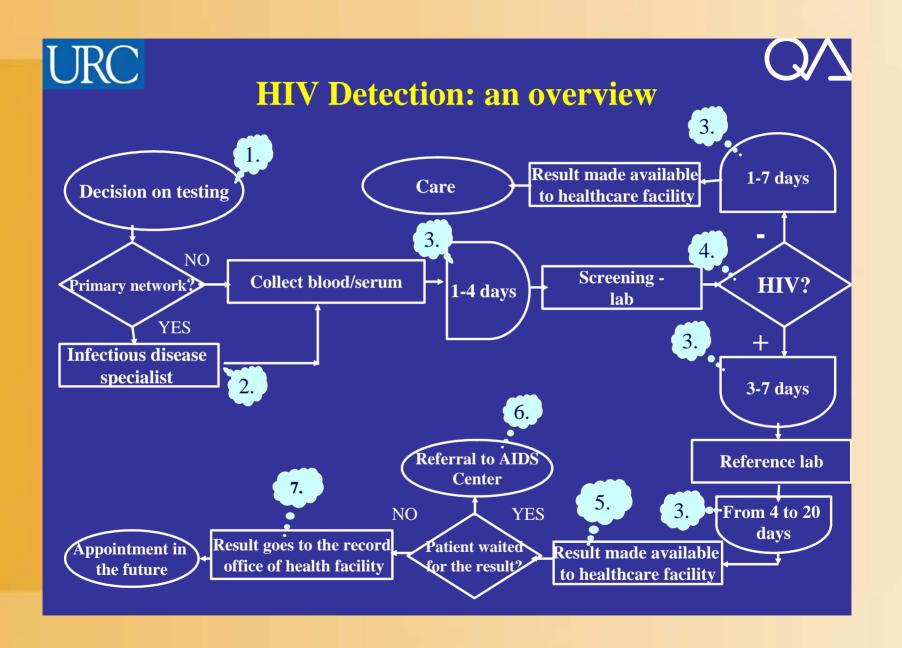
(Italics denote collaborative started in Year 2



#### Use of Resources: Assessment vs Improvement

**Assessment** Improvement

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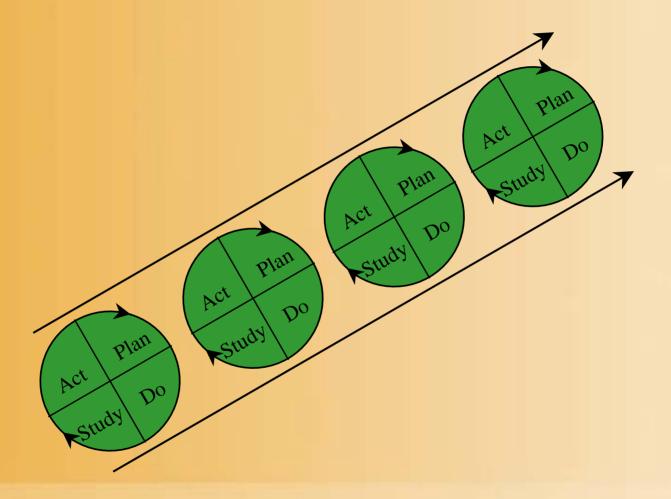


#### HIV Detection: problems

- 1. Primary care providers have little knowledge on the criteria for referring to HIV testing.
- 2. An appointment with the infectious disease specialist is required for referral for HIV testing and becomes an additional barrier to testing.
- 3. Labs are territorially remote which constitutes a transportation problem when sending samples and receiving results.



## **Continuous Quality Improvement**







### Implementing the LAC EOC Collaborative

- Begin measurement and introducing improvements (Oct 03-Jan 04)
- Team meetings—share ideas, results (Feb-Sep 04)
- International meeting of leader teams (May 04)
- Expansion:
  - Nicaragua: began w/ 3 SILAIS (out of 17); 2 more joined (Feb-Mar 04); 2 more to join in 2005
  - Honduras: began w/ 1 region (of 7 at the time) expansion to Health Region 2 in 2005
  - Ecuador: began w/ 1 province (out of 22); 2 more joined (April-July 04); 8 more to join in 2005





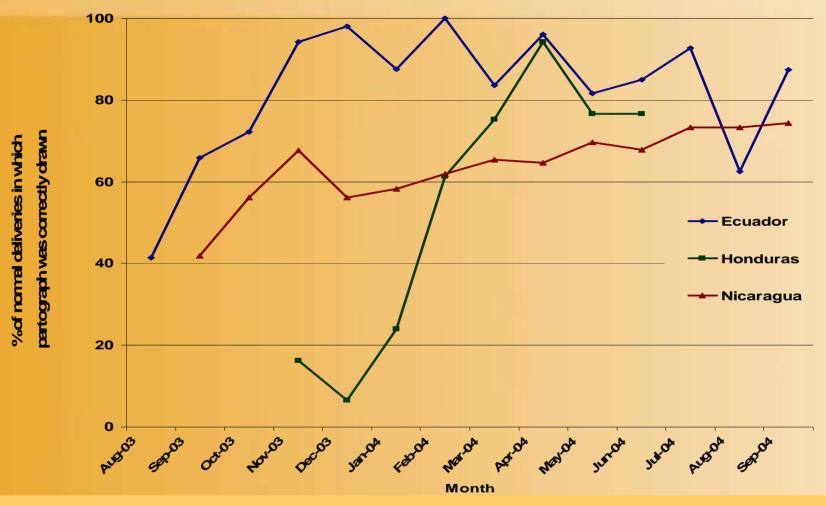
## Mechanisms for shared learning

- Team meetings (national, regional levels)
- Site visits from national and provincial leaders and QAP staff
- Listserv for technical questions
- Website for posting data, improvement reports: www.mortalidadmaterna.org



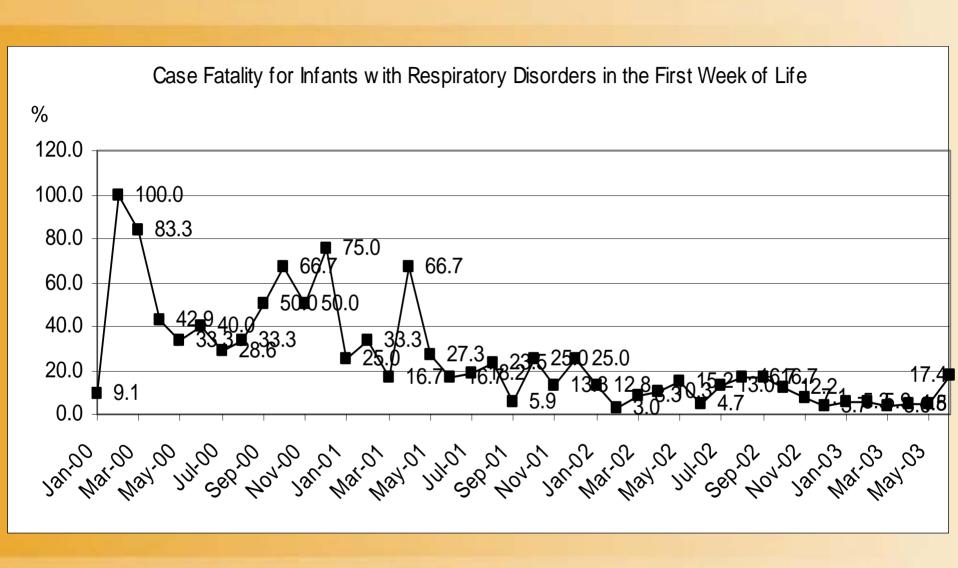


### RESULTS



#### **Delivery Care Changes:**

- Self-guided training
- Coaching in partograph
- Monitoring of partograph by RN
- Recognition of those performing to standard
- Monthly monitoring and posting of results





## Why Collaboratives for HSS?

- Technical
- 1. An effective QA/QI package
- 2. The **network of shared learning** results in:
  - \* Rapid development and testing of innovations and solutions to problems
  - \* Rapid dissemination of effective changes
  - \* Rapid development of effective models of care
- 3. **Behavioral change**because of teamwork, self
  assessment, peer
  competition, seeing results
- 4. Achieve Significant results in a short period of time

- Economic
- A cost-effective scale up strategy (directed spread)
- 2. Multiple sites in phase I, scores/hundreds of sites in Phase II
- 3. Changes are usually low cost and lead to greater efficiencies
- 4. TA and sharing through extranet may improve QI efficiency in some countries
- Low cost for spread and impact achieved





## List of tools & websites

- A Modern Paradigm for Improving Healthcare Quality
- QAP website: www.qaproject.org
- Latin America Maternal Mortality Reduction Collaborative website:

www.mortalidadmaterna.org

