Continuous Quality Improvement in a Health System

Local Health System Sustainability Project

Integrated Health Systems IDIQ, Task Order I

June 29, 2021
Objectives

• Reveal findings from literature review and country experience survey to provide details on current practices in NQPS processes

• Describe best practices in continuous quality improvement in a learning health system and how these activities relate to other elements of an NQPS

• Share experiences from a leading country who has demonstrated success in establishing systems to support continuous quality improvement
Agenda and Speakers

Moderator
Jesse McCall, MBA
Director, IHI

National Quality Policy and Strategy Framework
Dr. Sodzi Sodzi-Tettey
Vice President, IHI

Findings from the Governance of Quality Survey
Morgen Stanzler, MPH
Research Associate, IHI

Continuous Quality Improvement in Malawi
Dr. Malangizo Mbewe
Ag Director, Quality Management
Ministry of Health, Malawi

Promising Practices in Establishing a Learning Health System
Dr. Pierre Barker,
Chief Scientific Officer, IHI
National Quality Policy and Strategy Framework

Dr. Sodzi Sodzi-Tettey, Vice President, IHI
__ Findings from the Governance of Quality Survey and Literature Review __

Morgen Stanzler, MPH, Research Associate, IHI
Where did the data come from?

**Literature Review**
- National Health Sector Strategic Plan
- National Quality Strategy
- HFG Governing Quality Analysis
- HFG Quality Country Profile
- IHI NQS Case Study Report (draft)
- WHO-OECD Survey Report
- WHO NQPS Building Capacity Meeting Report
- WHO GLL Action Brief

**Complete Survey Responses**
- Ghana
- Liberia
- Malawi
- Namibia
- Zambia
- Swaziland / Eswatini
- Burkina Faso
- Madagascar
- Mali
- Nepal
- Thailand
- Rwanda

**Partial Survey Responses**
- South Africa
- Nigeria
- Mozambique
- Lesotho
- Kenya
- Democratic Republic of the Congo
- Tanzania
- Angola
- Vietnam
- Dominican Republic
Findings from the Governance of Quality Survey and Literature Review: Continuous Quality Improvement Within a Learning Health System

- Learning highlights:
  - In most countries, a culture of continuous quality improvement to create a blame free environment felt more aspirational than actual.
  - Most effective strategies for building a culture of CQI started with leadership:
    - Promoting a participatory learning system
    - Engaging stakeholders in identifying opportunities for improvement
    - Create processes for regular review and feedback on quality performance
  - Key challenges to promoting a culture of CQI:
    - Limited understanding of what a learning culture really is
    - Effectively deploying change management strategies among health sector leadership
    - Working within a regulatory environment that reinforces fear of sanctions
HEALTH SYSTEM STRENGTHENING
Malawi experience in setting up quality management structures to improve quality of care

Dr Malangizo Mbewe
Ag Director, Quality Management
Ministry of Health, Malawi
OUTLINE

• Background
• Strategic documents
• Key Priorities for Improving QoC
• QM structures
• Malawi QI model
• Malawi MNCH QOC framework
• Hospital Ombudsman- EoC
• Lessons
BACKGROUND

• Location: sub-Saharan Africa

• Demography
  – Population: 19 million
  – Life expectancy: 64 yrs

• Health systems
  – Levels
    – Public, Faith based, Private
  – Decentralisation
  – Health financing
BACKGROUND

• QMD established in 2016
• Goal: provide strategic leadership & coordinate QM initiatives
• Situation analysis(HSSPII 2017-2022):
  – Poor QoC as a major barrier to improving health outcomes
  – Malawi had made tremendous progress in increasing access.

  • Delivery by skilled birth attendants(90%) vs. High MMR: 439/100,000 live births, NNR: 27/1000
  – Goal: UHC of quality, equitable and affordable health care
STRATEGIC DOCUMENTS

• Health Sector Strategic Plan: 2017 - 2020
• QM Policy and QM Strategy: 2017/2018
• MNH QOC roadmap: 2019
• Mentorship Manual: 2020
• Malawi QI training Manual: 2019/2020
• MNH QOC standards and QOC assessment tools: 2020
• Pediatric QOC standards and QOC assessment tools: 2020
• Hospital Ombudsman handbook
• IPC/WASH Guidelines
Key Priorities for improving QOC in Malawi

- Leadership, Governance & Accountability
- HRH
- Clinical Practice
- Client Safety
- People-Centered Care
- Support Systems
- Evidence-Based Decision Making
## QUALITY IMPROVEMENT GOALS

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<thead>
<tr>
<th>Area</th>
<th>Goal</th>
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<tbody>
<tr>
<td><strong>Leadership and Governance</strong></td>
<td>Effective leadership and governance structures at all levels</td>
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<tr>
<td><strong>Human Resources for Health</strong></td>
<td>Adequate numbers with right competencies</td>
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<td><strong>Clinical Practice</strong></td>
<td>Developing a national accreditation program for health facilities</td>
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<td><strong>Client Safety</strong></td>
<td>Improving IPC/WASH and patient safety</td>
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<td><strong>People-Centred Care</strong></td>
<td>Client satisfaction with the services being provided</td>
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<td><strong>Support Systems</strong></td>
<td>Essential infrastructure including equipment, medicines, internet connectivity</td>
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<tr>
<td><strong>Evidence-based Decision Making</strong></td>
<td>Use of quality information for decision making</td>
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</table>
QM STRUCTURES AND LINKAGES
MALAWI QI MODEL

High Quality Health Care Services

Quality in all hospital process
Both clinical and administrative oriented

Work/Services Improvement
With Client oriented approach

Working Environment Improvement
With service provider oriented

TQM

CQI activities

5S activities
QI TRAININGS
Three-day Quality Improvement (QI) training for Quality Improvement Support Teams (QIST)

30 trained per district for 9 learning districts
3-day District Collaborative Learning Sessions

≈50 Participants per district plus stakeholders

Facilities share progress of QI projects

Standard 1 & 9

Teaching of QI Tools
SUPPORTIVE SUPERVISION AND FEEDBACK BOOSTS TEAM MORALE!!
EXPERIENCE OF CARE: HOSPITAL OMBUDSMAN (HO) PLATFORM

• HO is a grievance redress mechanism
• Locus point for responding to community feedback
  – Walk in clients, Suggestion boxes, routine client surveys/exit interviews
  – Linkage to QM structures
• Personnel from Administration office/Community health worker at PHC – trained as added responsibility
• Program being run in collaboration with Office of Ombudsman.
• Long term: establish permanent positions
LESSONS

• Improving QoC require investments in inputs (gaps in systems)
  – Infrastructure, IPC/Wash facilities, referral system, medical equipment and supplies,
  – Donor funding > Government funding

• Most frontline health workers have challenges in conceptualizing QI processes and tools - require a systematic QI mentorship and regular peer learning

• QI mentorship must be combined with clinical mentorship
LESSONS

• High client satisfaction levels (from client exit interviews) do not necessarily mean high quality care

• HO require full time personnel- effectiveness and independence

• Measuring quality is not easy. What measures need to be collected routinely? Routine data collection systems (DHIS2) require strengthening to ensure data quality

• Quality initiatives are mostly in MNH and HIV - More holistic approach is required

• COVID-19 disrupted QI initiatives- QIT meetings were not possible
Promising Practices for Continuous Quality Improvement Within a Learning Health Care System

Dr. Pierre Barker
Chief Scientific Officer, IHI
A Model for Learning

A Clear Focus and (small) set of bold Priorities

Situational Awareness

A constant infusion of ideas for improvement

A system of daily work that controls and improves the quality of care

Nolan et al. Associates for Process Improvement
Why Learning Is So Crucial:

In the Planning Team World ......
Why Learning Is So Crucial:

In the Planning Team World ......

The Typical Approach...

......and in the Real World.
Why Learning Is So Crucial:

The Planning and Coaching Team

The Learning Health System Approach

THEORY

TEST
Why Learning Is So Crucial:

The Learning Health System Approach

The Planning and Coaching Team

The Planning and Coaching Team

Agree on Standard Work

IMPLEMENT STANDARD WORK

TEST & MODIFY

TEST & MODIFY

TEST & MODIFY

TEST & MODIFY

..... in the real world.
Defining Our Terms

What is a learning health system?

A learning health system is one that has built the capacity – through formalized mechanisms and a culture of learning – to look deeply within and beyond itself to continually, consistently, and sustainably meet the evolving needs of patients, populations, and communities.

• science, informatics, incentives, and culture are aligned for continuous improvement and innovation,
• best practices seamlessly embedded in the delivery process
• patients and families active participants in all elements,
• new knowledge captured as an integral by-product of the delivery experience
Urgency for Health Systems to Learn How to Learn

• Learning is an essential element for health systems to respond to the shock of a challenge like the pandemic

• Learning can help organizations to become more resilient organization by being responsive to the needs of patients, populations, and communities
Translating Theory on Learning to Action

Framework for Governance of Quality

MALAWI QI MODEL

- High Quality Health Care Services
  - Quality in all hospital processes
    - Both clinical and administrative oriented
- Work/Services Improvement
  - With Client oriented approach
- Working Environment Improvement
  - With service provider oriented
WHO Maternal Newborn Network: Unprecedented Learning at a Global Scale

• Common **Aim:**
  • halve facility based maternal and newborn mortality in 5 years

• Common **content theory**

• Common **implementation methods**
  (mixed training and QI methods, district-led scale-up)

• Common **metrics**

• Common commitment to **transparent learning** – all teach all learn
WHO Maternal Newborn Network: Unprecedented Learning at a Global Scale

- Quality of care (QoC) for maternal and newborn health (MNH) roadmap developed and being implemented
- Supportive governance policy and structures developed or established
- Orientation of learning districts and facilities
- Adaptation of MNH QoC Standards
- QoC implementation package developed
- Learning districts and facilities selected and agreed upon
- QoC coaching manuals developed
- Quality improvement (QI) coaches trained
- On-site coaching visits occurring in learning districts

- Common set of MNH QoC indicators agreed upon for reporting from the learning districts
- Baseline data for MNH QoC common indicators collected
- Common indicator data collected, used in district learning meetings, and reported upwards
- District learning network established and functional (reports of visits)
- A research institution to facilitate documentation of lessons learned identified and is active
- Mechanism for community participation integrated into QoC planning in learning districts
Dashboard of country progress by Network strategic objectives, 2017 to 2020

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<th>Country</th>
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Legend: On track (achieved) | In progress (initiated but not completed) | Not started | No information
## Dashboard of country progress by Network strategic objectives, 2017 to 2020

### Plan
- Quality of care (QoC) for maternal and newborn health (MNH) roadmap developed and being implemented.
- Supportive governance policy framework developed or established.

### Do
- Orientation of learning districts and facilities.
- Adaptation of MNH QoC Standards.
- QoC implementation package developed.
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- Quality improvement (QI) coach visits occurring in learning districts.

### Study
- Common set of MNH QoC indicators agreed upon for reporting from the learning districts.
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Key Importance of Process and Outcome Data to Track Progress in QoC
Remaining Challenges (LHSS Survey)

- In most countries, a culture of continuous quality improvement to create a blame free environment felt more aspirational than actual.
- Most effective strategies for building a culture of CQI started with leadership:
  - Promoting a participatory learning system
  - Engaging stakeholders in identifying opportunities for improvement
  - Create processes for regular review and feedback on quality performance

- Key challenges to promoting a culture of CQI:
  - Limited understanding of what a learning culture really is
  - Effectively deploying change management strategies among health sector leadership
  - Working within a regulatory environment that reinforces fear of sanctions
Panel Discussion

Dr. Sodzi Sodzi-Tettey  
Vice President, IHI

Dr. Malangizo Mbewe  
Ag Director, Quality Management, Ministry of Health, Malawi

Dr. Pierre Barker  
Chief Scientific Officer, IHI

Morgen Stanzler, MPH  
Research Associate, IHI

Jesse McCall, MBA  
Director, IHI
Peer-to-Peer Learning Exchanges

• **Why:** To enable the sharing of experiences, success, and challenges of developing, implementing, and sustaining an NQPS.

• **Who:** Government stakeholders, technical contributors, and NQPS development and implementation partners engaged in planning, developing, implementing, refining, or sustaining their NQPS.

• **What:** Five WhatsApp discussion groups on NQPS areas of work listed below. Participants are encouraged to respond to posted prompts about their own experiences, engage in dedicated “chat with an expert” sessions, and share relevant materials including documents, videos, and photos.

<table>
<thead>
<tr>
<th>Topic of Discussion</th>
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Thank you!