



USAID
FROM THE AMERICAN PEOPLE



Using the Improvement Collaborative Approach to Implement and Scale Up Best Practices

Concurrent Session SCL-4
Thada Bornstein
Quality Assurance Project
University Research Co., LLC (URC)
ANE Conference, Bangkok
Sept. 6, 2007

Session Objectives

- Describe the Improvement Collaborative as a modern Quality Improvement method for operationalizing and scaling up best practices
- Identify the essential steps in planning, implementing and further scaling up an improvement collaborative

Session Agenda

1. Introduction to Improvement Collaboratives
2. Nuts and Bolts of Implementing an Improvement Collaborative

(20 min.)

1. Small group work *(60 min.)*
2. Wrap-up *(10 min.)*

We Now Know Best Practices: Why Quality Improvement ?

- Evidence-based interventions to reduce maternal and newborn mortality are widely known
- But translating know best standards into practice on the ground is tough
- Quality Improvement methods empower local actors to adopt changes to implement best practices in their local setting

Why Quality Improvement?

Example: Reducing PPH through application of Active Management of the Third Stage of Labor

- AMTSL is known to reduce post-partum hemorrhage (PPH)
- However, how to implement AMTSL *without*
 - adequate supply of Oxytocin?
 - reliable electric power for cold chain?*
 - A space on the birth record (“partogram”) to record whether oxytocin has been given after delivery?
 - skilled provider (nurse, midwife, doctor) on nights and weekends?
- Quality Improvement (QI) at local level using team work, process analysis, data monitoring, and focus on client needs, can help

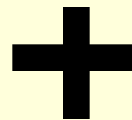
*Oxytocin used in Niger requires cold chain

The Improvement Collaborative: A Marriage of Strategies

Traditional: norms, training, job aids, material and equipment, supervision



QA: teamwork, understanding the system and processes, measuring results, focusing on client needs



Collaborative: common objectives, sharing experiences, positive competition, best practices, rapid spread

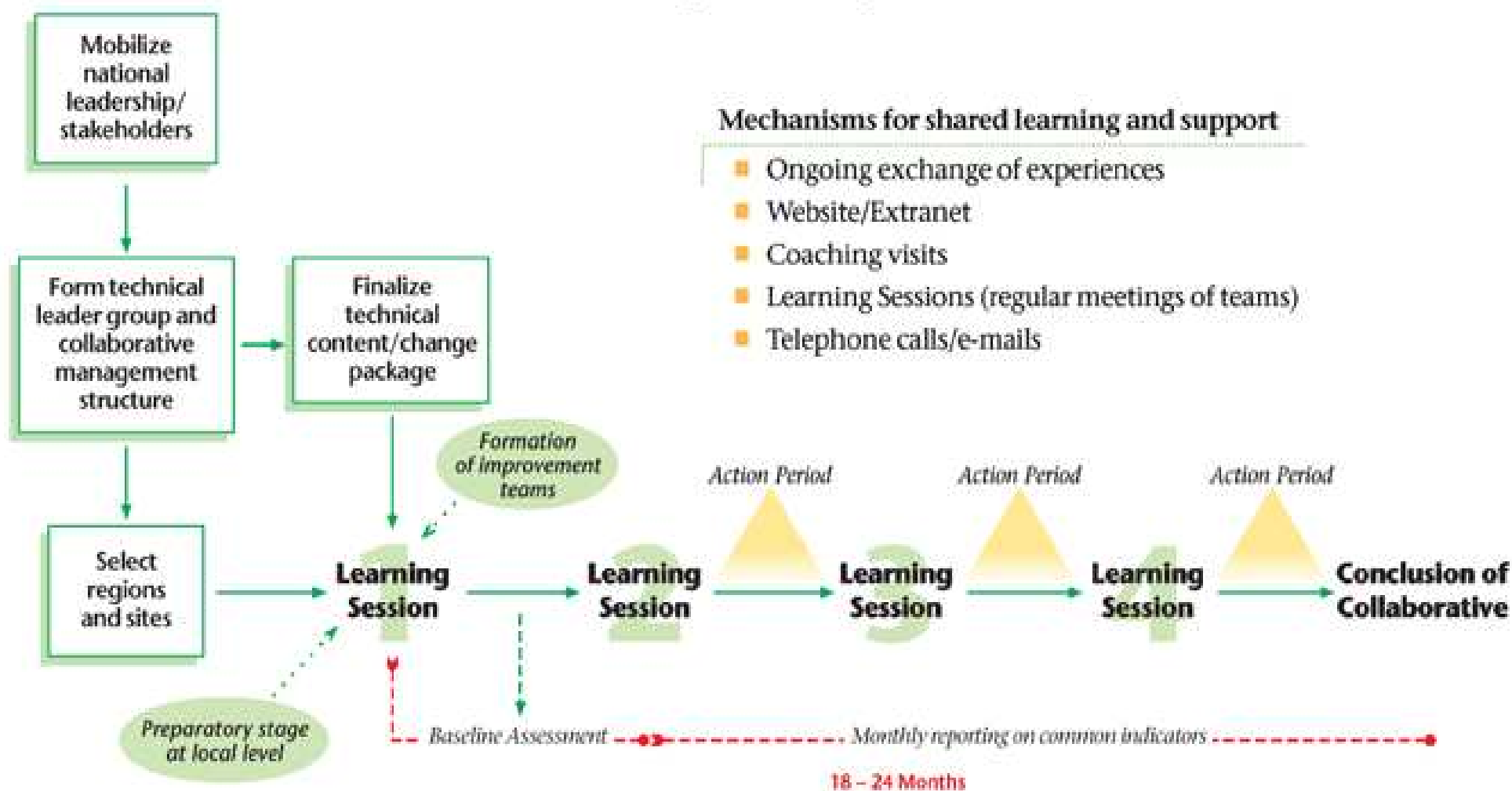


USAID
FROM THE AMERICAN PEOPLE



The Improvement Collaborative Model

Improvement Collaborative Model as Adapted by QAP



**Who does the real
work of the collaborative?**

**Each facility's
Quality Improvement Team**

Who would be a member of the quality improvement team?



Manager



Nurse(s)



Physician



Lab technician



Pharmacist



Midwife

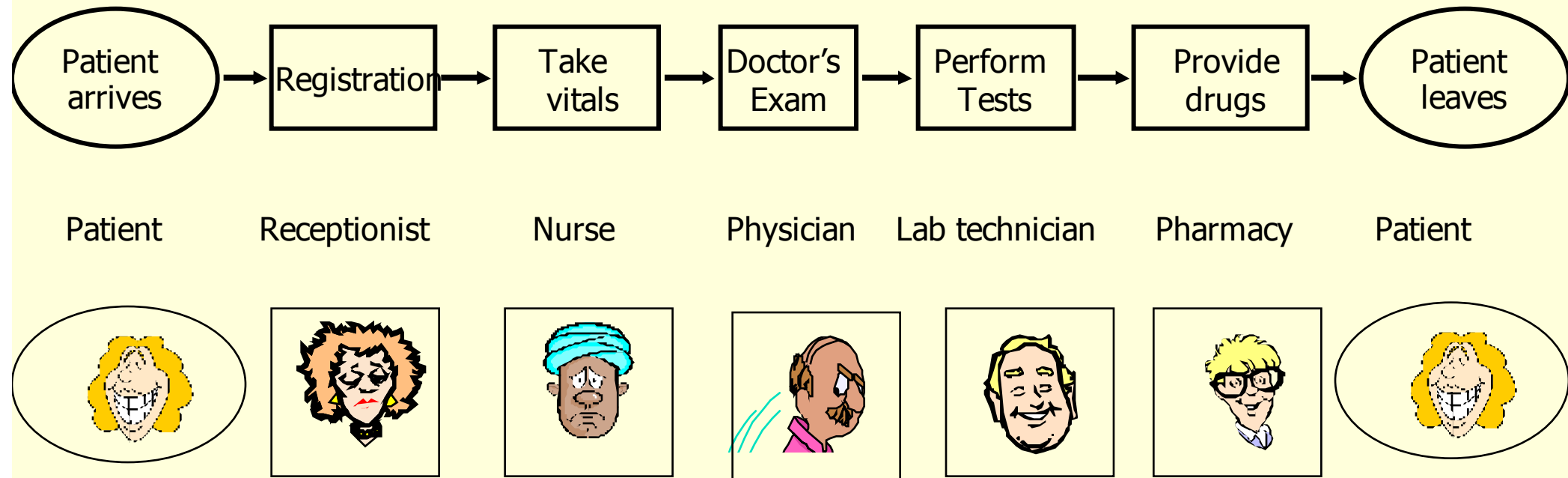
All the people who are involved in the particular process of care at each facility site make up the quality improvement collaborative team!

Why are they on the Quality Improvement team?

THEY deliver the care!

THEY know the process in their facility

THEY make the improvements



Nuts and Bolts of Implementing an EONC Improvement Collaborative

Steps in Organizing and Implementing a Collaborative

- Organize a steering committee (usually national experts and MOH officials)
- Engage local leaders and stakeholders as technical advisors, coaches, trainers
- Select (evidence-based) best practices and assure model of care standards/guidelines are agreed to. This may involve development, adaptation or revision by national experts
- Establish a monitoring plan and develop tools for measurement
 - Define standards and choose key indicators to be monitored
 - Develop data collection tools and database

Steps in Organizing and Implementing a Collaborative (cont'd.)

- Create package of other management tools -- training strategy and materials, coaching guidelines, reporting forms, tools for team meetings, etc.
- Train collaborative management and coaches
- Plan schedule of learning sessions and action periods
- Select sites with scale-up in mind
- Organize teams (site manager)
- Orient and train teams
- Hold Learning Sessions every 3 to 4 months
- Support teams during Action Periods
- Have strategies that support further scale-up

Niger Example: Leadership roles

- In Niger: national, regional and local leaders and experts were recruited from MOH, schools, professional societies.
- They were engaged in the review of literature on EONC and forming a consensus on the guidelines best suited for Niger
- Regional managers became coaches and trainers for the teams

Niger Example: Engaging local leadership and stakeholders

Both nationally and In every region, designated champions and experts with both QI and content skill; created technical advisory group (TAG)

First, met to discuss the current evidence and methods, the state of affairs in Niger, and then began to agree on the priorities for Niger

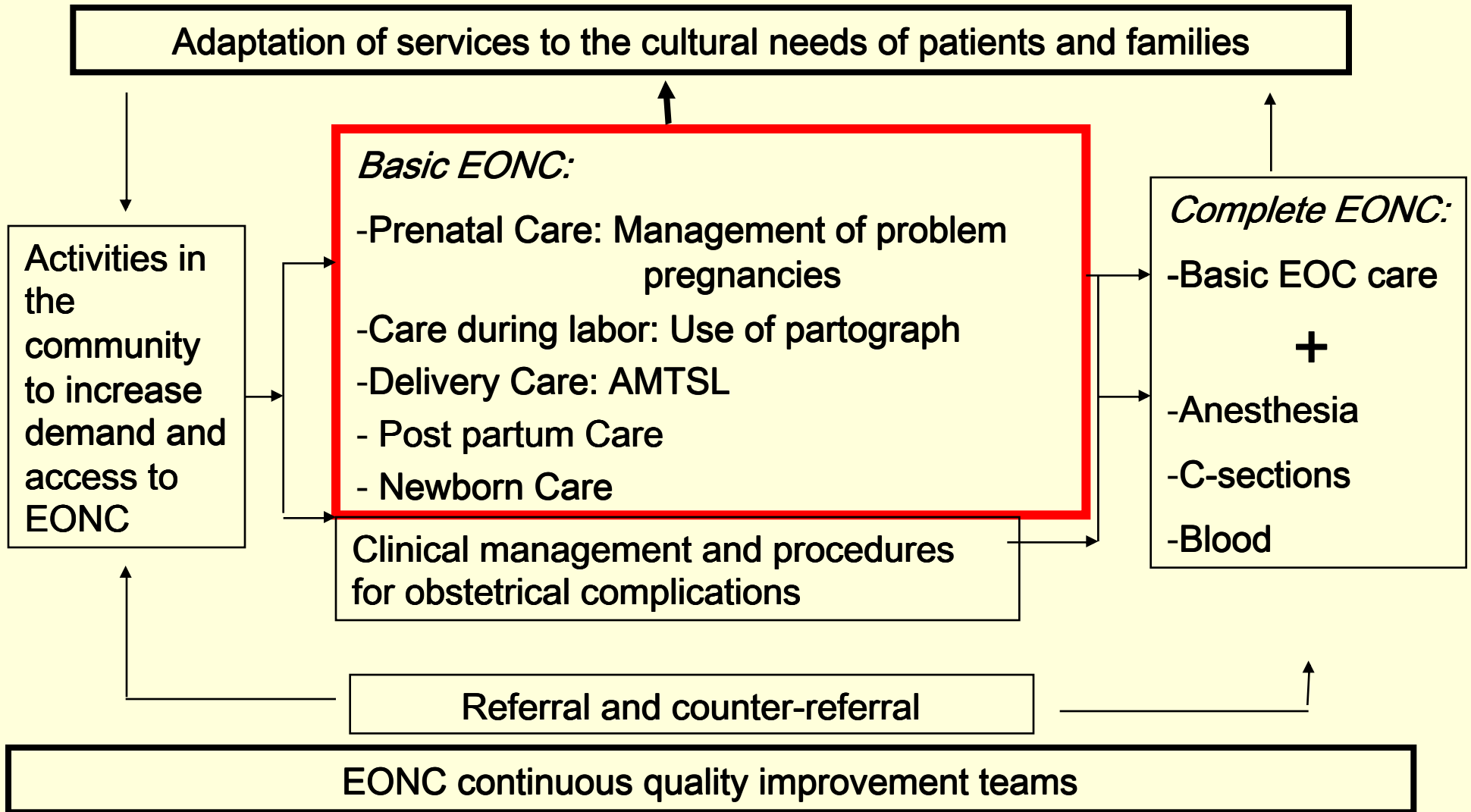
Some regional and district managers became trainers in Learning Sessions and coaches

- RH Directorate in MOH
- Regional health officers
- Leading and senior midwives - from schools and from proposed sites
- Pediatricians, obstetricians from around the country
- Faculty of professional training institutions
- Health information systems people
- Veterans from previous Pediatric Hospital Improvement (PHI) collaborative who already had QI and collaborative experience
- Partners - - WHO, UNICEF, UNFPA

Niger Example: EONC Improvement Objectives

- Reduce facility maternal and newborn mortality via MNH Standards in routine care
- Advocate for national newborn policy that promotes low-cost EB newborn interventions
- Promote access to skilled intrapartum care (referral/counter-referral; antenatal birth prep; financial / geographic obstacles)

Care Model for Essential Obstetric and Newborn Care (EONC)



Niger Example: With complex interventions, prioritize and designate a time-frame for phasing them in

Phase 1 **Facility**: AMTSL, ENC, infection prevention, BCC

Policy: Collaboration MOH/WHO for integration ENC and AMTSL into revisions national partogram

Phase 2 **Facility**: Focused ANC, partogram, newborn resuscitation, infection treatment (mother/newborn)

Community-Facility: Referral/counter-referral (RCR), behavior change communication (BCC)

Phases 3-4 **Facility**: Eclampsia, LBW newborn, management of PPH

Community-Facility: RCR; BCC; community/ facility RCR

Niger Example: Develop management tools for teams

- E.g., Data collection tool; tool to document team meetings; tool for following up action decisions; standards summary tool; chart-review tool; site monthly collaborative reporting tool, etc.

Tool for collecting baseline data

BASELINE DATA COLLECTION FORM

Site Name _____

INDICATOR :

	Numerator	Denominator	Numerator/Denominator	%
June				
July				
Aug				
Sept				
Oct				
Nov				
Dec				

[Numerator/Denominator * 100 = percentage(%)]

Tool for documenting team meetings

MEETING MINUTES FORMAT (Niger)

Canevas de rédaction des PV de réunion des équipes d'amélioration de la qualité des soins : *(Meeting minutes of the of the quality improvement teams)*

(Les items suivants peuvent être un guide pour améliorer la qualité de vos PV)

(The following items can be a guide to improve your statement of quality)

- Date :
- Lieu : *(place)*
- Heure de début et heure de fin de la réunion : *(Time the meeting started and ended)*
- Objectif de la réunion : *(Objective of the meeting)*
- Points inscrits à l'ordre du jour : *(Agenda points)*
- Eléments essentiels discutés pour chaque point inscrit : *(Essential elements discussed for each point)*
- Décisions prises (entente d'action à faire, par qui ? et quand ?) *(Decisions made in terms of action plan – by whom and when)*
- Recommandations faites : *(recommendations made)*
- Date de la prochaine réunion : *(date of the next meeting)*
- Points à discuter à la prochaine rencontre : *(points to be discussed at next meeting)*
- Nom, prénom et signature du rapporteur *(first and last name and signature of reporter)*

En Annexe : *(in annex)*

- Liste de présence *(List of persons present)*
 - indiquer les noms, prénoms, titre et poste de travail dans l'hôpital *(list first and last name, title, and job position)*
 - Mentionner entre parenthèse et en face du nom, le rôle joué dans la réunion (président, rapporteur, chronométrateur) *(in parentheses opposite the name write the role played during the meeting e.g., leader, reporter, timekeeper)*
- Autres documents produits lors de la réunion *(other documents produced during the meeting)*

- Objective of mtg.
- Action Plan decisions and person responsible
- Items for next meeting
- Other documents produced during meeting

Tool for follow-up of team decisions

SITE DECISION FOLLOW-UP FORM *for follow-up of decisions taken by the team during the team meetings*
Quality of Care Initiative in HIV/AIDS

Name of Health Facility _____

Activities to be completed between/...../..... and/...../.....

N°	Planned Activities	Responsible	In Process	Completed	Not completed	Reasons for non-completion or delays
1						
2						
3						
4						

Niger Example: Training QI teams

- Whole site training with QI and measurement skills integrated with clinical content

Niger Example: Supporting teams during the Action Periods between Learning Sessions

- Regular coaching including technical updates, reviews, Just-in-time training
- Sometimes a team member from one site will accompany coach to another site and share experiences with other teams

Strategies for further scale-up

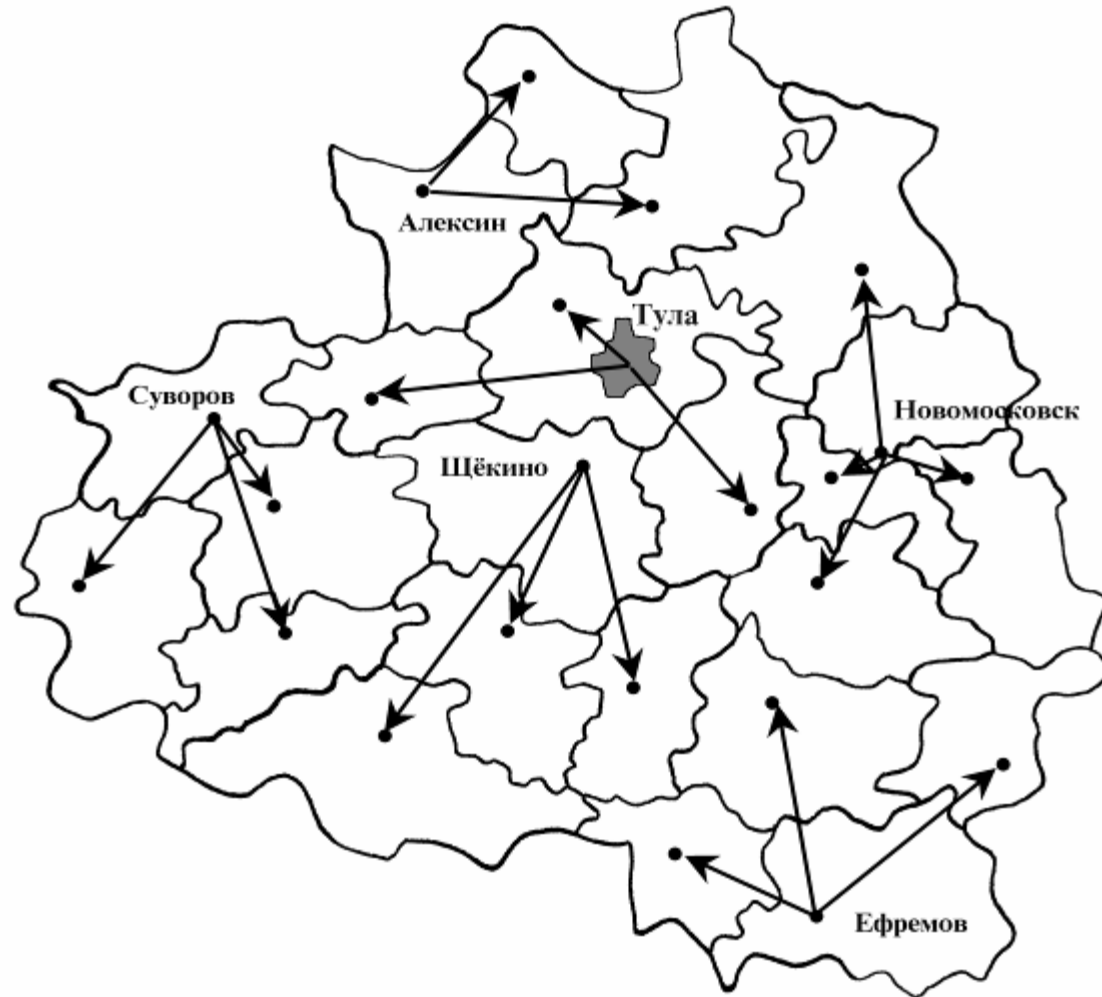
Plan for scale-up from start

- By geographic region - Use key geographic sites as the demonstration sites
- Use a mix of sites across the continuum of care in the demonstration sites – hospital, large health center, small health center, community
- By level of service – begin at one level and push downward through the system (e.g., hospital to health centre, to community, etc.)
- By phasing in content

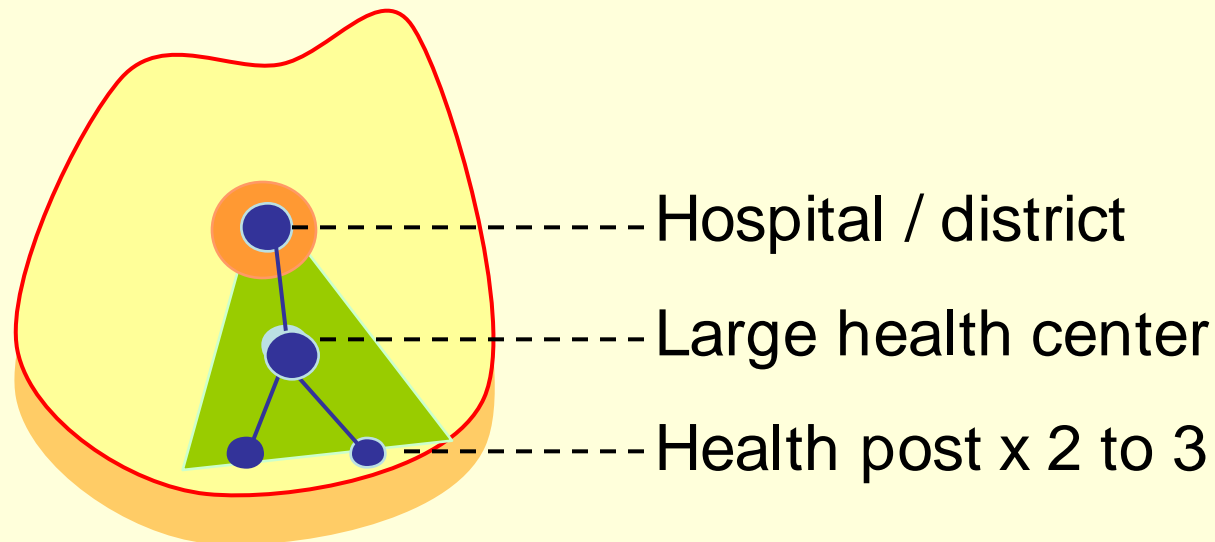
Niger Example: Think through scale-up goals and strategy from the outset

- Niger took advantage of previous PHI collaborative and started at scale in 25 of 28 district maternities in 6 of 7 regions that were PHI sites. There was overlap among staff, especially in smaller hospitals
- From each district maternity they can spread downward through the system to comprehensive health centers

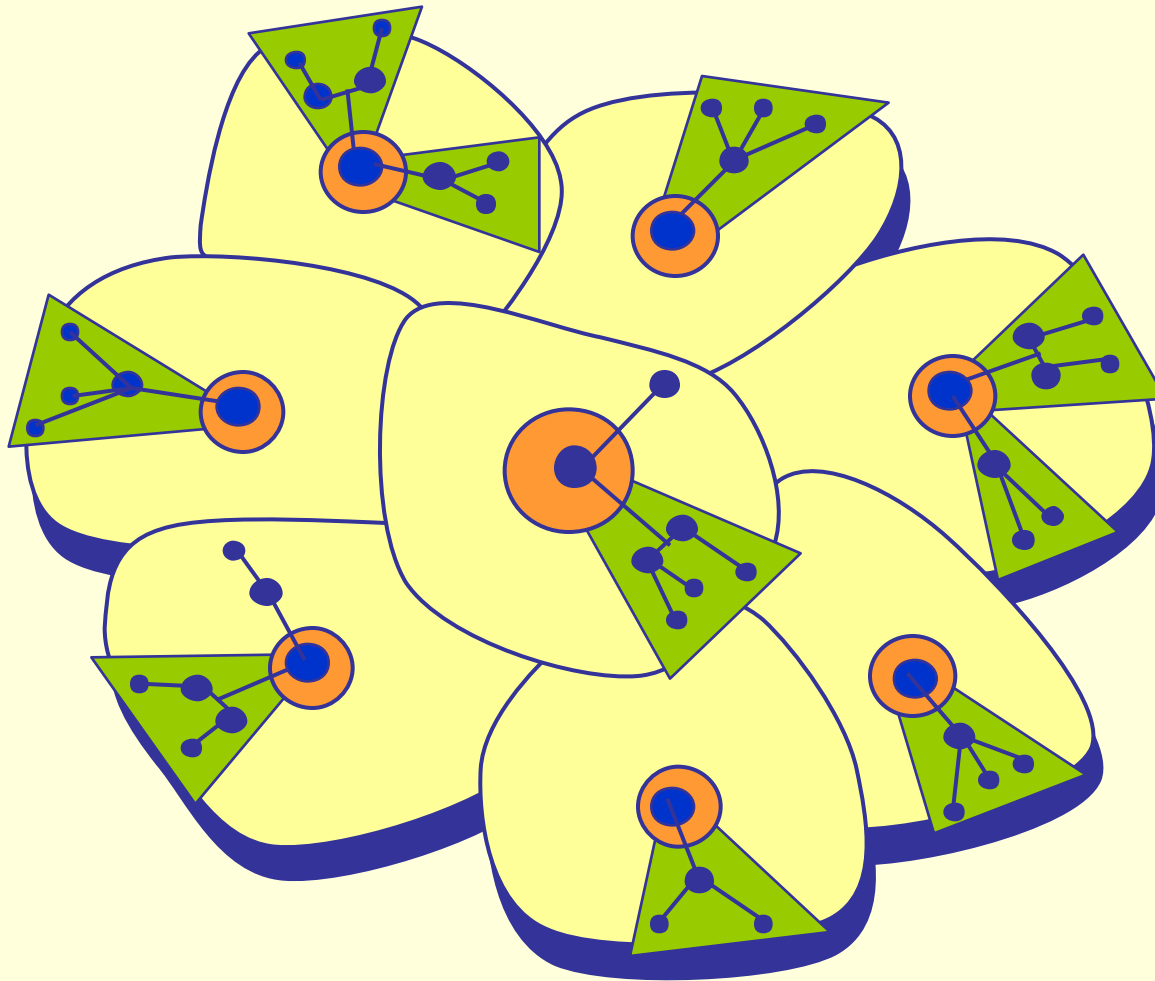
Organization of intentional spread in Tula, Russia



Organization of intentional spread in Tula, Russia



Organization of intentional spread in Tula, Russia



Working in Groups...

Select a best practice, such as ENC, to implement in your country

Brainstorm ideas for addressing the following steps

If you finish, go on to other steps

- How would you systematically engage national and regional leadership from the outset for technical direction and buy in, and, ultimately, scale-up?
- What initial sites would you select/give rationale and what would be your plan for spread/how to structure the spread?
- What strategies would you use to train and support teams and share experiences and results?

Wrap-up

- Final participant questions and comments
- Review of key discussion points:
 - Quality Improvement as a basis for adapting best practices to be applied in the local setting
 - A collaborative to speed up application and results
 - Organizing and implementing a collaborative