

## Session 13: Implementing a collaborative

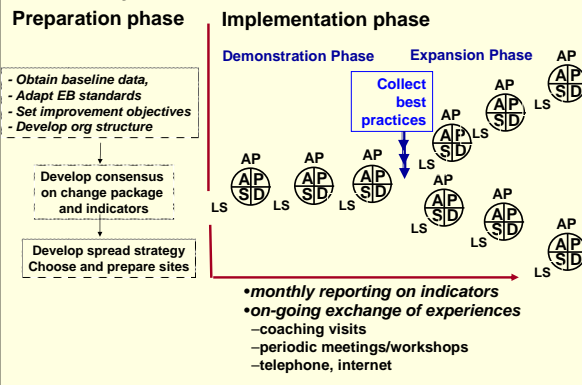
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## Learning Objectives

- Identify major steps and issues of implementation of collaborative phase
- Identify topics commonly addressed in learning sessions and action periods
- Identify resources available to develop or adapt training materials and tools for Learning Sessions (LS)

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## Anatomy of a Collaborative



## Preparation

- 6 to 8 months
- Involve key stakeholders
- Adjust scope of topic area if needed
- Develop organizational structure
- Review EBM with expert group and:
  - Conduct baseline (if desired)
  - if needed, adapt standards to country setting
  - design change package, improvement objectives and indicators (may be adjusted later)
- Assess capacity building and resource needs

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## Preparation (cont'd.)

- Choose initial sites with spread in mind
- Develop
  - spread strategy and sustainability plan
  - collaborative implementation plan
  - monitoring strategy (*and test it!*)
  - communications strategy
  - tools for QI team support
    - clinical and CQI training
    - monitoring
    - coaching
    - job aids

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## Issues in preparatory stage

- Trade-offs between breadth and depth in defining the technical scope of the collaborative
- Challenges and opportunities for fostering national and local leadership
- Development and testing a feasible monitoring strategy
- Challenges and opportunities for adapting international best practices to country
- Feasible mechanisms for communication and sharing among teams in different sites

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## Implementation Stage

- ~ 18 to 24 months
- Ensure basic resources needed at sites
- Organize content and methods of learning sessions and action periods
- Form and coach QI teams
- Ensure clinical and QA competencies
- Develop and implement coaching plan
- Ensure validity of monitoring data
- Determine when to synthesize best practices and spread

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## What are Learning Sessions?

- National or provincial / regional workshop for teams to
  - Share experiences and learn from one another
  - Learn QI
  - Learn clinical content
- Who attends?
  - Team representatives from each facility
  - Provincial/regional and national stakeholders
  - Coaches who participate or train

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## Typical Learning Session content for 1<sup>st</sup> three learning sessions

**LS1:** learn context of topic area, basic QI, objectives, indicators, how to analyze processes using flowcharts, teamwork, how to collect baseline data and use tools

### LS2:

- share flowcharts, baseline data, experiences
- learn PDSA, review monitoring, change package, or best practices

### LS3:

- Share changes made, monitoring data, difficulties encountered

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## Modes of shared learning

- Case studies
- Interactive, illustrated presentations
- Gallery walk of teams' work
- Organizers may help teams select other topics to present (*innovative/successful improvement, client satisfaction survey, unusual PDSA cycle*)
- Discussions of common themes
- Others?

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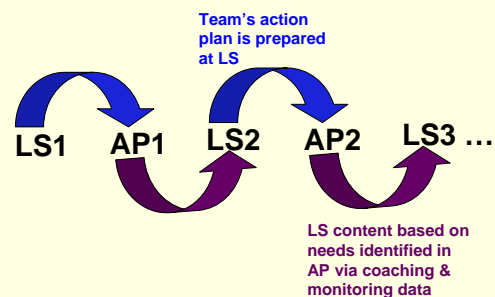
## Practical issues on implementing LS

- Duration: 2 to 3 days
- Schedule LS closer together (~3 mo. apart) to keep learning momentum
- Provincial/regional LS more efficient
- Identify content of LS based on needs identified:
  - from coaching and from collaborative data

*Some of these needs can also be addressed during coaching, training or other meetings*
- Always formulate Action Plan for next for Action Period
- Some countries conduct whole-team training in clinical content and QI for each site

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## Relationship of Learning Sessions to Action Periods



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## Forming QI teams

- Site in-charge selects initial 2 or 3 staff to attend LS1 (at least one different team member should attend each LS)
- These team members and coaches then train/share what they learned with the rest of the site team who did not attend
- During process analysis (*flowchart or other method*), other staff who are identified as being involved in that process are added to QI team
- Team leader selected\*
- Other team roles determined by team leader, voting or other team process
- Sometimes clinical content and QI learning for entire team are conducted on-site as a way of strengthening learning and avoiding the appearance of favoritism

\* What are other team roles?

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## Ensure clinical competency

### Ensure knowledge

- Training with active learning
- Periodic knowledge testing and feedback
- Use problem-based case studies in trainings

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- Use incentives (e.g., Nicaragua Essential Obstetric Care collaborative's annual Knowledge Prize)

### Ensure skills and abilities

- Use of mannequins in trainings with feedback
- On-site or on-the-job training with feedback
- Clinical "rotations" with feedback
- Job aids
- Clinical supervision with feedback
- Periodic skills assessment with feedback

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## Ensure validity of monitoring data

Plan system for checking data

- Who?
- How often?
- How?
- Are data consistent with reality?
- If randomly selected medical records are used for measuring indicators, record numbers should be recorded for data validity checks

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## Spreading best practices beyond the Collaborative

- Convene final meeting of teams to review achievements and lessons
- Share lessons with larger regional and national audience, such as local authorities, media, key stakeholders
- Implement focused strategy to spread gains to new regions and sites
- Support national adoption of updated policies, standards, and operational guidelines

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## Issues in implementation phase

- Getting buy-in and involvement of key actors (partners, MOH at site, regional and national level)
- Team functionality
  - motivating teams
  - do teams exist and function?
- Supporting teams to develop CQI skills
- Data validity
- Different training strategies for increasing provider competence

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## Issues in implementation phase (cont'd.)

- Documentation of improvement changes or best practices
- Motivating teams to sustain gains
- Spread / scale up strategy
  - Coaching
  - QI and clinical training
  - Management / organizational structure
- Maintaining key stakeholder involvement

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## Issues in implementation phase (cont'd.)

- Supporting collaborative gains at the national policy level
- Strategy for transitioning all collaborative roles to MOH and/or partner (NGO, etc.) staff
- Institutionalizing strategies for continuation of
  - QI teams
  - Coaching
  - QI and clinical training
  - Teams' shared learning experiences

*What organizational structure and financing can best support above in existing system?*

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