

Session 4 Issues in Focusing Topic and Improvement Objectives

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Issues in Focusing Topic and Improvement Objectives

Purpose: To be able to focus an appropriate topic for an improvement collaborative (not too wide or narrow) and derive improvement objectives

Learning Objectives

- Discuss challenges in tackling broad topic areas
- Discuss how to identify improvement objectives and their relationship to the measurement strategy and the change package

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Collaborative topic area

- is usually an existing MOH priority
- choice is supported or driven by data (existing reports or baseline study) showing where need is the greatest
 - High morbidity/mortality
 - Recognised lack of quality

In some cases (ex. QAP PHI collaboratives), this may need to be demonstrated by implementing agency, as quality of care is often not systematically measured

- is usually a priority recognised by partners and funders

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Defining scope of collaborative topic area

- Is there national consensus on definition of topic area?
 - **If NO**, your 1st step is to form consensus with key stakeholders (ex. Nicaragua EOC)
- Are there updated national clinical standards used uniformly in pre-service training, at facilities, by partners?
 - **If YES**, identify improvement objectives using standards
 - **If NO**, you can advocate for and work with MOH in development of national standards, *but simultaneously* develop collaborative improvement objectives/indicators with key country stakeholders, including clinical experts and MOH leaders

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Improvement Objectives

- Where do these objectives come from? Who chooses them?

When the whole system is in great need, there is pressure to define improvement objectives broadly "*Everything needs to be improved!*"

- Does one need baseline data to advocate for improvements or to focus the efforts of improvement?
- Use systems' approach while defining objectives

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General areas for improvement from which improvement objectives can be derived

- Increase access – Increase in clients to FP clinic
- Achieve high quality of care
- Assure services across the continuum of care
- Achieve good outcomes (adherence, survival)
- Improve efficiency
- Create capacity to monitor and improve quality

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Topic, improvement objectives, change package

- From a broad **topic**, one narrows the focus by defining **improvement objectives**, which are:
 - attained by implementing the **change package**, and
 - measured by **improvement indicators**
- Indicator data** are collected to measure if change has occurred per specified indicators (= improvement)

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    graph TD
      A[collaborative topic area] --> B[improvement objectives]
      B --> C[change package]
      B --> D[improvement indicators]
      C <--> D
      D --> E[indicator data]
  
```

EBM and experts group are key in focusing topic, developing improvement objectives, change package and clinical standards

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    graph TD
      EBM((EBM)) --- EG[experts group]
      EBM --- CS[clinical standards]
      EBM --- IO[improvement objectives]
      EBM --- CP[change package]
      EG --- CS
      EG --- IO
      EG --- CP
      CS --- IO
      IO --- CP
      CP --- IO
  
```

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Examples of collaborative topic areas and improvement objectives for **three** collaboratives

Example #1: Niger Pediatric Hospital Improvement Collaborative

Collaborative Topic Area:

- Pediatric Hospital Improvement

General Aim:

- To improve quality of care of children with serious illness or malnutrition according to adapted WHO first-referral care IMCI standards

Example of single PHI Improvement Objective:

- To improve quality of Malaria diagnosis and case management

Example #2: Rwanda PMTCT collaborative, 2002-6

Topic: Prevention of Mother to Child Transmission

- In 2002-3:
 - PMTCT guidelines not yet finalised
 - Some PMTCT sites existed but in private sector
 - Baseline study + experience from early site experiences + experts group informed elaboration of improvement objectives and ideas for improvement changes

Main interventions for PMTCT programme

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    graph TD
      subgraph Community
        C1[Community]
        C2[Community]
      end
      PW[Pregnant woman goes to site for PN care and L&D] --> PC[Prenatal Care]
      subgraph PMTCT_site [PMTCT site]
        PC --> LD[Labour & Delivery]
        LD --> PM[Postpartum or maternity ward]
        PM --> ICC[Immunisations/ Child Care]
      end
      PW --> CIP[Counseling and testing on HIV transmission and prevention]
      LD --> WNV[HIV+ women take NVP at beginning of labour]
      PM --> BNV[Babies of HIV+ women take NVP syrup within 72 hrs of delivery]
      ICC --> CT[Children of HIV+ women are tested for HIV at 15-18 mos]
  
```

Improvement Objectives, Rwanda PMTCT collaborative (2002-6)

- All preg ♀ in catchment area go to prenatal care
- All prenatal clients
 - are counseled and tested
 - receive their HIV test results
- All partners of prenatal clients are tested for HIV
- All prenatal ♀ who test HIV+:
 - are given NVP to take home on the same day they are tested
 - swallow their NVP at the beginning of labor
 - deliver at the maternity
- All children born of HIV+ ♀:
 - swallow NVP syrup within 72 hrs postdelivery
 - are followed up monthly until the 18th month
 - are tested for HIV between 15-18th months

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Objectives → Indicators

Improvement objective:

- All prenatal clients receive their HIV test results
- All partners of prenatal clients are tested for HIV

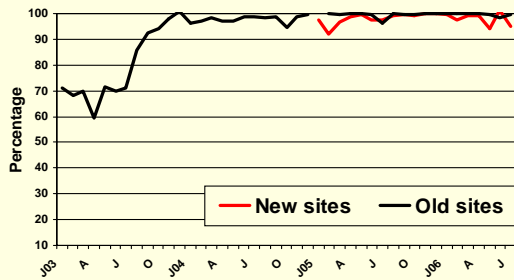
Corresponding improvement indicator:

- % of women who receive their HIV test results
- % of partners of women who are tested for HIV who are also tested

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Indicator data:

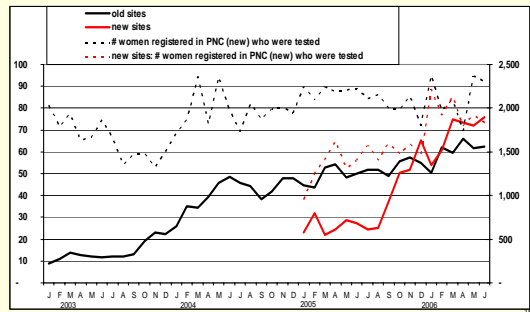
% of women who receive their HIV test results



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Indicator data:

Percentage of partners of women who are tested for HIV who are also tested



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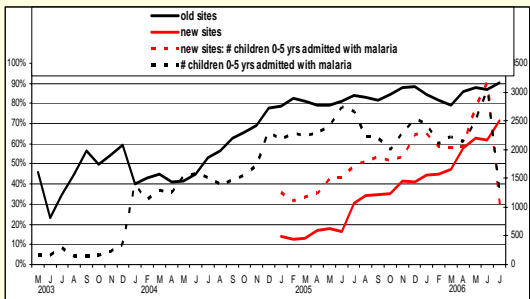
Example #3: Improvement objectives Rwanda malaria collaborative (2002-2006)

For malaria in children 0 - 4 years:

- Caregivers make decision to seek care within 24 hours of symptoms
- Diagnosis and treatment at health centers and hospital according to national standards
- No stock-outs of drugs or supplies at district
- Appropriate and successful referral of serious cases

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Indicator data: % of children 0-5 years with fever who were taken to a health centre in the first 24 hrs



Indicator data: % of children 0-5 years managed according to health centre norms

