Approaches to support quality improvement teams to use quality improvement techniques

Maternal and Newborn Health

Presenter
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Outline

- Share two collaborative stories
- Share the key drivers or approaches to support QI teams
  - Activated Leadership
  - Knowledgeable staff
  - Mentorship and coaching
  - Reliable learning system
  - Availability of essential commodities
  - Reliable data systems
  - Use of key interventions or change package
  - Patient Family Centered Care (PFCC)/community engagement
Briefly Share Two Collaborative Stories

- **South Africa: PMTCT collaborative (2012-2015)**
  - To reduce Mother to Child Transmission of HIV (MTCT) rates of around 5% to less than 2% in three districts (54 facilities) across three Provinces by March 2015

  - To reduce neonatal mortality in low birth weight babies (<2500g) by 30% in the twelve hospitals by March 2017 (extended)
South Africa and Malawi maps showing the Regions

- **South Africa (2012-2015)**
  - Pixley ka Seme Northern Cape: 14 facilities
  - Cape Winelands Western Cape: 26 facilities
  - Amathole Eastern Cape: 14 facilities

- **Malawi (2015 – 2017)**
  - Chilobwe: 26 facilities
  - Lilongwe: 14 facilities

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The Framework: Learning Collaborative /Improvement Collaborative/ Breakthrough Series

- Select topic and target population
- Identify subject matter & improvement experts to support the collaborative
- Identify local partners
- Programme design including spread strategy
  - Change topics and indicators
  - Recruit participating teams
  - Gather data for baseline
- Support—visits, phone calls, engagement of programme and supervisory managers, data collation & interpretation

**KEY**
- LS = Learning Session
- AP = Action Period

**Phases**
- Planning & Preparation
- Implementation
- Spread Activity

**Timeline**
- 12 – 18 months
Activated Leadership

- Build Will
- Articulate Vision
- Provide resource
- Remove Barriers
- Champion Improvement
- How do you help teams that cannot get buy-in?
- How do you support leaders who are slower?

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Knowledgeable Staff

- Clinical Knowledge (guideline, protocols, key intervention)
- Quality Improvement knowledge (incl. leadership)

How do you support those that did not attend training?

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Mentoring and Coaching

Done by leaders, QI champions, support partners, peers etc. (virtual or face to face)

- Use coaching attributes
- Gemba walks (go and see!)
- Engage teams; promote peer to peer learning (identify experts)

- Data review sessions
- Celebrate!
- Promote record keeping
  - QI trackers, journal, templates
- Make it exciting
- Have coaching tools

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Reliable Learning System

- Functional QI teams
  - Meetings, data review
- Peer to peer Learning
  - Benchmarking, exchange visits, WhatsApp groups
- Ongoing learning sessions (on/off site)
  - Market place, Posters etc.

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Tips to support QI Teams to have a Reliable Learning System

- Identify a good QI team leader (not necessarily the in-charge)
- Effective teams meet regularly and have a clear agenda (every week/bi-weekly)
- Review aims, think through change ideas (use tools), test ideas (PDSAs), collect data and analyze
- Give lots of encouragement and praise
- Respect time, be flexible
- If overwhelmed, encourage starting small, test one idea
- Encourage record keeping (future change package)
- When teams are stuck, find cause - plant successful ideas, let them test.
- Underperforming, find root cause (benchmarking, use of awards, leadership)
- Provide QI tools and promote onsite learning
Availability of Essential Commodities/Resources

- Effective supply chain management
  - Essential drugs, basic equipment etc.

- Transportation (where applicable)

- How do you motivate for commodities?
Reliable Data Systems

- Use of existing and available data
- Use of available databases and indicators e.g. DHIS
- Real time data collection system
- Data feedback system
- Easy data collection tools
- Data review sessions

How do you help teams that are struggling to collect and report data? (Did they plan for it? Is there a knowledge gap? Task Sharing/shifting?)
Use of Key Interventions or Change Package

A list of key interventions that when applied reliably they will produce great outcomes

- Use of known best practices (locally or internationally)
- Use of a change package
- Teams to start with the low hanging fruits (simple indicators)

Follow the care pathway/cascade (for easy understanding and tracking of improvement)
Patient Family Centered Care (PFCC) & Community Engagement

- Communication - information about their care (including education)
- Respect and dignity – Privacy, informed choices, no mistreatment
- Emotional support – companion during labor, buddies, counselling
- Community involvement to support the initiative (decision makers)

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Country led Initiatives

How do you get the health system to own it?

- Active leadership engagement from the beginning
- Building coalitions (power of partnerships)
- The aim of the initiative should be aligned with country’s priorities, existing resources etc.
- Always encourage to leaders and teams to start small
- Identify existing local champions
- Local-context adaptations
- Keep it simple
- Above all, keep the patients at the center of the improvement!
Lessons learnt

- Deep understanding of local systems and local context is needed

- Pre-work and will building prior to launching of initiative takes long (assign enough time)

- Ensuring adequate infrastructure to support it

- Need to build local capacity and knowledge prior to launching initiative (especially leadership & partners)

- Need to build belief in improvement methodology (do you have other successful stories to share?)
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