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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
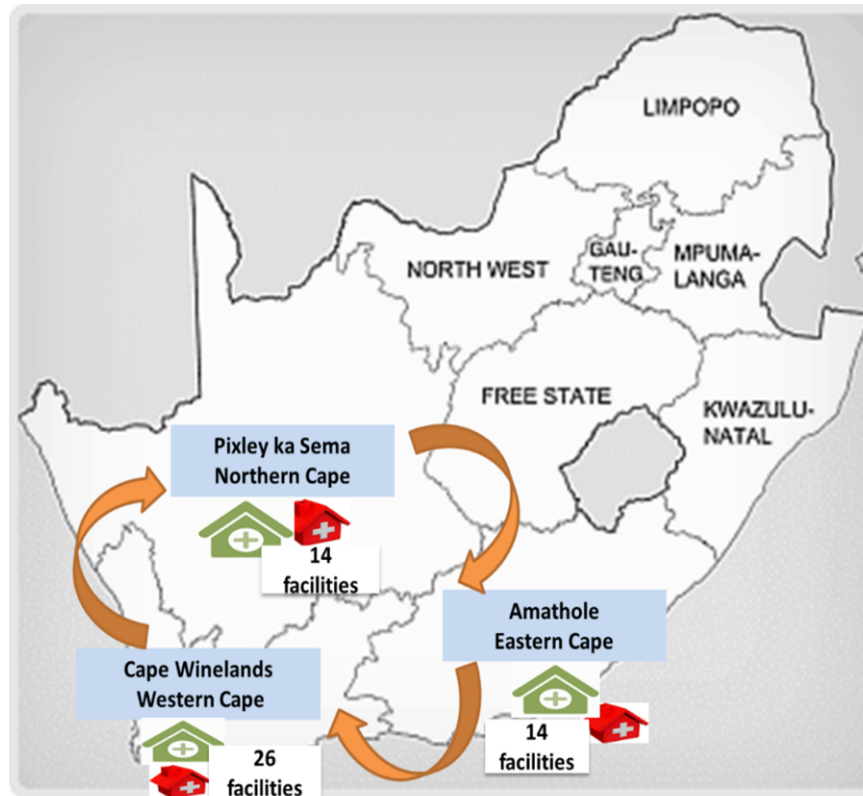 - Patient Family Centered Care (PFCC)/community engagement

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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

- Malawi: Maternal and newborn Collaborative (2015-2017)

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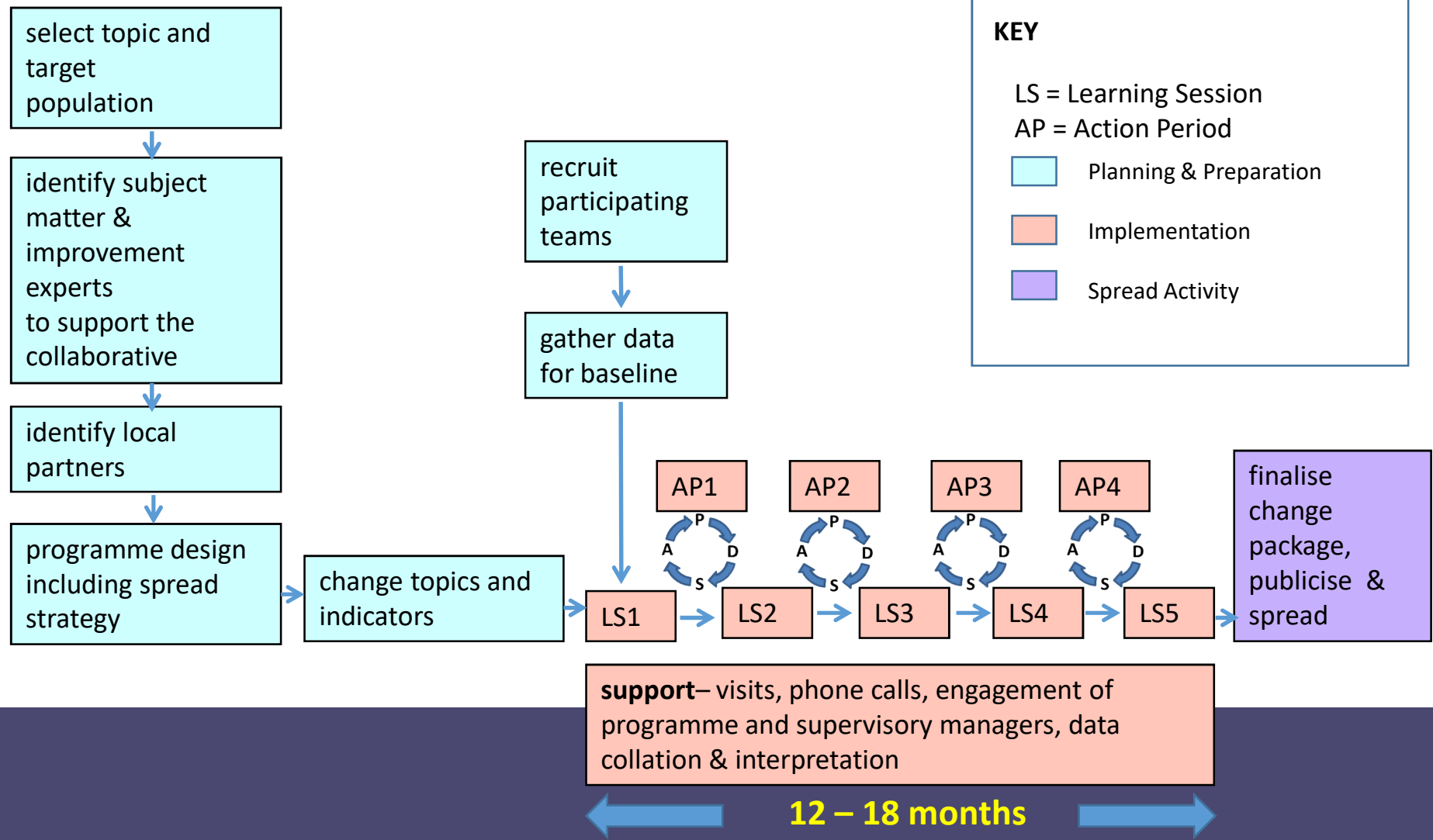
South Africa and Malawi maps showing the Regions

South Africa (2012- 2015)

Malawi (2015 – 2017)

The Framework: Learning Collaborative /Improvement Collaborative/ Breakthrough Series

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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

↓

KEY

LS = Learning Session
AP = Action Period

☐ (cyan)	Planning & Preparation
☐ (orange)	Implementation
☐ (purple)	Spread Activity

AP1   AP2   AP3   AP4

(PDSA cycles: P D S A)

LS1 → LS2 → LS3 → LS4 → LS5 → finalise change package, publicise & spread

support – visits, phone calls, engagement of programme and supervisory managers, data collation & interpretation

← **12 – 18 months** →

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Activated Leadership

Don't find fault,
find a remedy.

Henry Ford

- 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)

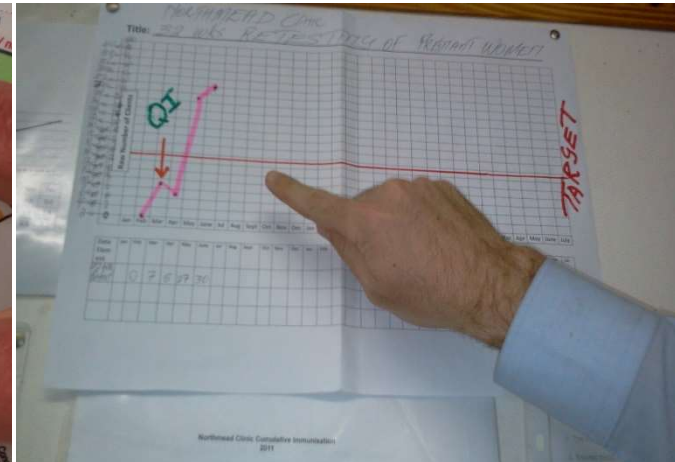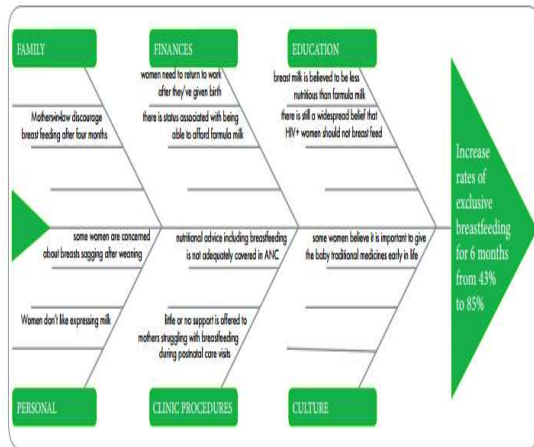- Quality Improvement knowledge **(incl. leadership)**

- **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

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 (bench marking, use of awards, leadership)
- Provide QI tools and promote onsite learning

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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)

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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!

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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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Acknowledgements

- Ministry of Health; Malawi
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Thank you!