Development & Early Implementation of a National Healthcare Quality Strategy; a country experience

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Presentation Outline

- *Introduction - PFA!* How it all began
- Conception of national healthcare quality strategy/1st national quality forum
- Development and launching of the national healthcare quality strategy
- Implementation of the national healthcare quality strategy
Project Fives Alive!

AIM:

Assist and accelerate Ghana’s efforts to achieve

Millennium Development Goal 4 (66% reduction in Under-5 mortality to 40/1000 livebirths by 2015)

through the application of quality improvement methods

COLLABORATORS:

Funded by the Bill & Melinda Gates Foundation
### Start Small, Scale up Rapidly with Change Package

<table>
<thead>
<tr>
<th>Wave</th>
<th>Start-up: months</th>
<th>Total Pop’n:</th>
<th>Under 5 Pop’n:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wave 1</td>
<td>1 – 8</td>
<td>350,000</td>
<td>60,000</td>
</tr>
<tr>
<td>Wave 2</td>
<td>9 – 22</td>
<td>5 million</td>
<td>500,000</td>
</tr>
<tr>
<td>Wave 3</td>
<td>23 – 63</td>
<td>11 million</td>
<td>1.7 million</td>
</tr>
<tr>
<td>Wave 4</td>
<td>24 – 89</td>
<td>11 million</td>
<td>1.7 million</td>
</tr>
<tr>
<td>Wave 1R</td>
<td>58 – 89</td>
<td>22 million</td>
<td>3.3 million</td>
</tr>
</tbody>
</table>

- **Nov 2007**: Wave 1 Start-up
- **Jul 2008**: Wave 1
- **Sept 2009**: Wave 2
- **Oct 2009**: Wave 3
- **Aug 2012**: Wave 1R
- **Jan 2013**: Wave 4

*Referral project launch
41 Referral Teams

<table>
<thead>
<tr>
<th>No of. QI Teams</th>
<th>30</th>
<th>258</th>
<th>350</th>
<th>369</th>
<th>&gt;1,046</th>
</tr>
</thead>
</table>

![Map Diagrams]
Where does QI fit in the “journey of improvement?”

Quality Planning
- Policy, resources, coordination, accountability, execution

CQI
1. **Aims**: what are the “gaps” in performance and outcomes
2. **Measures**: tools to measure and feedback processes and outcomes
3. **Changes**: QI change activities for leadership, admin, and frontline to close the “gap”

**QA**
- Standards/Guidelines/protocols
- Professional oversight
- Accreditation
- Performance review

**CQI**
- 1. **Aims**: what are the “gaps” in performance and outcomes
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**IMPROVED OUTCOMES**
Ghana: MCH profile

QI Team Members at a Meeting at OLGH, Asikuma
Methods

Model for Improvement

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What change can we make that will result in improvement?

Improvement Collaborative Network

Source: Institute for Healthcare Improvement

Regular site visits for coaching & mentoring

Source: Associates for Process Improvement

Change package of process improvements that had been shown to be effective in similar contexts
We documented our theory of what leads to U5 deaths in hospitals -

Driver Diagram

### Outcome
- **Reducing Under 5 Deaths in NCHS Hospitals**

### 1° Drivers
- **Delay in Seeking Care**
- **Delay in Providing Care**

### 2° Drivers
- **Mobilizing Community**
- **Cultural Barriers**
- **Financial Barriers**
- **Referral from 1° facility**
- **Attractiveness of services**
- **Knowledge of 1° caregiver**

### Process Measures
- **Average time of 1st encounter with hospital after onset of symptoms for children U5**
- **Average cervical dilatation of women in labour arriving at Hospital**
- **Average Time critically ill U5 identified in hospital to time first treatment is commenced**
- **Average Time spent by woman in labor from registration until assessment by midwife of doctor**
- **Percentage adherence to selected protocols**

### Measures
- **Staff Knowledge and Skills**
- **Availability of Drugs, supplies and equipment**

- **Emergency response Syst.**
- **Outpatient services**
- **Staff Issues**
- **Admission Process**

- **Average stock out for antimalarial, blood and oxygen**
# Sub District Change Package

## Care Pathway

| ANTENATAL | 1. Registration in 1st Trimester | 1A. Community stakeholder meetings  
1B. Community stakeholder meetings followed by pregnancy registration | C  
H |
|-----------|---------------------------------|-------------------------------------------------|-----|
| PERINATAL | 2. At least 4 visits before delivery | 2A. ANC offered more days at static site AND clinic process re-design  
2B. ANC offered as outreach AND re-design clinic processes re-design | X  
X |
|           | 3. Skilled Delivery & Immediate Postnatal Care | 3A. Video show in communities on the risks of labour & delivery  
3B. Male advocacy group in communities to promote skilled delivery  
3C. TBA engagement on risks of unskilled delivery and provide incentives  
3D. Home visits to ANC clients at 36+ weeks  
3E. Domiciliary delivery if needed  
3F. Create a welcoming, patient-friendly environment in health facility  
3G. Create systems to ensure consistent and correct use of partographs  
3H. Create systems for reliable neonatal resuscitation | X  
X  
X  
X  
X  
X  
X  
X  
X  
X  
X |
| POSTNATAL | 4. Care on Day 1 or 2 | 4A. If facility skilled delivery – observe for ≥24hrs If not, facility or home visit on Day 2  
4B. If domiciliary skilled delivery – follow-up on Day 2 with facility or home visit.  
4C. If unskilled delivery – health staff notified. Home or facility visit on Day 1 or 2 | X  
X  
X |
|           | 5. Care on Day 6 or 7 | 5A. Make appointment for Day 6/7 visit at facility or home. Reminder systems in place  
5B. If woman lives in different area, refer to other sub-district for Day 6/7 visit.  
5C. If woman lives too far away, train IMCI volunteers to provide Day 6/7 care. | X  
X  
X |
## Hospital Change Package

<table>
<thead>
<tr>
<th>Driver</th>
<th>Area of Clinical/Community Care</th>
<th>Change Concept</th>
<th>Package #</th>
<th>Description of Successful Change Ideas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delay in Seeking Care</td>
<td>Care-seeking behaviour</td>
<td>Targeted health education</td>
<td>1A</td>
<td>• Targeted health education on early care-seeking using interactive platforms</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1B</td>
<td>• Community engagement and education via durbar or place of worship</td>
</tr>
<tr>
<td></td>
<td>Referral</td>
<td>Engaging primary providers</td>
<td>1C</td>
<td>• Engagement with health providers (both traditional and allopathic)</td>
</tr>
<tr>
<td>Delay in Providing Care</td>
<td>Prompt Diagnosis and Treatment</td>
<td>Triage</td>
<td>2A</td>
<td>• Triage system for screening and emergency treatment of critically ill children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fast Track</td>
<td></td>
<td>• Separate U5 OPD services from adult OPD service</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>• Prioritize U5 outpatient care</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Prioritize U5 inpatient care</td>
</tr>
<tr>
<td>Non-Adherence to Protocols</td>
<td>Adherence to Protocols</td>
<td>Training/ Coaching/ Mentoring</td>
<td>3A</td>
<td>• Training staff on protocols followed by regular coaching and mentoring which include ad hoc testing on site with immediate feedback.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3B</td>
<td>• Training postpartum women and other care givers on hygienic cord care through demonstration, practice and immediate feedback. Midwives and nurses teach,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3C</td>
<td>• Mother-to-mother support group on food choices and frequency of feeding while on admission under mentoring of nurses.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Task-shifting</td>
<td>3D</td>
<td>• Empowering nurses to start acting on standard treatment protocols before doctor arrives</td>
</tr>
</tbody>
</table>
Wave 1 – Aggregated Results

Skilled Delivery Coverage

Wave 1 Collaborative - Skilled Delivery Coverage
Aim: ≥75% of deliveries conducted by skilled personnel

- NHI free for maternity & early infant care; Project launch; LS1
- LS4; spread of successful change ideas
- Incorporation into Wave 2

Subgroup Center UCL LCL

% of total deliveries conducted by skilled personnel

Jan'08 Apr'08 Jul'08 Oct'08 Jan'09 Apr'09 Jul'09 Oct'09 Jan'10 Apr'10 Jul'10 Oct'10 Jan'11 Apr'11
Wave 1 - Aggregated Results

Postnatal Care in 1st Week of Life

Wave 1 Collaborative - PNC on Day 1 or 2
Aim: ≥85% of neonates to receive PNC on Day 1 or 2

Subgroup Center UCL LCL

Wave 1 Collaborative - PNC on Day 6 or 7
Aim: ≥80% of PNC registrants to receive follow-up care on Day 6 or 7

Subgroup Center UCL LCL

LS2; Testing of early PNC change ideas began
LS4; spread of successful change ideas & incorporation into Wave 2
Wave 3: Nine Innovation Hospitals

Under 5 Mortality in 9 innovation hospitals (deaths/1000 admissions)

- Weak management support
- Poor team dynamics
- High Attrition of core QI team members
- Challenged reporting of process measures

Overall Under 5 Deaths

Inhibiting factors
Co designing National Scale Up with Regional Directors of Health Services Ghana 2012
National Scale Up of Hospital Change Package

- 202H
- 68H
- 32H
- 9H
140 Hospitals as of August 2015 (Wave 4)

- 35% reduction in under-5 mortality
- 54% reduction in post-neonatal infant mortality
- 38% reduction in under-5 malaria case fatality
Conception/Development of the NQS

Sustainability plan
First National Quality Forum – Sept 2015
MoH led
Focusing on all the agencies/Stakeholders
Service delivery- TH, GHS, QG, PP, FBHI
Regulators/Associations
CSOs, Consumers/Patient groups
Developmental partners
Training Institutions
Blood service, Ambulance Service
NHIS, Private Health insurances
Other Ministries
Employment associations
Goal of NQS

To continuously improve the health and well-being of Ghanaians through the development of a better coordinated health system that places patients and communities at the centre of quality care (SDG3).

- Continuously **improve health outcomes** in the population health priority areas

- Develop a **coordinated health care quality system** in the areas of quality planning, quality control, and quality improvement— including **improved use of data** for evidence-based decision-making; and

- **Improve client experience** by being responsive to the health needs and aspirations of the patient and the community.
Definition of Quality

- “Health care quality is the degree to which health care interventions are in accordance with standards and are safe, efficient, effective, timely, equitable, accessible, client-centred, apply appropriate technology and result in positive health outcomes, provided by an empowered workforce in an enabling environment” (NHQS Interviewees & NQSSC, 2016)
Quality Coordination Organizational Structure

- **Minister of Health**
  - **Chief Director**
    - **NQS Technical Committee**
      - **Quality Management Unit (QMU), within MOH-PPME**

- **MoH Directorates**
- **Agencies**
- **Private Sector (Islamic, CSOs, NGOs, self-financing, traditional, Media)**

- **Regional Quality Management Unit (RQMU)**
- **District Quality Management Unit (DQMU)**
- **Facility Quality Management Team (FQMT)**

- **Formation Arm**
- **Implementation Arm**

- **Agencies of the Ministry of Health (National)**
  - **Private, GAQHI, NGOs, etc.**
  - **Community**
SAMPLE QUALITY HEALTHCARE GAPS

- Irrational prescribing and abuse of traditional medicine use by population
- Poor adherence to prescribed standards and protocols (including for antenatal care and malaria treatment including herbal medications)
- Poor compliance with recommended surgical techniques and poor post-op care leading to high incidence of wound infection. (Dsane-Selby, 2010)
- Weak data systems for learning & improvement
- Weaknesses in leadership functionality & accountability

- PHC & UHC - orthodox and traditional medicine practice with effective promotion of financial risk protection
- Prioritizes healthcare quality - mental health & traditional medicine practice, gender sensitive and youth friendly
- National strategy for quality health and patient safety including traditional medicine practice
- To reduce morbidity, disability and mortality, and intensify prevention/control of NCDs, reduction in New HIV/AIDS
Measuring our Efforts – Indicator Set

- **Health outcomes**, e.g. ANC coverage; maternal mortality; PPH case fatality; neonatal mortality; infant mortality; under 5 mortality; immunization coverage; exclusive breastfeeding; malaria case fatality in under 5; CSM; cholera; hypertension; DM; mental health

- **Quality**, e.g. responsiveness; interpersonal skills; client satisfaction; environment; technical competence; RMU; continuity of care; patient safety; access

- **System Improvement**, e.g. emergency preparedness; physical access; financial access; reporting of national health data; efficiency; coordination

- **Non-health care service providing agencies**, e.g. customer experience; performance index; financial efficiency; timely and complete reporting

- **Additional health outcomes**, e.g. per capita OPD attendance; admission rate; bed occupancy rate; average length of stay; in-patient mortality
Seven Key Strategies 1-4

- Establish structures at all levels of the health system to lead quality across planning, control/assurance and improvement.

- Develop and implement a uniform national policy on data reporting and data use by health workers and health sector agencies.

- Improve patient safety, client satisfaction, and participation of patients and the community in quality governance.

- Improve quality culture in health workers through training in the requisite clinical skills and in quality improvement methods and incorporation of quality-related performance indicators in their job descriptions.
Seven Key Strategies 4-7

- Create the “joy at work” environment to enable health workers to consistently deliver safe and high-quality care through the provision of essential inputs, incentives, recognition and reward.

- Enhance transparency through the ranking of like facilities and like agencies in league tables, with awards at annual quality conferences that involve patients, communities and providers.

- Improve supportive supervision (SS) and monitoring across all MOH directorates, sector agencies and all service delivery sites in the public health practice.
A Good Policy Environment Enables Improvement – Launching of the NHQS

December 2016
Inauguration of NHQS Technical committee
April 2017
Establishment of the National QMU at MoH
Letters from the MoH to all the CEOs to establish/strengthen the quality structure

January 2018
Development of community scorecard

Dr. Afisah Zakariah, Chief Director, Ministry of Health, Ghana

IHI, AFRICA
NHQS Technical Committee at work

NQSTC capacity building in L&F in QI (May-July 2017)

NQSTC developing an action plan September 2017
Dissemination of the NHQS

October 2017

Southern sector providers

Norther sector providers

HeFRA registrar engaging providers
HILT – CEOs of agencies of MoH

Teaching Hospital CEO receiving certificate
Thank you