Developing National Quality Strategies with Global Governments
Objectives

- Highlight successful models of national quality strategies
- Identify tools and methods for best practices when designing a national quality strategy.
A learning system collects and analyzes social, clinical and operation metrics as part of a strategic plan; engages multidisciplinary teams to debrief and put into action processes (PDSA) to improve the outcomes and incorporate a continuous feedback loop to reassess if the new processes has generated better social, clinical and operational outcomes.

"...the product of the individual and group values, attitudes, competencies and patterns of behavior that determine the commitment to quality improvement, the catalysts for quality, the context and the scope of the strategic intent and the decision that the strategy is designed to support"
A culture of disciplined choices (Feeley)

- Disciplined people
- Disciplined thought
- Disciplined action

All guided by a Quality Strategy
Designing National Quality Strategies:
Case Examples from Nigeria and Ethiopia

L. Nneka Mobisson-Etuk MD MPH MBA
The case for change
A sentinel event and a need for software re-wiring

Nigeria

Minister slams UNIABUJA teaching hospital over woman’s death

ABUJA-Minister of State for Health, Dr. Mohammed Pate, yesterday expressed displeasure death of a woman during child birth at the University of Abuja Teaching Hospital, Gwagvy describing the circumstances of her death as unacceptable.

The Minister, who visited the hospital on a fact-finding mission, said: “This is a case of maternal mortality happening in a tertiary hospital. It is really regrettable and unacceptable, and the reason for a woman to die on a normal physiological exercise of pregnancy case.”

Ethiopia

Ethiopian Health Tier System

- Tertiary level health care
- Secondary level health care
- Primary level health care

Urban
- Specialised Hospital (3.5-5.0 million people)
- General Hospital (1-1.5 million people)
- Health Centre (40,000 people)

Rural
- Primary Hospital (1-1.5 million people)
- Health Centre (25-40,000 people)
- Health Post (3-5,000 people)
Leaders as Decision Architects

Structure your organization’s work to encourage wise choices. by John Beshears and Francesca Gino
But how many strategies and policies did Nigeria need?
Making the case for a quality strategy

<table>
<thead>
<tr>
<th>Quality Strategy</th>
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Advocating for change at the national level
A system of work

Will
- Need for a QS
  - Engagement of key stakeholders

Ideas
- Organizing Framework for a QS
  - Describing the organizing framework

Execution
- Process for developing a QS
  - In-country team + external advisors

Implementation of the QS
The Nigerian government set out to develop a national agenda for quality

| Context                                                                 | • Current Nigerian health system resulting in widespread levels of preventable harm  

| Key Objective                                                          | • Discrete QI initiatives exist, but no cohesive quality strategy  

| Guiding Principles                                                      | • Develop a national strategy for improving the quality of health care delivery in Nigeria  

| Guiding Principles                                                      | • Specific  

| Guiding Principles                                                      | • Provocative  

| Guiding Principles                                                      | • Actionable in three years  

| Guiding Principles                                                      | • Sustainable  

Key questions were explored with stakeholders…

- What is your current state?
- What does the ideal state look like?
- What “levers” do you have to influence quality?
  - How are data systems used for quality improvement?
  - What are the existing structures for quality?
- What are some of the key challenges to implementing QI?
- What are the potential options for enhancing quality of care delivery?
- What would be required to achieve each option?
The strategy builds on quality domains and frameworks from IOM and the Juran Trilogy.

<table>
<thead>
<tr>
<th>Model</th>
<th>Quality Definition or Components</th>
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<tbody>
<tr>
<td>US Institute of Medicine</td>
<td>“The extent to which health services provided to individuals and patient populations improve desired health outcomes”</td>
</tr>
<tr>
<td>Dlugacz, Restifo, and Greenwood</td>
<td>“Care that is measurably safe, of the highest standard, evidence-based, uniformly delivered, with the appropriate utilization of resources and services”</td>
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<tr>
<td>Donabedian Model</td>
<td>Evaluates care looking at structure, process, and outcomes</td>
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<tr>
<td>Juran Trilogy</td>
<td>Quality Planning, Quality Control/Assurance, and Quality Improvement</td>
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**Quality Planning**

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

**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”
IOM domains of quality have been localized to the Nigeria context, with a prioritised focus on safe, effective, and patient-centred care.

**Safe**
Avoiding harm to patients from the care that is supposed to help them.

**Effective**
Providing services based on scientific knowledge and which produces a clear benefit.

**Patient-centred**
Providing care that is respectful of and responsive to patient needs and values; community integrated.

**Timely**
Reducing waits and sometimes harmful delays for both those who receive and those who give care.

**Efficient**
Cost-effectiveness; avoiding waste, in particular waste of equipment, supplies, ideas, and energy.

**Equitable**
Affordability; providing care that does not vary in quality due to personal characteristics.

Source: Institute of Medicine
In Ethiopia, the strategy aim focused on Equity and Access

<table>
<thead>
<tr>
<th>Equity</th>
<th>Quality</th>
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<tbody>
<tr>
<td>Affordability; providing care that does not vary in quality due to personal characteristics or geographic area</td>
<td>Safe</td>
</tr>
<tr>
<td>Access: Equal access to same standard of care for all socio-economic groups across all regions</td>
<td>Avoiding harm to patients from the care that is supposed to help them</td>
</tr>
<tr>
<td></td>
<td>Effective</td>
</tr>
<tr>
<td></td>
<td>Providing services based on scientific knowledge and which produces a clear benefit</td>
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<tr>
<td></td>
<td>Patient-centered</td>
</tr>
<tr>
<td></td>
<td>Providing care that is respectful of and responsive to patient needs and values; community integrated</td>
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</table>

Source: Institute of Medicine

- **Effective**
  - Cost-effectiveness; avoiding waste, in particular waste of equipment, supplies, ideas, and energy.

- **Patient-centered**
  - Providing care that is respectful of and responsive to patient needs and values; community integrated.
Actors
Who are the key actors in the health system?

Priorities
What are the system level priorities?

Actions
What actions can be taken by Actors in the system?

Implementation
What actors should perform what actions and at what level?

Outcomes
What outcomes can be expected from the quality strategy?

Ministries
Public & Patients
Prof Societies
CBOs NGOs
Private Sector

An Organizing Framework for Change
We proposed five key levers to achieve Nigeria’s aim with prioritization criteria of feasibility and potential impact:

- Tertiary Hospitals
- Regulatory Facilities
- Resource Mobilisation
- Data Systems (NHMIS)
- SURE-P and MSS PHCs

To improve patient safety, clinical outcomes, and client satisfaction by 2016.

"Give me a lever long enough and a fulcrum on which to place it, and I shall move the world." - Archimedes
### AIM

To **improve** patient safety, clinical outcomes, and client satisfaction by 2016

### KEY FMoH LEVERS

| A | Tertiary and secondary hospitals |
| B | Primary healthcare facilities |
| C | Data reporting system |
| D | Regulatory agencies |
| E | Resource mobilization for adherence to basic essential standards |

### QUALITY AMBITIONS

| All federal tertiary (and some private) facilities, secondary facilities and their staff, labs and pharmacies will be empowered and equipped to deliver clinically appropriate care, avoiding harm to patients in a clean and respectful environment while reducing waste. |
| Each PHC will deliver care that is patient-centred and community-integrated. PHC staff will be continually developed and supported to deliver appropriate care. The accountability and ownership for PHC quality will be clear at the national level. |
| Data-driven decision-making by FMoH, states, and LGA, who use HMIS-collected data for targeted interventions and resource allocations; hospitals and PHCs reliably report a core set of process and outcome indicators related to quality of care and actively use them in improvement interventions. |
| Regulatory agencies will continually assess professional qualifications and institute a system of continuous registration and validation. Regulatory systems at all levels will enable disclosure and action related to unprofessional conduct and/or adverse patient safety events. |
| The FMoH will harness the support of existing IPs engaged in infrastructural improvements to mobilize resources to states, LGAs, and facilities/PHCs. These resources will be used for infrastructural investments in priority areas. |

### PRIORITY AREAS FOR ACTION & IMPROVEMENT INTERVENTIONS

| Given the number of hospitals that have demonstrated success in improving quality of care, leveraging QI systematically in a wide-spread approach will help to improve clinical outcomes by systematically sharing best practices among hospitals. |
| Standardizing a QI platform across PHCs will help to coalesce the different entities governing PHCs. Activating community demand for quality by strengthening feedback loops between PHCs, CDCs, LGAs, and states will ensure data is being reported from facility and used for QI. |
| New feedback mechanisms among state/LGA and facilities should be introduced to support the use of quality data to drive consistently better care. Stronger coordination with NGO implementing partners and FMoH to support reporting and use must be sought. |
| Agencies must strengthen the oversight of their respective constituencies, and increasing the demand for high quality care. Changing the culture within regulatory policies to put a stronger emphasis on professional conduct and development can lead to improvement in quality. |
| A transparent system for fundraising and accountability structure for tracking demand for and use of funds should be investigated. This system will help the FMoH and implementing partners to better understand resource needs. |
And identified six immediate next steps on strategy launch:

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<tbody>
<tr>
<td>1</td>
<td>Develop a <strong>core Quality Team</strong> within FMOH to drive the national quality agenda forward</td>
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<td>2</td>
<td>Core Quality team to request the heads of FMOH departments and parastatals to designate a Quality Champion from each department</td>
</tr>
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<td>3</td>
<td>Create a new Quality Working Group within the Task Force on Clinical Governance and Quality Improvement to set the quality agenda with coordination provided by the FMOH Quality Team</td>
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<td>4</td>
<td>Launch patient safety collaborative across tertiary and private hospitals, demonstrating the impact of QI and the ability of FMOH to make lasting change</td>
</tr>
<tr>
<td>5</td>
<td>Launch patient safety collaborative at the PHC level through SURE-P facilities</td>
</tr>
<tr>
<td>6</td>
<td>Develop communication strategy of National Healthcare Quality Strategy and publicly launch strategy</td>
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</tbody>
</table>
And then…

**Nigeria: Breaking - Health Minister, Pate, Resign**

Tagged: Governance • Health • Nigeria • West Africa

By Talatu Usman

The Minister of State for Health, Muhammed Pate, has voluntarily resigned from the cabinet of President Goodluck Jonathan. The resignation which has since been accepted by the President takes effect from today, Wednesday.
But investing in building the will and idea generation from all stakeholders has yielded wins without a ratified strategy…

Maternal and neonatal health collaborative launched with plan for national spread

Quality Institute evolved into National Healthcare leadership academy for capability building across the healthcare sector

Reducing maternal mortality by 25%

To strengthen the next generation of leaders in leadership, management, and quality improvement capabilities - 1,500 Medical Directors by 2020
Thank you
Building the will for the national quality strategy: Nigeria and Ethiopia

A Quality Strategy:
A concerted plan of action designed to achieve particular results

Leadership
- A Vision
- Will to improve

A Plan to improve

Changes
- Improvement Methods
  - Motivation; Methods; Testing; Scale up
- Control Methods
  - Policy; Standards; Inspection; Regulation

Learning System

System of production
- Health system delivers services & outcomes

Inputs
- Supplies; Workforce; IT; Communities

Population
Public/patients seek services & outcomes

“Measured Health Gap”
A Tale of Two Countries: National Quality Management Programs in Namibia and Zimbabwe

Bruce D. Agins, MD MPH
Director, HEALTHQUAL International
13 April 2016
Thanks & Disclaimer

• Namibia: Dr. Apollo Basenero; Mrs. Christine Gordon

• Zimbabwe: Dr. Josephine Chiware; Dr. Joseph Murungu; Dr. Bekezela Bobbie Khabo; Dr. Endris Mohammed

• Role of HEALTHQUAL International
Context: What’s Similar?

• Both countries in sub-Saharan Africa
• Small QA units exist in MOH at onset of 21st century led primarily by nursing units influenced by COHSASA model of accreditation
• High burden of HIV infection overwhelms health system
• Donor funding drives launch of new quality initiatives largely focused on HIV
• Emergence of patient safety as important priority heavily influenced by WHO
• Focus on MNCH
• Efforts to build national systems for quality management slowly evolve in recent years but lack secured funding
Context: What’s Different?

Namibia

Area: 824 km²
Population: 2.3 million
Life expectancy: 66/70 y (M/F)
GDP $12.9 billion (2014)
GDP per capita $5408 (WB 2014)
HIV: prevalence 16% (2014)
PLWH est 260,000

Zimbabwe

Area: 391 km²
Population: 14.1 million (WHO 2013)
Life expectancy: 56/61 y (M/F)
GDP $14.1 billion (2014)
GDP per capita $931 (WB 2014)
HIV: prevalence 16.7 (2014)
PLWH est 1.6 million
Zimbabwe: Situational analysis – “Baseline”

- Commitment and leadership of MOHCW
- Existence of institutions responsible for setting standards of care such as the Standards Association of Zimbabwe, Health Professions Authority
- Existence of some clinical treatment, infection control, and clinical audit guidelines.
- Well established proficiency testing system for laboratories
- Hospital quality committees tasked with improving patient safety
- Several QA/QI initiatives in the country e.g. HIV/TB QA/QI initiatives, MCH
Zimbabwe: Plan & Structure

- **National Health Strategy 2009-2015**: *Equity and Quality in Health: A People’s Right.*
  - QA/QI Directorate
  - Quality of Care TWG involving stakeholders
    - HIV and Infection control subcommittees
  - QA/QI Policy and QA/QI Strategic Plan

- **Other key players include** professional bodies/regulatory authorities, e.g. health professions authority, medicines control authority

- **Provincial, district and facility level** quality management committees
Vision & Mission

VISION
By 2020, Zimbabwe has a well performing health system which is accessible, efficient, equitable, acceptable, effective, and safe and exceeds the expectations of users and communities

MISSION
To focus on QA/QI processes in the provision of all types of health services and to prioritize the nurturing of a work ethic that fosters a culture of meeting and exceeding patient/client and community needs at all levels and in all sectors of health
Rationale for a Strategy on Quality Improvement

- The QA/QI Strategy is expected to help ensure the rational application of different quality approaches and streamline efforts through the introduction of priorities, targets and milestones.
- Preliminary implementation plans involve an incremental approach based on framework of Strategy.
Zimbabwe: Current Initiatives

- **Patient safety** is a key component of the National QI/QA strategy, policy as well as National Health Strategy
  - Standard WHO training package targeting all HCWs
  - Areas of focus: surgical checklist, handwashing, AE prevention and management

- Separate **Infection Control** policy and guidelines under Nursing Directorate with separate training process
  - Infection control committees established at facilities

- Facility-based **QI Committees** consist of same members as Infection Control Committees

- **QI scale-up within HIV programs** with HQI support: ongoing measurement, basic QI training and organizational support
  - Training targets provincial and district officers, most of whom do not have disease-specific roles
Programmatic high impact cost effective quality improvement interventions

PATIENT CENTEREDNESS, CLINICAL EFFECTIVENESS, QI HMIS, CAPACITY, MOTIVATION & ACCOUNTABILITY FOR QI, CAPACITY FOR CQI

MATERNAL NEWBORN AND CHILD CARE
COMMUNICABLE DISEASES
NON-COMMUNICABLE DISEASES
MENTAL HEALTH
NUTRITION
ENVIRONMENTAL HEALTH

COMMUNITY
The Strategy is to be implemented in 2 phases

<table>
<thead>
<tr>
<th>Phase 1</th>
<th>Phase 2</th>
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<tr>
<td>• Finalize and implement <strong>support and supervision using standardized checklists</strong></td>
<td>• Formal recognition of performance</td>
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<tr>
<td>• Review and development of standards and guidelines</td>
<td>• Accreditation</td>
</tr>
<tr>
<td>• Strengthening quality control of medicines, laboratories and radiology facilities</td>
<td>• Pay for performance</td>
</tr>
<tr>
<td>• Strengthening hospital adherence to infection control guidelines</td>
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<tr>
<td>• QI training, activities and establishment of facility QI teams</td>
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<tr>
<td>• Monitoring of compliance to standards and guidelines (medical audit)</td>
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<tr>
<td>• Introduction of QI skills in pre-service training &amp; CME</td>
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<tr>
<td>• Measurement of outcomes</td>
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<tr>
<td>• Establishment of improvement collaboratives</td>
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Zimbabwe:
QA/QI Programme updates

• 5S adopted as the foundation for all QI initiatives in the country, supported through JICA
• Improvement methods based on HIV program work
• Finalising an updated version of the Quality Checklist (Supportive Supervision tool designed in concert with World Bank RBF program); focus on MNCH
• Plans to add staff to Directorate
• Standardized training guides and curricula, including TOT
• Work underway on the development of quality indicators for different vertical health programmes
Zimbabwe: Recap

- Strategy developed in environment of young national directorate with limited resources, dependent on donor support and initiatives, synthesizing different successful models into national programs, creating capacity through workforce training, program expectations and planned RBF
- Donor-supported and disease-specific programs at national level are implemented through integrated provincial, district & facility-level systems
- Integration of separate components offers promise while posing numerous challenges
Quality Management program milestones in Namibia 2007-2015
QI Program Milestones in Namibia

• 2007: Namibia adapted the national HIV quality of care program (HIVQUAL).

• 2011: National Quality Management program initiated with financial and technical support from CDC with goal to strengthen QM systems at all health administrative levels.
  Focus on QM structure, measurement and improvement

• 2011: Formation of the TWG & Initiation of the Annual Doctors and Dentists Forum

• 2012: Baseline assessment of the national QM system to establish need for development of the QM Program

• 2010-15: Specific guidelines and policies developed with associated training components
  – ICP, waste management, PEP, operating theater, phlebotomy, central services
National Responsibilities

• **Establishes Framework** for QM & communicates mission throughout the health sector
• Develops, disseminates and ensures national standards for quality
• Develops and implements **national performance measures** based on standards of care
• **Analyzes national data**, produces benchmarking reports and uses results for **priority-setting**
• Identify training needs and deliver **training**
• **Oversees, supports and evaluates QI activities** at each level of health care service delivery
• Contribute to the **Pre-service curriculum** for health professions schools and other ministries
• **Allocates** resources for quality management activities at all levels
Regional Level Responsibilities

- Guides and supports QI activities in the region
- Identifies training needs and conducts trainings
- Organizes regional **peer learning workshops**
- Provides **coaching and mentoring** at district and facility level
- Organizes **quality data management activities** including analysis and **identification of regional priorities for improvement**
- Collects and **reports QI activities** to the national level
District Level Responsibilities

• Performs **assessment of QM activities and discusses findings with facilities**
• Oversees **data collection process** at facility level and facilitates submission of data to regional level
• Provides regular **QI mentoring and support** to the facilities
• Identifies and communicates **training needs** to the regions
• **Communicates QI activities** with regional and national level through specified reporting structures
Facility Level Responsibilities

• Establishes Quality Improvement Committee (QIC) to oversee all QI activities
• QIC develops/implements facility level QI plan
• Regularly evaluates QI activities and reports to the district level
• Collects and reports data based on national guidelines and indicators
• Analyses data results and prioritizes QI projects
• Promotes leadership and teamwork across facility
Key Results:

Procurement of commodities integrated into the GRN tendering system e.g. injection safety boxes

IEC posters on hand hygiene, waste management and PEP developed and distributed to the facilities
Key results: Improvement in waste management practices

Containers replaced when 3/4 full:
- 2005: 73%
- 2006: 80%
- 2007: 94.2%
- 2008: 98.1%
- 2009: 95.4%
- 2010: 97.9%
- 2011: 95.4%
- 2012: 92.8%

Containers of required standard:
- 2005: 86%
- 2006: 78%
- 2007: 79.3%
- 2008: 96.3%
- 2009: 94%
- 2010: 96%
- 2011: 96.8%
- 2012: 92.8%

Access to functional incinerator:
- 2005: 64%
- 2006: 58%
- 2007: 50%
- 2008: 61%
- 2009: 60.2%
- 2010: 96.3%
- 2011: 94.5%
- 2012: 96%

Number of facilities reporting:
- 2005: 109
- 2006: 123
- 2007: 123
- 2008: 94
- 2009: 133
- 2010: 225
- 2011: 192
- 2012: 153

Number of sites supported:
- 2005: 169
- 2006: 169
- 2007: 169
- 2008: 211
- 2009: 295
- 2010: 339
- 2011: 351
- 2012: 200

Key results: Injection Process % Compliance with standard, Q1 FY 05 – Q3 -12

Key results: Commodity management

- Sufficient needles and syringes:
  - 1s Qt 09: 86%
  - 2n Qt 09: 91%
  - 3r Qt 09: 95%
  - 4t Qt 09: 98%
  - 1s Qt 10: 98%
  - 2n Qt 10: 98%
  - 3r Qt 10: 98%
  - 4t Qt 10: 99%

- Protective equipment/clothing available:
  - 1s Qt 09: 71%
  - 2n Qt 09: 68%
  - 3r Qt 09: 72%
  - 4t Qt 09: 81%
  - 1s Qt 10: 87%
  - 2n Qt 10: 87%
  - 3r Qt 10: 86%
  - 4t Qt 10: 98%

- Sufficient color coded bags:
  - 1s Qt 09: 85%
  - 2n Qt 09: 85%
  - 3r Qt 09: 86%
  - 4t Qt 09: 89%
  - 1s Qt 10: 78%
  - 2n Qt 10: 90%
  - 3r Qt 10: 94%
  - 4t Qt 10: 95%

- Number of facilities reporting:
  - 1s Qt 09: 133
  - 2n Qt 09: 101
  - 3r Qt 09: 90
  - 4t Qt 09: 133
  - 1s Qt 10: 182
  - 2n Qt 10: 224
  - 3r Qt 10: 225
  - 4t Qt 10: 233

- Number of sites supported:
  - 1s Qt 09: 231
  - 2n Qt 09: 208
  - 3r Qt 09: 208
  - 4t Qt 09: 231
  - 1s Qt 10: 229
  - 2n Qt 10: 200
  - 3r Qt 10: 200
  - 4t Qt 10: 200

2011: Waste policy launched
2012: Integrated Waste Mgmt Plan finalized
2013-2015: National MCH QI initiative (partnership with HEALTHQUAL)

SOPs for common OBGYN procedures in partnership with key stakeholders led by MoHSS

Measures based on standards leading to drive QI activities

9 MCH SOPs with audit tools have been developed and approved by MoHSS
4 draft SOPs for neonatal unit

Demonstration QI Projects at largest hospitals on Pre eclampsia/Eclampsia

- 180 Healthcare managers in all regions were trained.
  - Regional Health Directors; CMOs; Regional & district nurse managers, control officers; environmental health officers; pharmacists

- 2 regions conducted QM trainings for HCWs: facilitated by the regional and district managers trained in QM
2014: Development of the QM coaches curriculum

- **February 2015**: Training of selected Regional QM coaches for 8 pilot regions

- **April 2015**: Initiation of QM regional coaches project: TOR signed.
2014/15: Improvement Initiatives Underway

Standardized curriculum for proficiency

Pre-service education planned

Ongoing coaching with major initiative to build capacity of new regional quality managers

MCH demonstration projects & Antimicrobial stewardship program conducted in all regions with Stellenbosch University

Introduction of Project ECHO: sharing QI Work and accelerating change

Directorate of Quality Management: With complete organizational structures at national, regional and district levels

[Diagram of organizational structure]
REGIONAL DIRECTORATE

SUBDIVISION: QUALITY MANAGEMENT

1 x Grade 4 (Senior Medical Officer)
1 x Grade 5 (Health Programme Officer)

DIVISION HEALTH DISTRICT

SUBDIVISION: QUALITY MANAGEMENT

1 x Gr 3 (Specialist) (Family Medicine)

SECTION: STANDARD SETTING INSPECTORATE

1-2 x Gr 7 (Health Programme Officer)

SECTION: CONTINUOUS QUALITY IMPROVEMENT

1-2 x Gr 7 (Health Programme Officer)
Namibia: Recap

- Evolutionary process building from disease-specific HIV model
- New Directorate established with penetration of full-time quality professionals in region
- Workforce capacity-building program to teach improvement methods is well-developed and expanding
- Building of structural components including standards and environmental safety
- Innovative models planned to spread improvement
HEALTHQUAL: Goals for the National Program
National Organizational Assessment Domains

• Leadership
• National Quality Management Plan with annual workplan and sustainability plan
• Workforce capacity building and recognition
• Integration of QI into job expectations
• Patient and community involvement
• Performance management and reporting system
• Use of data for improvement
• National advisory committee/TWG
HEALTHQUAL
National Organizational Assessment: Domains

• National improvement initiatives
• Improvement information is captured routinely for learning
• Knowledge management
• National coaching and mentoring system
• Ongoing peer learning and exchange
• Formal patient safety program
• Evaluation of outcomes
• Achievement of outcomes
Implementation Progress: Evolution of National Programs

• Capacity building of workforce in improvement methods
• Written policies, strategies, frameworks
• Recognition of consumer role: satisfaction primarily but increasing focus on participation, especially HIV
• Active technical working groups
• Slowly developing information systems
• Strategies can be designed but implementation is incremental especially when data systems are partially developed or disease-specific & resources are limited
• Need for integration of quality functions in centralized Directorate
Challenges on the Road of Implementation

- Information systems
- Staffing of quality units
- National leadership of large-scale improvement initiatives
- Communication systems (knowledge management)
- Integration of policies across vertical disease programs
Bright Lights on the Road Ahead

• Young QI leaders
• Growing culture of improvement and safety as accountability systems evolve
• Spread of experience from HIV into national quality program
• Improvements in specific areas noted
• Partnerships with key stakeholder groups to promote improvement: professional councils & universities
• Namibia’s QM Directorate enshrined in government system
• Implementation is happening and can be accelerated through collaboratives and technology (ECHO)
For more information:

bruce.agins@health.ny.gov
Developing National Strategies

MEXICO

Enrique Ruelas
Member of the Board of Directors IHI
Senior Fellow
National Quality Strategy. Mexico

- What may be a “National” Strategy?
- Three waves: 2001-2007-2016…
- Some shortcomings of the first two waves
- Towards the third wave: 2016…
- Some lessons learned
Lessons Learned. The case of Mexico

- What may be a “National” Strategy?
- Three waves: 2001-2007-2016…
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- Towards the third wave: 2016…
- Some lessons learned
Lessons Learned. The case of Mexico

- What may be a “National” Strategy?
  - Public Policy = Government sponsored and led
Lessons Learned. The case of Mexico

What may be a “National” Strategy?

- Public Policy = Government sponsored and led
- Aim = health of a whole nation
Lessons Learned. The case of Mexico

What may be a “National” Strategy?

- Public Policy
- Aim = health of a whole nation
- Premise: the sum of individual and organizational quality is not equal to the quality of a whole health care system + Multiple interventions
Lessons Learned. The case of Mexico

What may be a “National” Strategy?

- Public Policy
- Aim = health of a whole nation
- Premise: the sum of individual and organizational quality is not equal to the quality of a whole health care system + multiple interventions
- Amplified dimensions of quality: population focused (safe, timely, effective, efficient, equitable, person-centered care + accessible + continuous care throughout the whole system)
Lessons Learned. The case of Mexico

What may be a “National” Strategy?

- Public Policy
- Aim = health of a whole nation
- Premise: the sum of individual and organizational quality is not equal to the quality of a whole health care system + multiple interventions
- Amplified dimensions of quality: population focused (safe, timely, effective, efficient, equitable, person-centered care + accessible + continuous care throughout the whole system)
- Regulation becomes a fundamental instrument
Lessons Learned. The case of Mexico

- What may be a “National” Strategy?
- Three waves: 2001-2007-2016…
- Some shortcomings of the first two waves
- Towards the third wave: 2016…
- Some lessons learned
Lessons Learned. The case of Mexico

- Three waves: 2001-2007-2016…
  - 1o. **2001-2006**: “NATIONAL CRUSADE FOR QUALITY”
Lessons Learned. The case of Mexico

- Three waves: 2001-2007-2016…
  1. 2001-2006: “NATIONAL CRUSADE FOR QUALITY”
  2. 2007-2015: “SI CALIDAD”
Lessons Learned. The case of Mexico

Three waves: 2001-2007-2016...

- 1°. **2001-2006**: “NATIONAL CRUSADE FOR QUALITY”
- 3°. **2016**… Design in process: September-December 2015
Lessons Learned. The case of Mexico

Three waves: 2001-2007-2016…

1o. 2001-2006: “NATIONAL CRUSADE FOR QUALITY”

2o. 2007-2015: “SI CALIDAD”

3o. 2016… Design in process: September-December 2015
Even access to care at birth

Challenges

Equity

Technical quality

Interpersonal quality

Quality

Financial protection

Objectives

Reduce health inequalities

Improve health conditions for the Mexican population

Responsiveness

Assure financial justice for healthcare

Strategies

Even access to care at birth

National Crusade for Quality in Healthcare

“Popular Insurance”
Vision 2025 of the health care system

Visual Image

Vision 2025 of the Crusade

Vision 2006 of the Crusade

Challenges

General objective

Specific objectives

Focused on the users

Aimed at health care organizations

Aimed at the health care system as a whole

Aimed at the general population

Strategies

Principles

Thrust to change

Sustainability

Learning and support

Levels

Users

Providers

Organizations

System

Lines of action

Action plans

Lines of action

Action plans

Lines of action

Action plans
Challenges

1. Low quality
2. Important variations
3. Perception of very low quality
4. Poor reliable information
General Objective

- To improve the quality of care
- To substantially decrease variations throughout the system
- To improve perceptions
Strategies

- Principles: Thrust to change → Sustainability ← Learning and support

LEVEL

- USERS
  - PROVIDERS
  - ORGANIZATION
  - SYSTEM

1. Codes of Ethics
2. Education, for and of quality
3. Information
   a) Towards and from the users
   b) On and for improvement
4. CQI processes
5. Incentives
6. Process Standardization
7. Monitoring
8. Accreditation and Certification
9. Regulation
10. Social Participation

Action plans
Mexico’s National Quality Strategic Work

National
• Financial Reform
• Vice-Ministry for Quality and Innovation
• Directorship for Quality and Education
• National Quality Steering Committee
• Master Plan for Infrastructure
• National Center for Technology Excellence (CENETEC)
• National Quality Award
• Regulation for Accreditation of Schools of Medicine
• National population satisfaction surveys

Regional/State
• State Quality Committees
  • Over 2,000 new facilities built
  • 17 indicators (technical and interpersonal; primary care and hospitals)
  • Monitoring System (INDICA)
  • Benchmarking of hospital performance
  • Accreditation of healthcare facilities
  • Hospital Patient Quality and Safety Committees
  • Code of ethics for hospitals
  • Performance Agreements
  • Patient satisfaction surveys per unit

Institutional
• Citizen Endorsement Groups
• Code of ethics for Citizen Endorsement Groups
• Toll free number to receive complaints (CALIDATEL)

Community
• Patients’ rights
• Doctors’ rights
• Nurses’ rights
• Code of ethics for doctors
• Code of ethics for nurses
• QI training for healthcare professionals
• Management training for top healthcare executives
• GP certification
• Clinical Guidelines

Individual
• Patients’ rights
• Doctors’ rights
• Nurses’ rights
• Code of ethics for doctors
• Code of ethics for nurses
• QI training for healthcare professionals
• Management training for top healthcare executives
• GP certification
• Clinical Guidelines
Lessons Learned. The case of Mexico

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Lessons Learned. The case of Mexico

- Some shortcomings of the first two waves: 2001-2007
  - Wide scope
Lessons Learned. The case of Mexico

- Some shortcomings of the first two waves: 2001-2007
  - Wide scope
  - Low continuity (politics + turnover)
Lessons Learned. The case of Mexico

- Some shortcomings of the first two waves: 2001-2007
  - Wide scope
  - Low continuity (politics + turnover)
  - Low reliable measurement
Lessons Learned. The case of Mexico

- Some shortcomings of the first two waves: 2001-2007
  - Wide scope
  - Low continuity (politics + turnover)
  - Low reliable measurement
  - Low demonstration of outcomes
Lessons Learned. The case of Mexico

- What may be a “National” Strategy?
- Three waves: 2001-2007-2016…
- Some shortcomings of the first two waves
- Towards the third wave: 2016…
- Some lessons learned
Lessons Learned. The case of Mexico

Towards the third wave: 2016…

- Focus on health conditions (ischemic heart disease, diabetes, renal chronic disease, obesity, maternal care)
- Towards the Triple Aim
- Build on previous successes
- Actions: 11-Federal; 5- State; 4 Organizational; 3 Community; 2 Individual
- Demonstration of outcomes at small scale
  - 4 states. 4 networks
- Scale-up
Lessons Learned. The case of Mexico

- What may be a “National” Strategy?
- Three waves: 2001-2007-2016…
- Some shortcomings of the first two waves
- Towards the third wave: 2016…
- Some lessons learned
Lessons Learned. The case of Mexico

Some lessons Learned

- Balance of: momentum - critical mass - political timing
- Keep focus
- Demonstrate results
- Create strong and a variety of incentives
- Sustainability
Lessons Learned. The case of Mexico

- Some lessons Learned
  - Balance of: momentum - critical mass - political timing
  - Keep focus
  - Demonstrate results
  - Create strong and a variety of incentives
  - Sustainability: develop local will
Lessons Learned. The case of Mexico

Some lessons Learned

- Balance of: momentum - critical mass - political timing
- Keep focus
- Demonstrate results
- Create strong and a variety of incentives
- Sustainability: develop local will + create local capabilities
Lessons Learned. The case of Mexico

Some lessons Learned

- Balance of: momentum - critical mass - political timing
- Keep focus
- Demonstrate results
- Create strong and a variety of incentives
- Sustainability: develop local will + create local capabilities + give a clear and visible image to the strategy
S O N R I E

EFECTIVIDAD
SEGURIDAD
PORTUNIDAD
ECESIDADES SATISFECHAS

ESULTADOS
NDICADORES
FECTIVIDAD

ESPETO
MPATÍA
INFORMACIÓN

SONRIE
Lessons Learned. The case of Mexico

- Lessons Learned
  - Balance of: momentum - critical mass - political timing
  - Keep focus
  - Demonstrate results
  - Create strong and a variety of incentives
  - Sustainability: develop local will + create local capabilities + give a clear and visible image to the strategy + create the appropriate regulation
National Quality Strategy Design

MEXICO

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