Improving the quality of care of HIV/AIDS, Tb, Malaria in Integrated Antenatal and Postnatal Care

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The Global Fund

Content

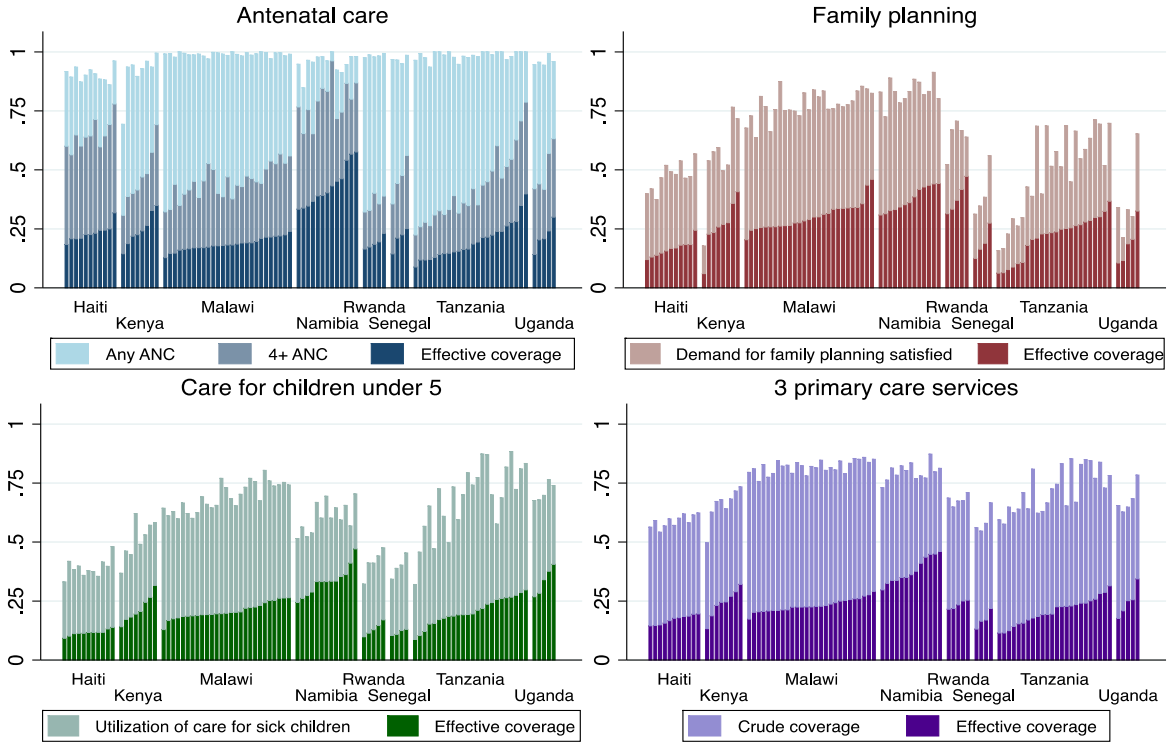
- The importance of quality in health care delivery
- The Global Fund and program quality
- Demonstration of quality improvement of integrated antenatal and postnatal care in countries.

Utilization x Quality =

Right health care

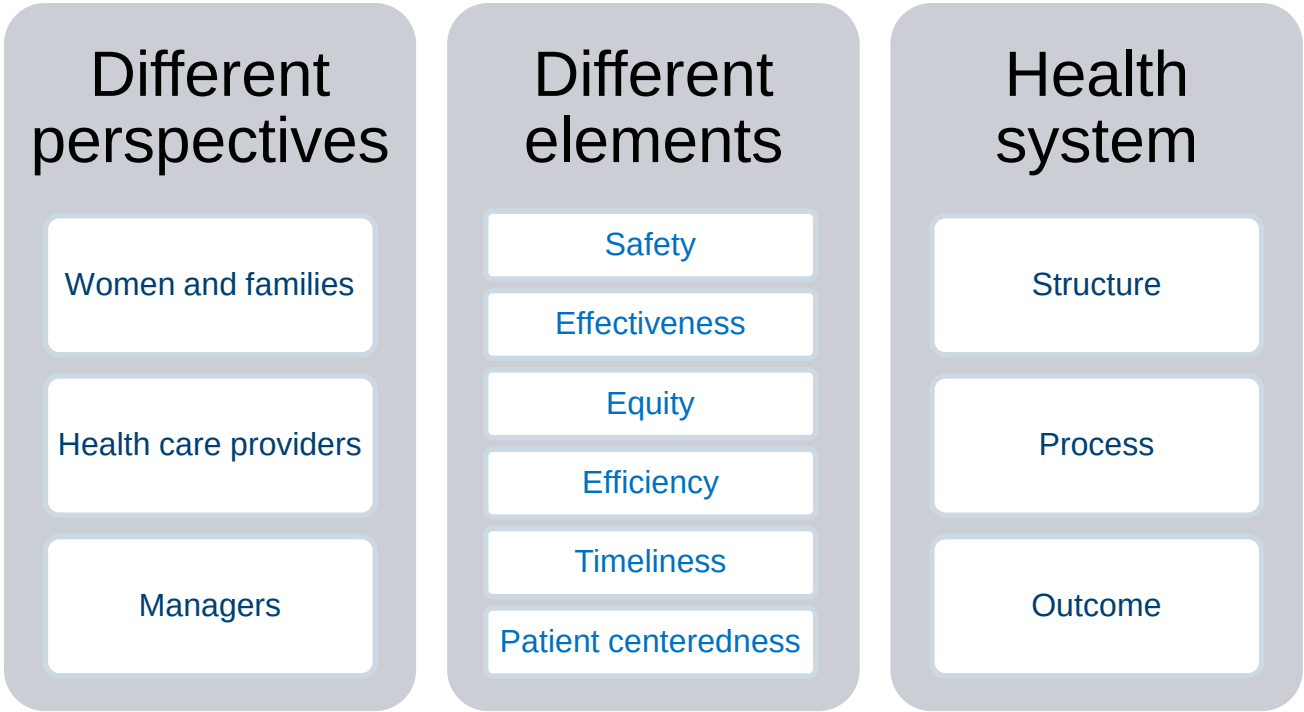
M. Kruk et. al.

From coverage to effective coverage



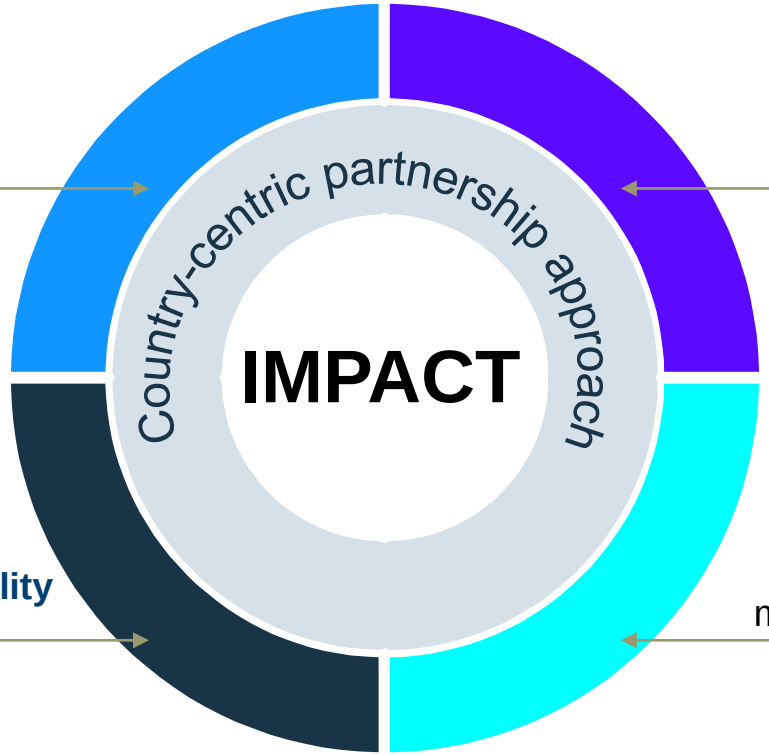
M. Kruk et. al.

Quality in Health Care – a Framework



Moving from **Implementation to Impact**

Country-centric approach including sub-national levels based on program quality, outcomes and impact



Enhance **data** use for action and improvement

Focus on **measurable outcomes** that drive impact

The Highest risk to our investments achieving impact is program quality

Strengthen mutual **accountability**

Leverage efficiencies to maximize **value for money**

The Global Fund Program Quality and Efficiency Initiative

Piloting approaches to improve program quality and efficiency at the site level

Malaria
Improving case management practices

RMNCH/HSS
Integrated ANC/PNC platform for prevention, testing, and treatment

TB
Improving case detection, linkage to care and treatment success

CRG
Community-based monitoring models linking facility to community

HIV
Disseminating differentiated care toolkit

Economics
Cost-efficiency analysis of best practices and interventions

Lessons learned for country to adopt and adapt

Feedback into Program & Data Quality Strategy

The focus population

~90% chance (1 visit) of visiting health facility ante-natal

~58% (Mothers) 28% (babies) chance of visiting health facility 1.5 months post-natal

Access to ~136 million annually of the global population

Countdown to 2015: A Decade of Tracking Progress for Maternal, Newborn and Child Survival The 2015 Report

Integration across ANC and PNC

PMTCT

HIV in mothers and their children

Screening and treatment of STI's

Early initiation of ARV for newborns and mothers

Breast feeding advice and counselling

Retention in treatment

Tb screening and treatment

Distribution of LLIN's

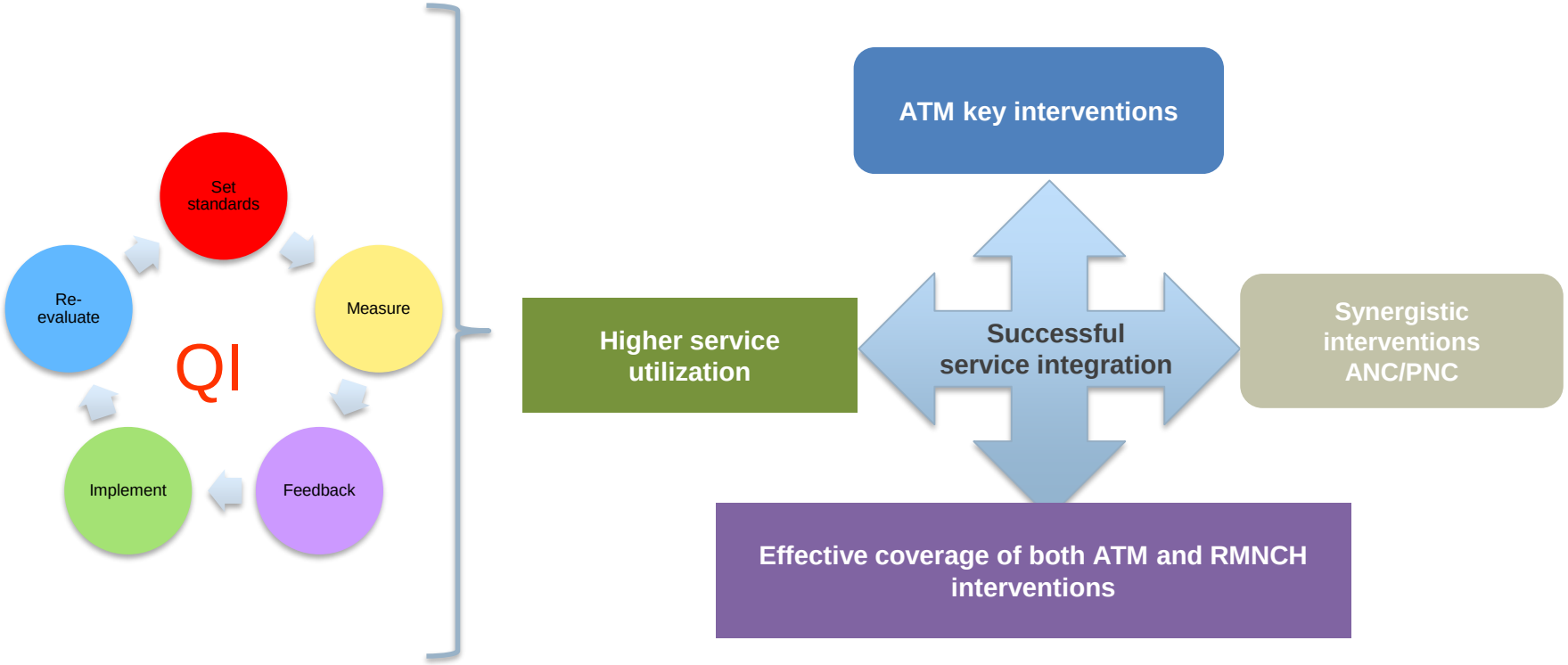
IPTp

IPTi

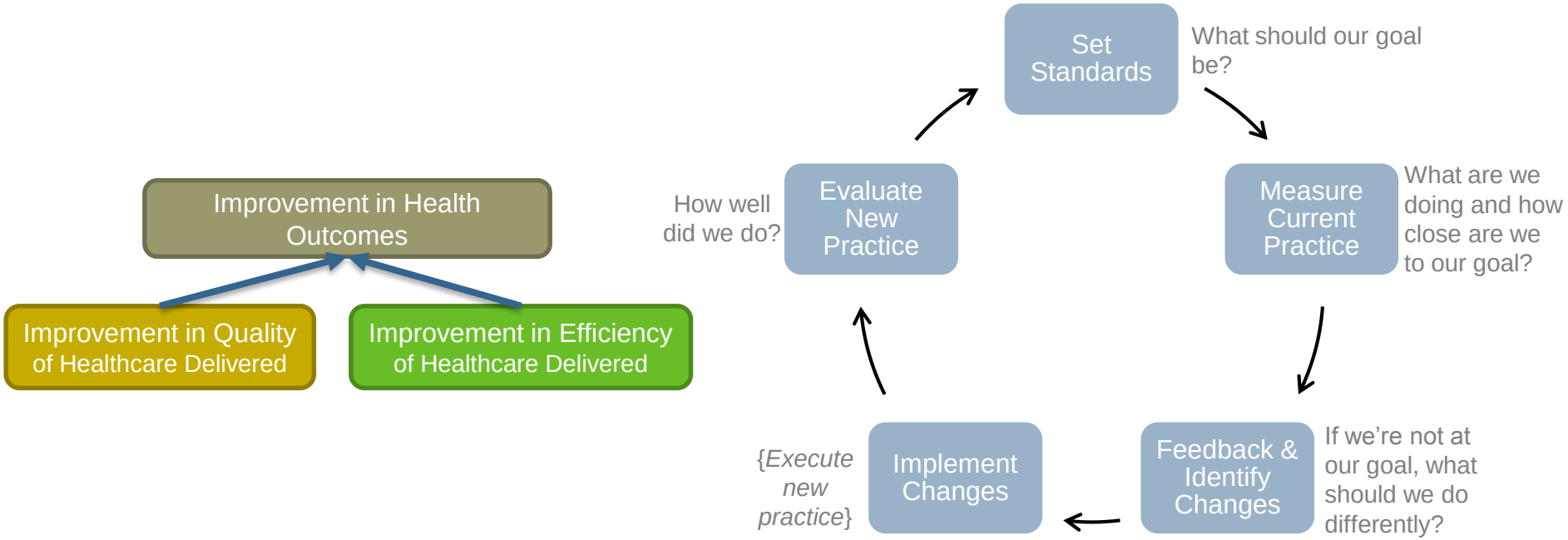
Case management

Quality Improvement using Standards based Audit

Achieving optimum potential



A ‘quality improvement process’ can be used to systematically improve the quality and efficiency of care given



STANDARDS BASED AUDIT

Standards-based audit can be defined as a QI process that seeks to improve patient care and outcomes by the systematic review of care against explicit standards, with identification and implementation of changes needed to achieve the desired standard of care

WHO, Beyond the Numbers (2004)

Why do audit?

Cochrane Library
Cochrane Database of Systematic Reviews

Audit and feedback: effects on professional practice and healthcare outcomes (Review)

Ivers N, Jamtvedt G, Flottorp S, Young JM, Odgaard-Jensen J, French SD, O'Brien MA, Johansen M, Grimshaw J, Oxman AD

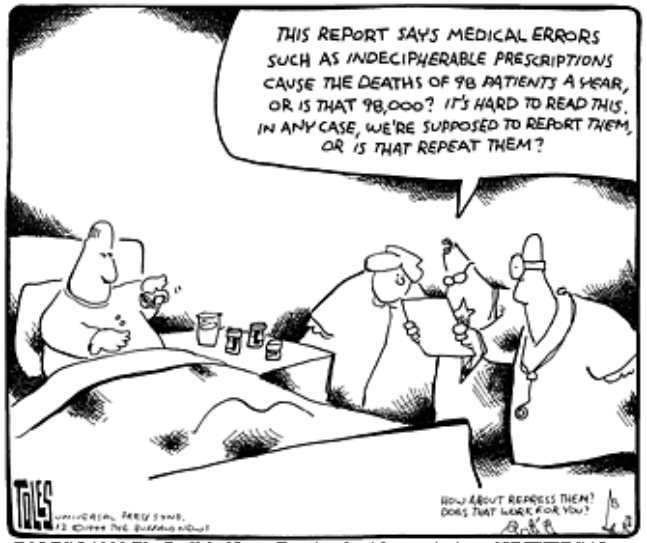
"Audit is at the heart of clinical governance…all NHS organisations are required to have a programme of quality improvement activity that includes clinicians participating in audit" (NICE, 2006)

- Audit helps improve care quality by **informing practitioners about their practice** (i.e. accountability)

- Increasingly a **requirement** of professional groups/accreditation (ie. updating knowledge, CPD)

Challenges with SBA

Poor quality or unavailable data



www.epatients.net

- Poor project management
- Change doesn't happen just because you have data
- Changing practice needs careful management
- Close the audit cycle
- No senior support or facility commitment

Quality of Care and the Health System

- **Structure: What needs to be in place**
  - Infrastructure, equipment, consumables, organization, management systems, policy
- **Process: What needs to be done**
  - Service delivery
- **Outcome: What is the result**
  - Measurement of effect or outcome of care – mortality, morbidity, satisfaction, coverage, attendance levels

1. In malaria-endemic area, all mothers receive intermittent preventive treatment (IPT) with sulfadoxine-pyrimethamine (SP) during ANC		
STRUCTURE	**PROCESS**	**OUTCOME**
• Sulfadoxine-pyrimethamine • Drinking water • IEC material for women and families on malaria prevention and treatment	• Stock regularly checked by person in-charge • Healthcare provider administer SP in second and third trimester according to national policy (i.e. 3 doses given at leave one month apart) • Women are directly observed taking 3 tablets of SP in clinic • Record each dose of SP on antenatal record and/or home based record	• The incidence of malaria in pregnancy is reduced

Measuring indicators:

1. % women observed taking IPT before leaving the clinic area

1. **In malaria-endemic area, all pregnant women receive a long lasting insecticide treated bed net and are encouraged to sleep under it**		
STRUCTURE	**PROCESS**	**OUTCOME**
• Long lasting insecticide treated bed net (LLITN) • IEC material for women and families on malaria prevention	• Stock regularly checked by person in-charge • Staff distribute LLITNs to pregnant women according to national policy • Advise women on how to use the bed net • Record receipt of LLITN on antenatal record and/or home based record	• Number of women who report sleeping under and LLITN every night increased • Incidence of malaria in pregnancy reduced

Measuring indicators:

1. % women who received LLITN
2. % women who know how to use a LLITN
3. Number of days per month with “stock-out” of LLITN

1. **Pregnant women with malaria are assessed and treated with first line treatment according to national protocols**		
STRUCTURE	**PROCESS**	**OUTCOME**

• Anti-malarials
• Equipment:
  ○ Thermometer
  ○ Rapid test for malaria
  ○ Sterile finger prick instrument
  ○ Swabs
• Guidelines on treatment of malaria in pregnancy available
	• Staff trained in diagnosis and treatment of malaria in pregnancy
	• Stock regularly checked by person in-charge
	• The healthcare provider checks the paperwork of any women complaining of malaria symptoms. For women who have a fever (temp >38^{o}C a rapid diagnostic test for malaria is conducted
	• Staff treat women with confirmed malaria according to national guidelines
	• Record malaria treatment on record and/or home based record
		• Improved detection and case-management of malaria in pregnancy

Measuring indicators:

1. % women with fever who have a malaria test
2. % women with malaria who receive the correct treatment

Systems Approach

Service Delivery	• Differentiated models of service delivery
HRH	• Task shifting • In-service training • Mentoring and formative supervision
HIS	• Strengthening the use of quality data for decision making and for improvement of quality of care
PSM	• Preventing stock-outs of essential medicines and commodities
Policy	• Enable the implementation of national policies and strategies at facility/district levels.
Leadership	• Quality Improvement champions, quality teams

Multi-country collaboration

LSTM
LIVERPOOL SCHOOL OF TROPICAL MEDICINE

Design

- ANC and PNC training manuals
- Standards for ANC and PNC
- M and E frame work and tools
- Morbidity measures
- Implementation research

Measure

- Availability of ANC and PNC
- Quality of care
- Maternal and Neonatal Morbidity
- Capacity of health care provider

Implement

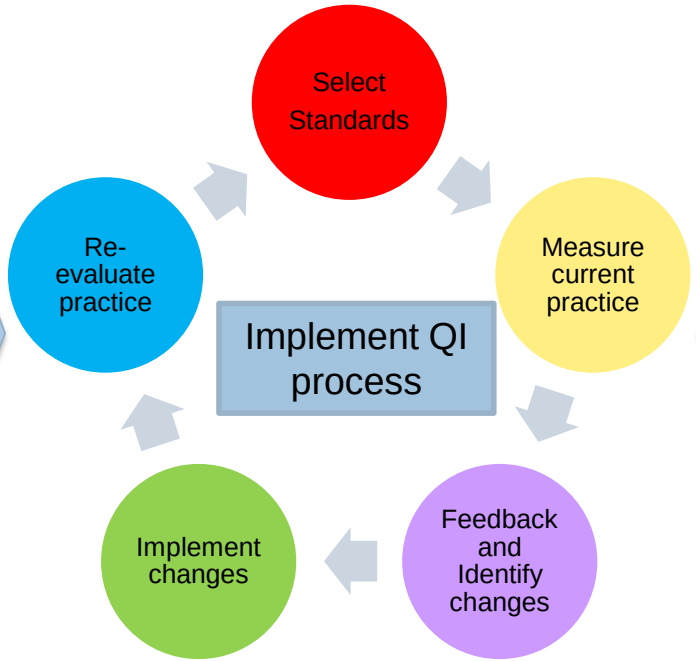
- Improve healthcare provider competence
- Strengthen enabling environment for ANC and PNC
- Audit to improve Quality
- MiH with data

Program overview

Baseline assessment /analysis Quality of Integrated ANC,PNC

Set standards of integrated ANC,PNC

Training for integrated ANC,PNC and QI



Evaluation
- Outputs
- Outcomes
- Impact
- Efficiency

Identify differentiated approaches of quality improvement of integrated services

Data use for decision making

2014 WHO Integrated Tool for assessment of QoC of MNCH

Consider appropriate data collection methods

- Structured observations of ANC/PNC consultations (6 or more consecutive)
- Exit interviews with women

Using a ‘dashboard’ to display facility data & prioritise aspects of care that require immediate action

Inform action planning & monitoring

Align with national strategy for QI

Table A3. Module B: Maternal care - summary scores by standard for each facility

Components assessed		Patient flow Layout and structure	Maternity ward staffing Hygiene and accident prevention Attention to the most seriously ill patients	Infection control Hand hygiene Use of gloves Practices for infection control	Supportive care Nutritional needs of admitted patients Use of IV fluids Drug treatment	Essential drugs Availability of comprehensive list of drugs checked for: Presence of drugs and asked staff whether regularly available Expiry dates checked / earliest expiry date are used first	Equipment and supplies Comprehensive list of equipment & supplies checked for presence and working order	Management of eclampsia & pre-eclampsia Diagnosis of eclampsia Management of pre-eclampsia, mild pre-eclampsia, severe pre-eclampsia and eclampsia
Standard		B1. Emergency obstetric care	B2. Maternity wards	B3. Infection control and supportive care		B4. Essential drugs equipment & supplies		B5. Antepartum care
Score		5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Lilongwe	H1							
	H2							
	HC1							
	HC2							
	HC3							
	HC4							
	HC5							
Thyolo	H1							
	HC1							
	HC2							
	HC3							
	HC4							
	HC5							
	HC6							

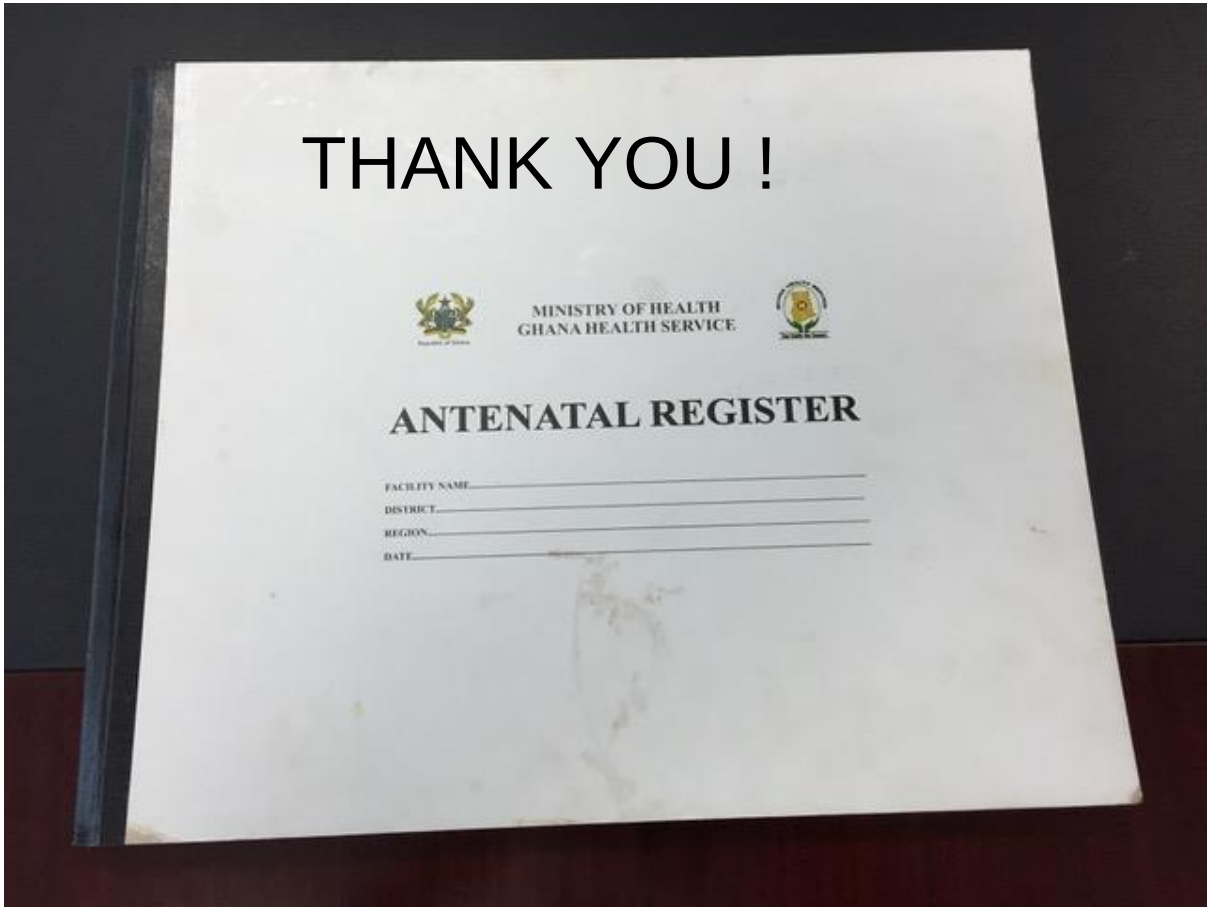
Timelines / Milestones

		2017												2018												2019											
1.Program Management and Coordination	a. Program Inception missions (incl. completed and already scheduled missions only)	xxx		x	x																														
	b. Quarterly management meetings	x		x		x		x		x		x		x		x		x		x		x		x		x		x		x		x		x	
	c. LSTM, GFATM coordination meetings				x					x						x						x						x								
2.Increasing coverage of Integrated ANC and PNC	a) Development Training Manuals (participant and facilitator),																																				
	b) Complete TOT,																																				
	c) Training of HCW' in facilities,																																				
	d) Facility improvement and ANC/PNC equipment check																																				
3.Improving the Quality of Integrated ANC and PNC	a) Lit. review of available standards of ANC/PNC																																				
	b) Mapping of guidelines for ANC/PNC Global/country specific,																																				
	c) Multi-country Consensus building workshop to agree standards of care																																				
	d) Development of QI manual workshop package																																				
	e) National QI workshops																																				
	f) TOT in QI methodology																																				
	g) HCW and QI teams at district level supported to improve QoC using Standards based audit (SBA)																																				
4.Improving Maternal and Newborn Health esp. HIV/TB/Malaria outcomes	a) Development of Maternal morbidity tool																																				
	b) Development of Neonatal Morbidity tool																																				
	c) Adapt/translate tools for each country																																				
	d) Training of HCW's in maternal morbidity assessment																																				
	e) Cross sectional maternal morbidity assessment (n= 2000)																																				
	f) Longitudinal cohort study of 1000 women.																																				
	g) Pilot Neonatal morbidity tool in 2 countries (n=1000)																																				
	h) Cross sectional assessment of Neonatal morbidity (n=1000)																																				
5.Monitoring and Evaluation	a) Annual M&E review																																				
	b) Baseline assessment of QoC in integrated ANC in 6 countries																																				
	c) Improving the use of data at health facilities																																				
	d) Quarterly M&E for 1yr. in participating facilities																																				
6.Dissemination and Communication	a) Bi-annual In-country stakeholder meetings																																				
	b) Annual advisory board meeting (Global)																																				
	c) Dissemination and public engagement																																				
	d) Dissemination at conferences (regional or international)- bi-annual																																				
	e) Publication of peer reviewed papers																																				
	f) Intl. technical conferences-annual																																				

Current status and next steps

- Core tools for assessment, increasing coverage of integrated ANC/PNC, standards and QI methodology have been developed and adapted
- Project activities have begun in Togo and in early stages in Ghana
- Next wave of countries are Niger, Tanzania, Afghanistan and Pakistan
- Framework for cost effective/efficiency analysis

THANK YOU !


MINISTRY OF HEALTH
GHANA HEALTH SERVICE
ANTENATAL REGISTER
FACILITY NAME
DISTRICT
REGION
DATE