Swiss TPH

Swiss Tropical and Public Health Institute
Schweizerisches Tropen- und Public Health-Institut
Institut Tropical et de Santé Publique Suisse

Associated Institute of the University of Basel

MOHCDGEC APPLICATION TO DPG-Health

Health Facility Operations Application – Program

Developing and Scaling a Standardized Health Facility Management Model to Implement Tanzanian Government Health Service Quality Standards in the Format of a Health Facility Operations Application (HFO Application) for day-to-day use in Health Facilities and an E-learning Platform (for PC, Smartphone, and Tablet)

A Public Private (Non-Profit) Partnership

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Point m

Public-Private Partnership for Tanzania

Public Partner
Ministry of Health (MOHCDGEC) and President's Office (PORALG)

Legal Partner
Swiss Tropical and Public Health Institute

Technical Partner
Point-M

Which tools are available to assist HF managers?

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Situation:

Health Facility Managers identify many quality problems they would like to tackle in order to improve service delivery

How can the Ministry assist these Managers?

'Tools' (standards, accreditation) available today:

1. Quality 'Standards' for Dispensaries/Health Centers
2. More detailed 'standards' e.g. for laboratories
3. WHO documents on standards e.g. RMNCH
4. Other technical documents

These all explain <u>WHAT</u> needs to be done by all levels.

In addition, to support the implementation of the above:

A tool is needed that explains <u>HOW</u> to achieve these MOHCDGEC quality standards through a standardized, "best practice" approach

Choice to make

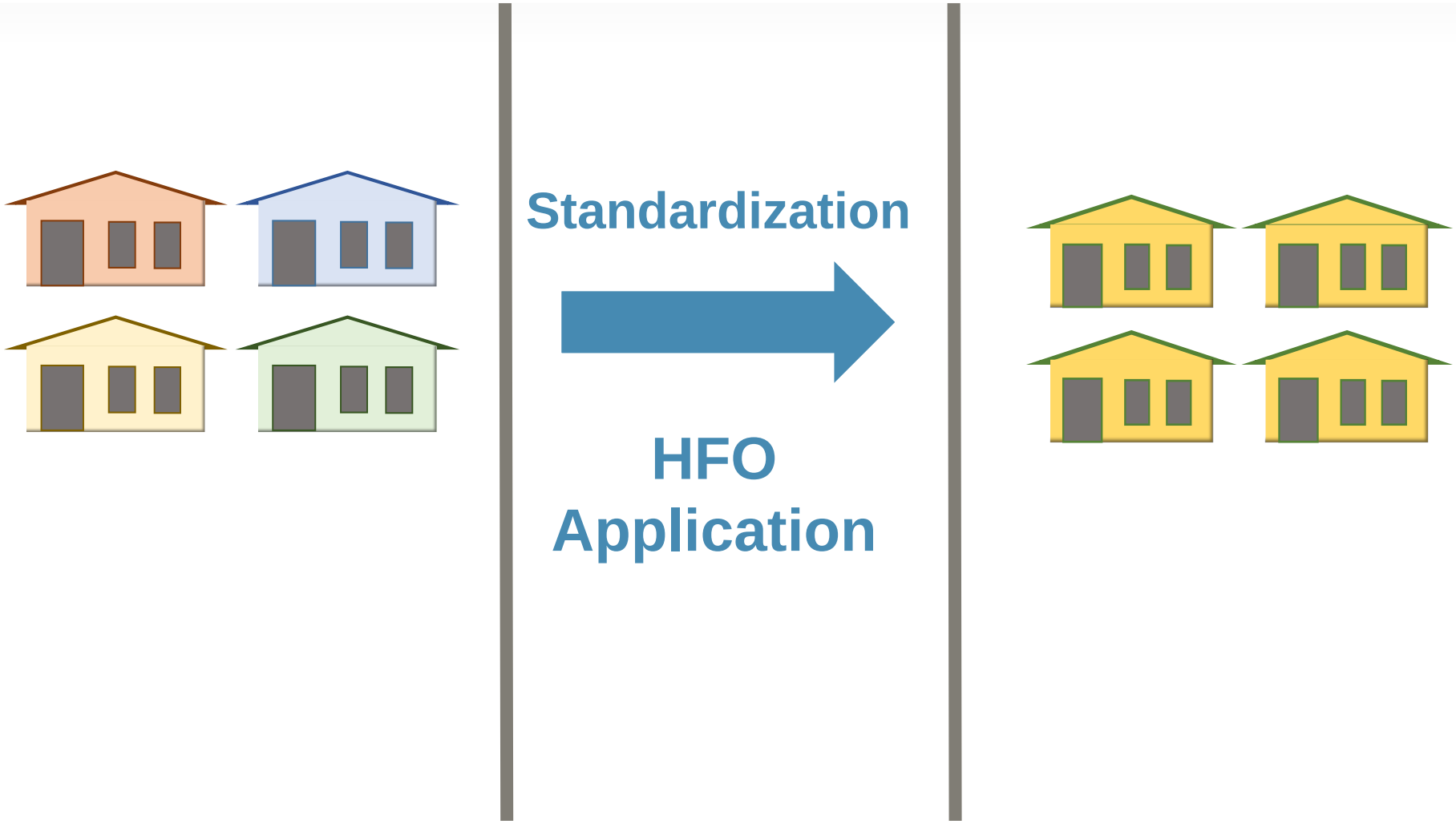
Does the MOHCDGEC want to:

- **As done today**: Improve the quality at Dispensaries and Health Centers project wise, one by one (baseline, discuss, change according to local experience on how to do so)

or

- **New proposal**: Make the choice to standardize the Standard Operating Procedures (SOPs), Logs and Checklists into a management model for all Health Facilities to use through District support and E-learning?

Why should 6,700 Health Facilities work differently when this can cause errors and makes learning more difficult?



Function of SOPs, Monitoring logs and Checklists
(*The Checklist Manifesto*. Atul Gawande)

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Medical practice becomes more complex, day-by-day (WHO):

- ✓ 13,000 diseases, syndromes, types of injuries
- ✓ 6,000 drugs, 4,000 medical and surgical procedures

It exceeds an individual's ability to deliver its benefits correctly, safely, reliably:

- ✓ Faulty memory
- ✓ Flaws of attention
- ✓ Wrong habits, skipping steps
- ✓ Distraction
- ✓ Lack of thoroughness

→ **There's such a lot to get 'right' that we need a new imperative:**

the use of checklists!

Function of SOPs, Monitoring logs and Checklists
(*The Checklist Manifesto*. Atul Gawande)

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START of a solution is to <u>use standardized SOPs, logs and checklists</u> which:

- ✓ Instill a discipline of higher performance
- ✓ Provide a cognitive net
- ✓ Set out the minimum steps in a process – making them explicit
- ✓ Protect against skipping steps, faulty memory, distraction
- ✓ Help with memory recall
- ✓ Provide a possibility for verification
- ✓ Build on already existing experience
- ✓ Enhance learning and facilitate teaching new staff and students

Advantages of standardization

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Quality and Efficiency	- More consistent service – better quality – less errors - Enabling sharing of process improvement - Streamlines capacity planning and workforce scheduling - Making outsourcing possible
Human Resources	- Simplification of training processes - Shorter time for a new worker to become fully productive (hence reduces cost of turnover) - Enabling of task shifting
Performance Management/ Improvement	- Facilitation of objective performance management - Establishing a baseline (documented process) for on-going improvement - Enabling sharing of process improvement

Why Tanzania would benefit from a standardized HFO Application

- High level of **task sharing, task shifting, staff turnover**
- **'Medical and care errors'** are an international problem - made at all levels of implementation: one **harmonized tool** is needed to provide practical guidance **how best to implement** activities with available resources
- Internal **quality** reassurance and -control **mechanisms often exist in theory but are not sufficiently worked out for implementation**
- **Training sessions** often provide **scattered information** (to a few) without achieving real 'change'
- Many **health initiatives** have results but **need better harmonization for them to be effective** within the existing health system

How investing in 'Model' HFO Application brings benefits

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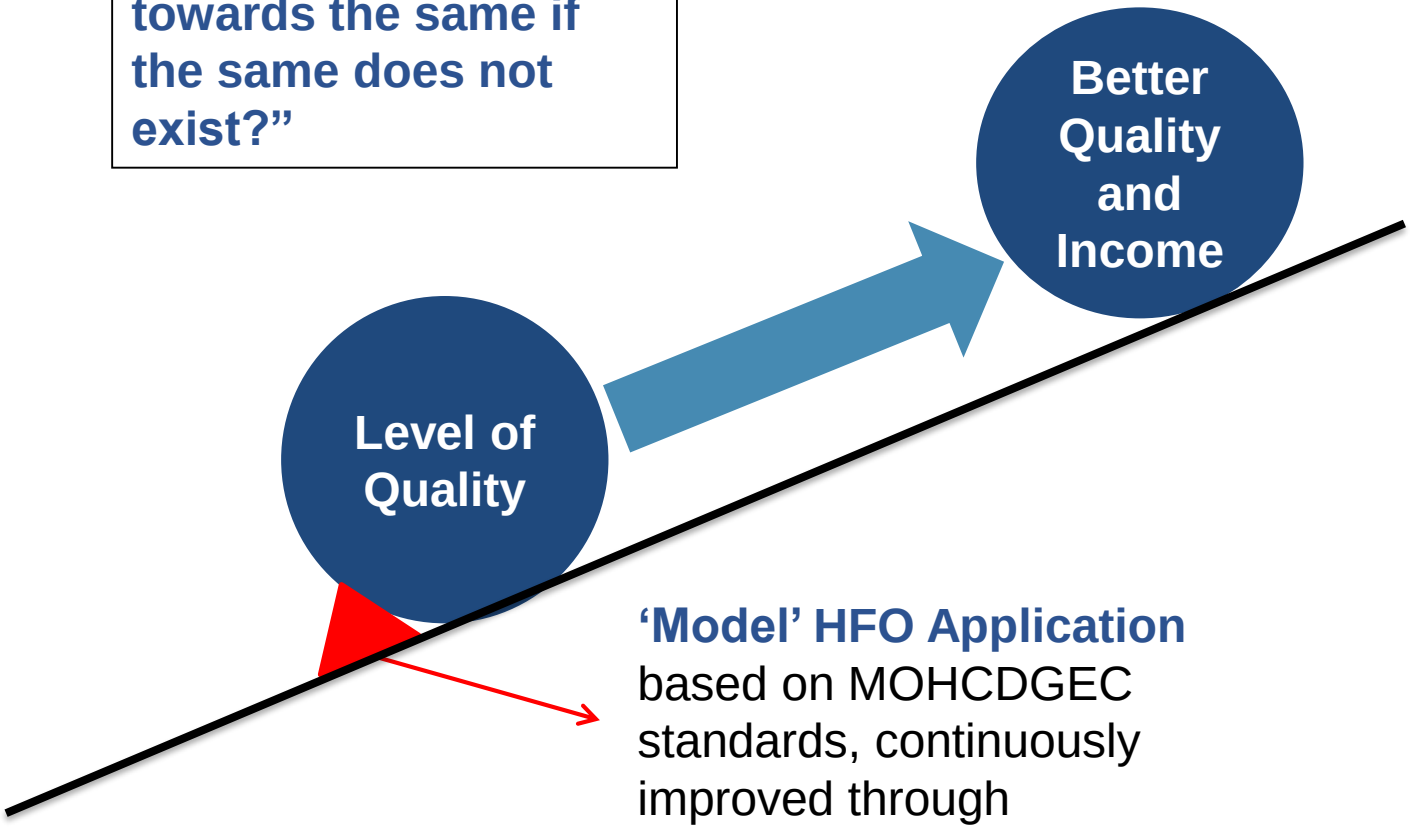
"How can we work towards the same if the same does not exist?"



'Model' HFO Application
based on MOHCDGEC standards, continuously improved through experience and innovation; regular updates by MOHCDGEC of the Application

The functions of this HFO Application once finalized and endorsed will be to:

- ✓ **Consolidate MOHCDGEC National Standards** for Dispensaries and Health Centres into practical tools (‘how’ to implement) and an E-learning platform;
- ✓ **Contain tools** to support the execution and management of all activities, including **SOPs, monitoring logs, and checklists;**
- ✓ Serve as both a **Management Tool** for the Dispensary/Health Centre In-charges and a **Practical Guide** for Department In-charges and their staff;
- ✓ Explain **how to monitor quality and perform audits** of Dispensary/Health Centre activities for the In-Charges, the facility boards and Districts, and other supervisory needs.

Summary

This Program will standardise ‘HOW’ to implement MOHCDGEC Standards of all Dispensary/Health Center activities in the format of a Digital Health Facility Operations Application and E-Learning Platform

‘How’ requires the standardization of:

- Process flows
- Roles and responsibilities
- Standard Operating Procedures (SOPs)
- Materials, consumables and equipment
- Monitoring (quality) tools: logs, checklists, etc.
- Quality management processes and indicators
- Data management and insights

→ Have a look at the HFO Application Model

HFO Application development

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Technically

a. Develop HFO Application BOTTOM-UP; Other stakeholders with expertise will be involved and be asked to contribute from the start

b. The HFO Application will be an Digital App, used on PC, Smartphone, and Tablet in the HFs – also printed if/where needed; App probably on the Cloud

c. E-learning modules will be used for staff and LGA training

d. Should be self-explanatory, for immediate use by staff and in-charges; includes use of text, pictures, drawings, video's

e. All SOPs, Logs and Checklists can also be printed from the App

Scaling up

a. Scaling up by MOHCDGEC - each time a component is ready

b. Additional support through cascading system: Provinces – Districts/Sectors and other stakeholders involved in health care

c. HFO Application and E-Learning platform with completed components to be made available nationally from the start; implementation support to be rolled out district-by-district

d. Longer term: Will be used by all levels of health management and implementation; also by paramedical schools, universities and training sessions

Updating

a. App will constantly be updated based on experience / feedback, innovation, new technologies

First Phase: Proposal to Start with 20 RMNCH Priority Components

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20 Components in RED are considered RMNCH Priority Components

FRONT-END SUPPORT SERVICES
Component 1. Registration and Medical Records
Component 2. Cashier

DIRECT HEALTH-RELATED SERVICES
Component 3. Community Outreach Services
Component 4. Health Education and Promotion Services
Component 5. Outpatient Department Services (OPD)
Component 6. Reproductive, Maternal, and New Born Health
Component 7. Child Health and Adolescent Health
Component 8. General Medical Consultations (incl. Malaria)
Component 9. HIV/AIDS and Tuberculosis
Component 10. Diabetes
Component 11. Eye Services
Component 12. Dental Services
Component 13. Inpatient Department Services (IPD)
Component 14. Operating Theatre (incl. Anesthetics)
Component 15. Emergency Care
Component 16. Laboratory
Component 17. Imaging Diagnostics (incl. Radiology)
Component 18. Pharmacy
Component 19. Ambulance
Component 20. Mortuary (optional)

SUPPORT SERVICES
Component 21. Health Assets Logistics Management (incl. maintenance)
Component 22. Waste Management (incl. Incinerator department)
Component 23. Laundry
Component 24. Energy Management
Component 25. Water Management
Component 26. Canteen
Component 27. Security

BACK-END ADMINISTRATION AND SPECIALIZED SUPPORT SERVICES
Component 28. Operations (incl. Patient Flow)
Component 29. Customer Information and Communication
Component 30. Infection Prevention and Control
Component 31. Quality Management and Audits
Component 32. Human Resources
Component 33. Finance
Component 34. Insurance Partnerships
Component 35. Health Management Information System
Component 36. (Big) Data Management
Component 37. Knowledge Management
Component 38. Disease Surveillance and Epidemic Management

HEALTH FACILITY MANAGEMENT
Component 39. Health Facility In-Charge
Component 40. Health Facility Management Team
Component 41. Health Facility Governing Committee
Component 42. Local Government Authorities

3 Phases of the Tanzania – HFO App program

Phase 1: January-June 2019 (6 months)

1.a. **2-year MoU** between MOH/Swiss TPH-Point-M signed

1.b. **Identify 200,000 USD seed funding** to implement **1.c. and 1.d.**

1.c. **MOHCDGEC and Swiss TPH/Point-M Partnership**

- Develop 2-year action plan
- Develop detailed 2-year budget
- Identify and prepare 3 Health Facilities in 2 Districts; create baseline
- MOHCDGEC and other staff identified and trained to facilitate base-lining and implementation
- Advice and decisions on software and hardware
- Identify specialist stakeholders for each component and start development
- MOHCDGEC Kick-off Meeting
- Offices available

1.d. **Funds mobilization and project proposal writing**

by MOHCDGEC, Swiss TPH and Point-M

3 Phases of the Tanzania – HFO App program

Phase 2: July 2019 – June 2020 (12 months)

2.a. **Develop the HFO Application for 20 priority RMNCH Components**, standardizing activities BOTTOM-UP at 3 “model” HFs

1. Selected staff members of 3 model health facilities involved in developing the HFO Application component-by-component
2. Iterative process: standard operating procedures developed in one HF are reviewed and improved by staff members of other HFs

2.b. **MOHCDGC experts review, improve, and endorse** component after component and give go ahead to implement and scale out each component

2.c. **Immediate implementation (component-by-component) of the HFO Application through Districts** for day-to-day use in the 3 “model” HFs

2.d. First version of E-learning Platform – for PC, Smartphone and Tablet – **is made available and MOHCDGEC organizes the use of it**

2.e. Continue to **raise funds**

3 Phases of the Tanzania – HFO App program

Phase 3: 6 months (July 2020-December 2020)

3.a. **Further improve/update HFO Application (RMNCH) and implementation approach** based on feedback and experience in the 3 model HFs, including innovation

3.b. **Further scaling out of the HFO Application (RMNCH) to other HFs** as an Operations Application for day-to-day use in Health Facilities and an E-learning Platform for PC, Smartphone and Tablet

3.c. **Develop further action plan to scale out HFO Application and E-learning in more Districts/Regions**

MoU: details to be further discussed with legal advisor

(*) A 2-year MoU will be signed between MOHCDGEC and Swiss TPH/Point-M

Amongst the conditions by the MOHCDGEC

- MOHCDGEC will own **perpetual license for HFO Application and E-learning platform**
- MOHCDGEC will own all **data**
- MOHCDGEC to support **fundraising** of Swiss TPH/Point-M staff
- Swiss TPH/Point-M will not use funds that have already been approved by Tanzanian development partners; **new funds may be obtained**
- MOHCDGEC to assist Swiss TPH/Point-M staff to obtain legal permits, office, etc.

Amongst the conditions by Swiss TPH/Point-M

- Point-M and Swiss TPH will **own the HFO Application and E-learning Platform**
- MOHCDGEC to support the use and **implementation of HFO Application in all public health facilities**
- Point-M will own the **copyrights** to the HFO Application
- **Contribution to Point-M** for HFO Application format (80,000 USD)

Budget Requirement for HFO Application – 20 RMNCH Priority Components

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Item	Description	Budgeted amount, USD thousands
Program Operating costs	▪ HFO Application steering team compensation ▪ Travel & expenses ▪ Management and HR costs ▪ Investment in Model HFO Application	487 + *80*
Expert compensation	▪ Local expert compensation per completed component of the HFO Application ▪ Non-local expert consultations	114
Health Facility Staff compensation	▪ 20 components, 3 health facilities, LGAs ▪ Local health facility staff compensation for contributions per completed component of the HFO Application	542
Technical Support and App development	▪ Development of digital (including E-learning) application for PC, smartphone, and tablet ▪ InDesign license and specialist support compensation ▪ Technical SOP illustrations	148
Local Government Authority training	▪ 6 trainings ▪ Training logistical costs (off-site) ▪ Participant travel & expenses and compensation	69
Improvement Investments in Health Facilities	▪ Includes minor investments to improve quality, accessibility, and/or income of facility (e.g. small equipments)	60 (20K per facility)
	Total	**$1,500 K**