

QI of Health Services - Implementation Progress

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Presentation Outline

- **Approaches to operationalise TQIF**
- **Implementation Progress**
- **Challenges**
- **Recommendations**
- **Way Forward**

Approaches to operationalise TQIF

- **5S-Continuous Quality Improvement -Total Quality Management (5S-CQI –TQM)**
- **Improvement Collaborative Approach**

I. 5S-Continuous Quality Improvement -Total Quality Management (5S-CQI –TQM)

- **Total Quality Management (TQM)** is a **multi-disciplinary and participatory processes** with continuity by all categories of staff for realizing high quality services
- **Continuous Quality Improvement** is a **problem solving process** for Total Quality Management (TQM) ensuring high productivity and “improved Quality of Services”
- **5-S** is a philosophy and **a way of organizing and managing the workspace and work flow** with the intent to improve efficiency by eliminating waste, improving flow and reducing process unreasonableness

Implementation Progress - I

- **Currently, 37 hospitals are implementing 5S-CQI-TQM approach in Tanzania**
- Training of Trainers on 5S-CQI-TQM was conducted twice since June 2009
 - 2nd TOT at Mbeya Referral Hospital with the participation of 12 hospitals in June 2009
 - 3rd TOT at KCMC with the participation of 12 hospitals in May 2010
 - Invite the participants from Kenya MMS, Malawi MoHSW, Uganda MoHSW to 3rd TOT

Implementation Progress - 2

- Consultation visit for technical support of 5S-CQI-TQM implementing hospitals were regularly conducted
 - 27 hospitals were visit between Nov. 2009 – Mar.2010
 - 37 hospitals are visited between Aug. 2010 – Sept. 2010
- Progress Report Meeting (PRM) were conducted to monitor implementation of 5S-CQI-TQM at the hospitals
 - 15 hospitals were participated PRM in Oct. 2009
 - 27 hospitals were participated PRM in Mar. 2010
- Note that all 37 hospitals established functional multi-disciplinal Quality Improvement Team
- Some hospitals established Work Improvement Team at department level for CQI activities

Implementation Progress - 3

- 5S-CQI-TQM M&E workshop for facilitators was conducted twice in Aug.2009 and Jul. 2010 for capacitating facilitators' M&E skills
- 5S-CQI-TQM M&E Guideline is developed to standardize M&E procedures
- 5S-CQI-TQM component was integrated into Supportive Supervision checklist
- 6 facilitators were trained on CQI approach in Japan and Egypt since June 2009

Implementation Progress - 4

- 5S-CQI-TQM approach is integrated into IPC training to improve house keeping activities
- Trained 2,133 health workers on IPC-IS & QI
- 5S-CQI-TQM approach is on the process of integration into revised Tanzania Quality Improvement Framework (TQIF)
- Record of Discussion on rollout of 5S-CQI-TQM approach is signed between MoHSW and Government of Japan in June 2010
(Support continues for 4 years from Nov. 2010)

2. Improvement Collaborative Approach

- An Improvement Collaborative is an organized effort of shared learning by a network of sites (or teams) to develop, within their local situations, a best practice model of care for a specific priority health problem
- Organized to achieve results in a short period of time in reducing the gap between current and best practice and then scale up the adapted model throughout the organization using an intentional spread strategy

Implementation progress - I

- QI documents development to operationalise the TQIF focusing on HIV and AIDS interventions
 - National Guidelines for Quality Improvement of HIV and AIDS Services (NGQI-HIV AIDS services)
 - A Manual for Comprehensive Supportive Supervision and Mentoring on HIV and AIDS Health Services with Tools
 - National Essential Health Sector HIV and AIDS Intervention Package
- All these documents have been disseminated to RHMTS in all regions
- In line with QI for HIV and AIDS has been disseminated in 4 regions (Tanga, Morogoro, Mtwara and Lindi) and QI teams have been formed in 36 health facilities (all regional and district hospitals as well as some health centers in Morogoro, Lindi and Mtwara) providing Care and Treatment to spearhead QI improvement efforts and build QI culture
- Capacity building of RHMTS in the disseminated regions to lead the efforts for QI has been undertaken

Implementation progress - 2

- In preparation to country wide roll out of HIV and AIDS Quality Improvement efforts, QI training package has been developed:
 - Facilitators Guide
 - Participants manual and
 - Power Point Presentation Slides
- Revision of the management module on HIV and AIDS Prevention, Care Treatment and Support Services for RHMT and CHMT (health care managers) were conducted
- 352 R/CHMT's from 17 regions (except Tanga, Manyara, Kilimanjaro, Arusha) were trained on HIV and AIDS Services using module for R/CHMT
- 42 training of trainers (TOT) from all the eight zonal centres
- 336 R/CHMT and CTC team members from 15 regions were oriented on NEHSHIP, QI guidelines and SS&M manual and tools

Implementation progress - 3

- Assessment of Primary Health Facilities (PHFs) as part of MOHSW effort to expand access to quality HIV and AIDS care and treatment services
 - In year 2008/09, 550 PHFs were assessed for essential elements for providing quality care and treatment services
 - During 2010, 700 PHFs countrywide will be assessed
 - So far primary 476 PHFs from 16 regions have been assessed and out of these, 143 health facilities from 8 regions were issued a unique CTC code numbers as they meet minimal criteria for providing quality services.
 - Assessment is ongoing for the rest 224 health facilities from 3 regions and 2 regions are preparing to start the assessment exercise

Challenges

- Different QIPs are introduced and these are implemented separately
 - A team is formulated for each QIP
 - No connection/interaction of activities among QIPs
- Inadequate skills and knowledge on quality improvement among RHMTs and CHMTs
- Irregular Supportive supervision of QIPs

Recommendations

- Emphasize on leadership at decision making level
- Integration of Quality Improvement Programs at central level
- Guide health facilities to implement and manage different QIP through “Quality Improvement Teams (QIT’s)
- Increase frequency of M&E activities to ensure implementation of QIP and sustainability
- Conduct annual QI stakeholder meeting to share progress and develop annual strategy

Way forwards

- Review TQIF to strategize and systematize QIPs
- Establish effective coordination mechanism of QIPs
- Integrate and harmonise components of QIP's monitoring and evaluation into Supportive Supervision checklist
- Continue providing technical support to RHMTs and CHMTs for effective M&E of QIPs

Thank you