14-16 February 2017
Lilongwe, Malawi

Implementation and Learning

Pierre Barker
Institute for Healthcare Improvement

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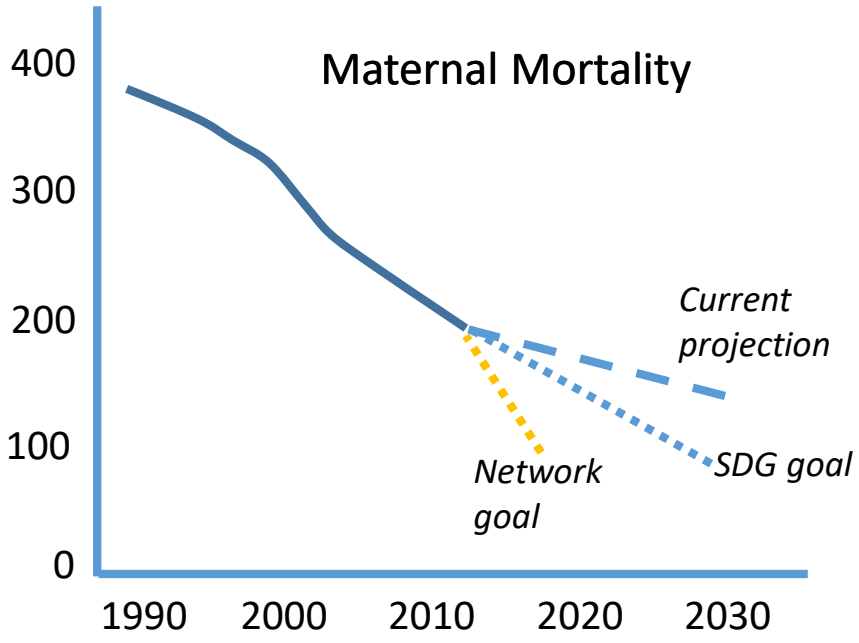
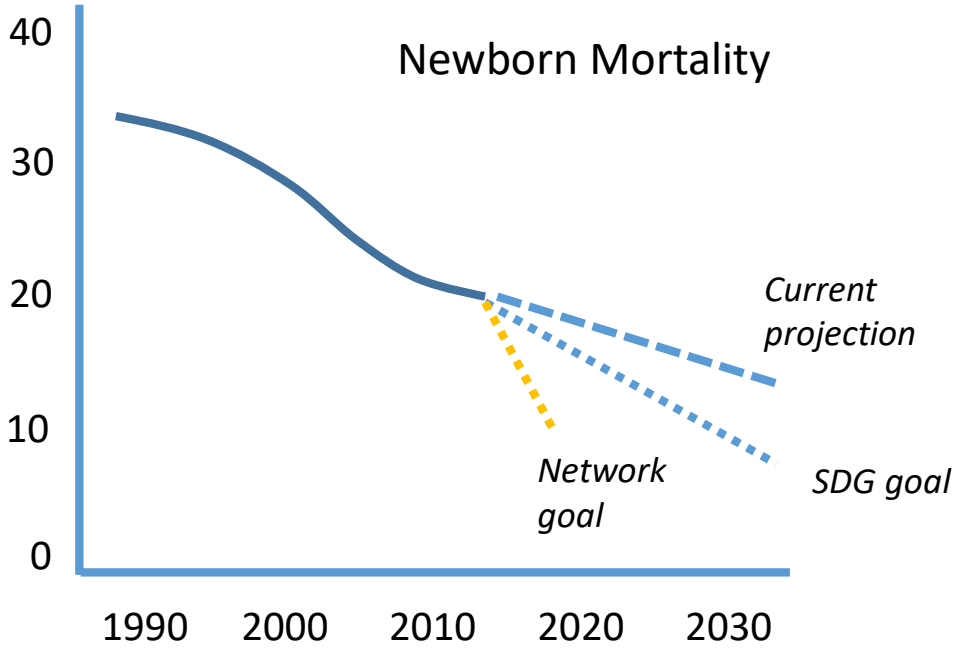
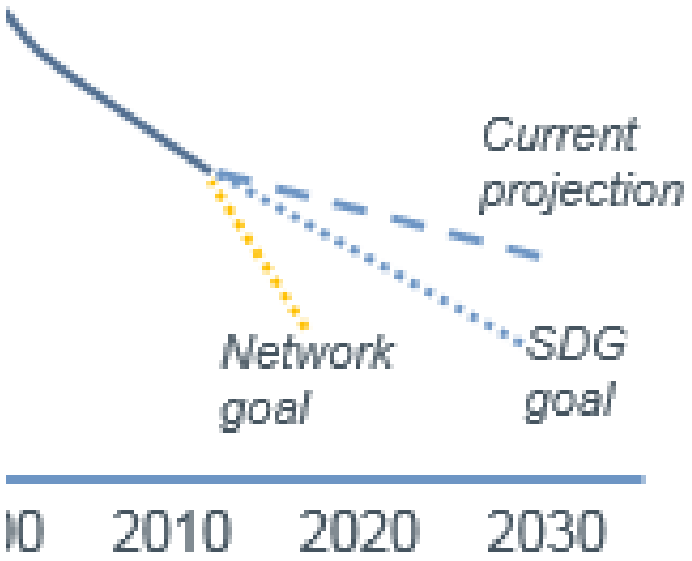
Accelerating the Pace of Reducing Maternal and Newborn Mortality





What Design will Get Us to Dramatic Network Goals?



1. Reduce maternal and newborn deaths and stillbirths in participating health facilities by 50% over five years
2. Improve experience of care – enable measureable improvement in user satisfaction with the care received

"Every System is Perfectly Designed to Get the Results it Gets" – Paul Batalden

We know there is a Better Design……

Components of quality: Structure, Function, Outcome

S + P = O

Structure + Process = Outcomes

+ Context

Source: Donabedian, A. ***Explorations in Quality Assessment and Monitoring. Volume I: The Definition of Quality and Approaches to its Assessment.*** Ann Arbor, MI, Health Administration Press, 1980.

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August 2016: mid-winter

- A baby is born at ~ 2000g at night with moderate asphyxia
- Resuscitated successfully but requires O2 (via electric concentrator), cared for in cot in nursery.
- Power outage in early evening
- Initial backup generator is fired up, but runs out of fuel after 2 hours.
- Power failure results in O2 concentrator failure, heater failure.
- Staff dispatched to town to get more fuel
- Baby gets cold, hypoxic, develops respiratory distress and dies before power comes back on.

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Moving from "What" to "How"

PROVISION OF CARE ⟷	EXPERIENCE OF CARE
1. Evidence-based practices for routine care and management of complications 2. Actionable information systems 3. Functional referral systems	4. Effective communication 5. Respect and preservation of dignity 6. Emotional support
7. Competent, motivated human resources	
8. Essential physical resources available	

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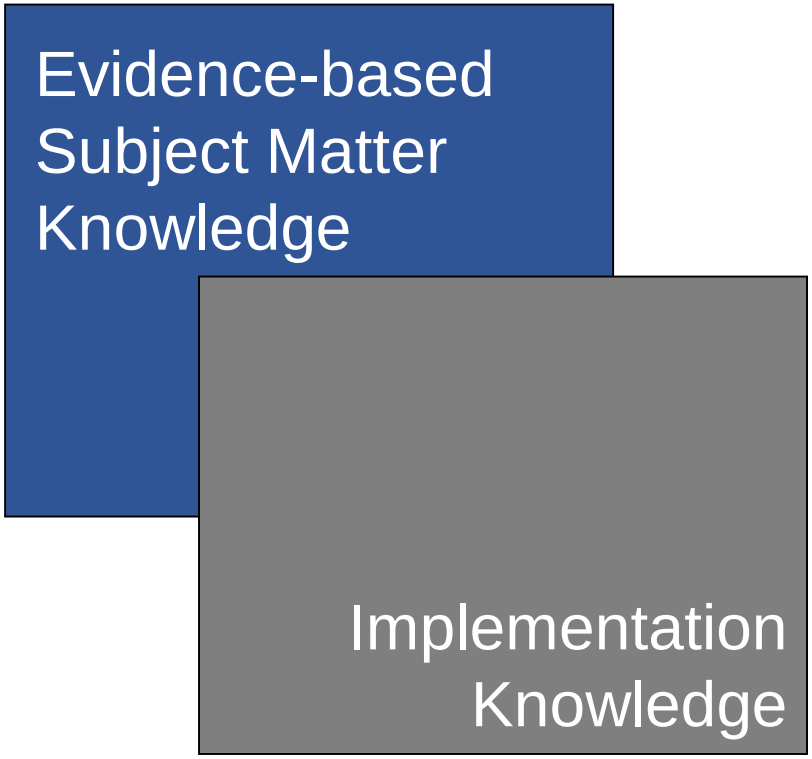
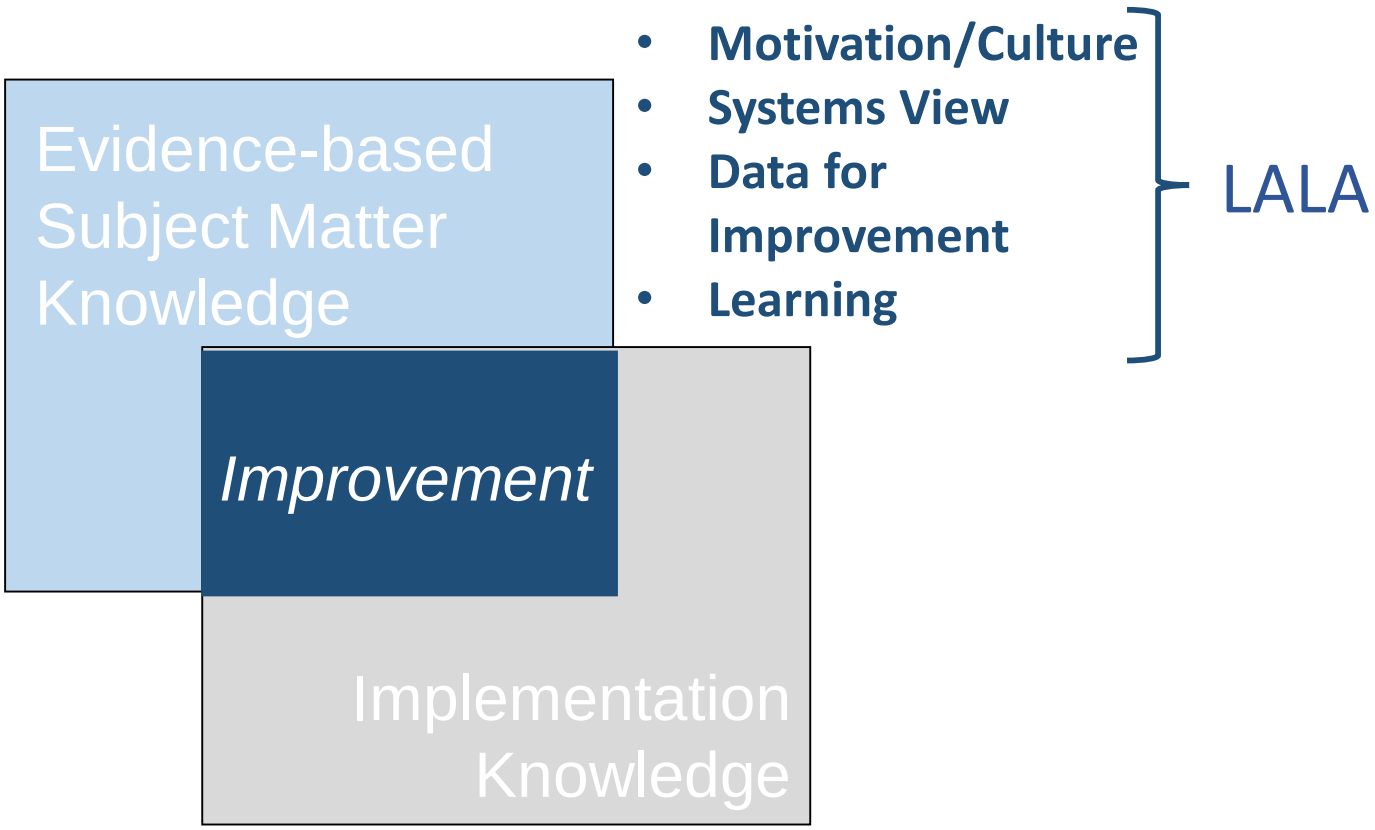
A Better System Design: Bring Together 2 Types of Knowledge

- Protocols
- Guidelines
- Standards



1. Leadership/governance
2. System re-design
3. Financial strategies
4. Resources
5. Engaging women & families
6. Clinical/systems training
7. Data
8. Learning communities

A Better System Design: Bring Together 2 Types of Knowledge



W E Deming and Associates in Process Improvement

Integrated Quality Management

Leadership and Management

Quality structures (e.g. Quality Directorate), data systems, learning system, sense making, strategic deployment, building capability

Quality Planning

New Designs, re-designs, new tools

Quality Control

- Internal monitoring – continuous measurement
- External monitoring – assurance via inspection (inputs and outcomes)

IMPROVED OUTCOMES

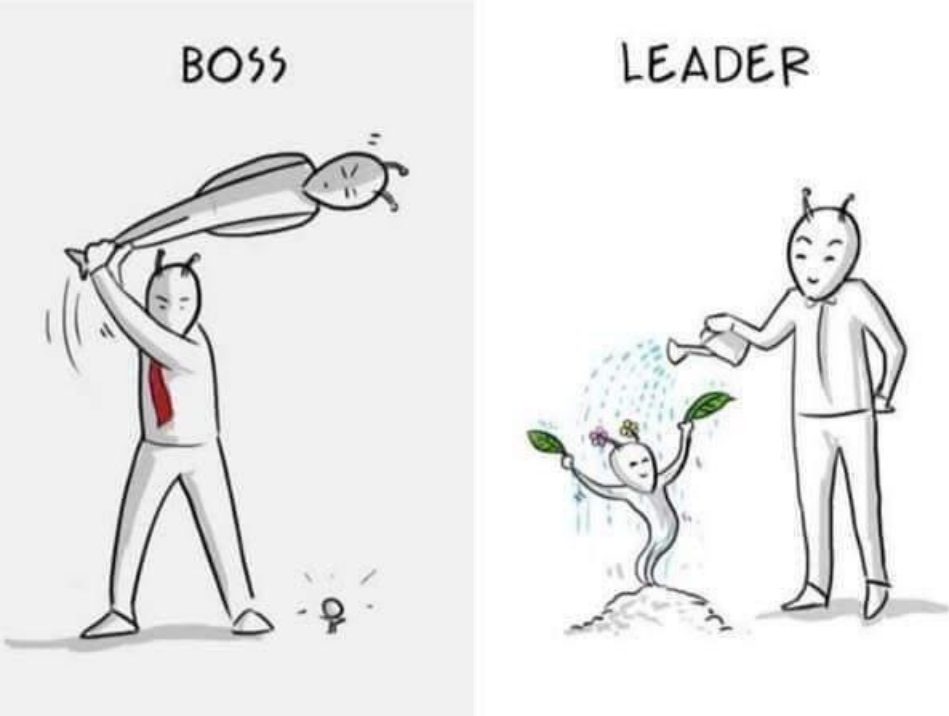
Quality Improvement

- Focused action to improve through measuring, testing, learning, acting (processes, outcomes, (inputs))

Ref: Joseph Juran

Leadership

- **Will and optimism**
- **Enabling and learning culture** - not command and control.
  - Continuous data inputs
  - Data for learning vs for judgement
- **Integrated** QoC leadership and governance
- **Accountability** (fund, engage, "monitor, review, act")



Action

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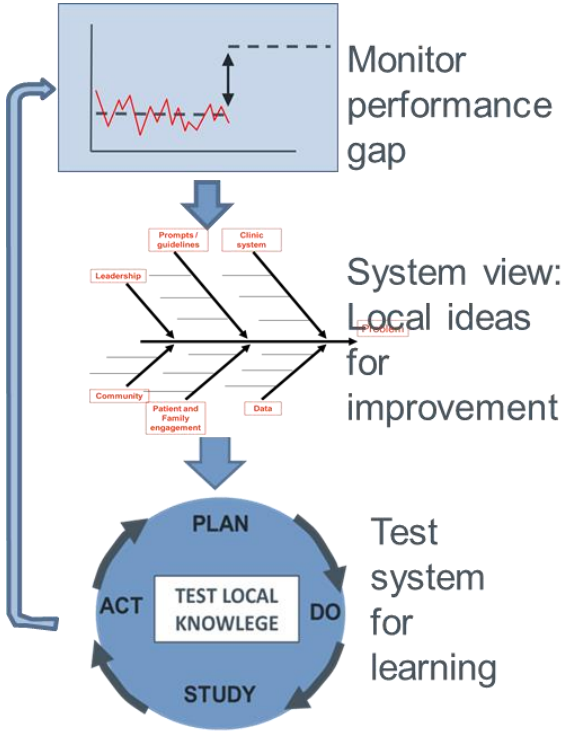
3 Levels of Implementation and Scale-up: Facility, District, National

Facility-based learning and Implementation



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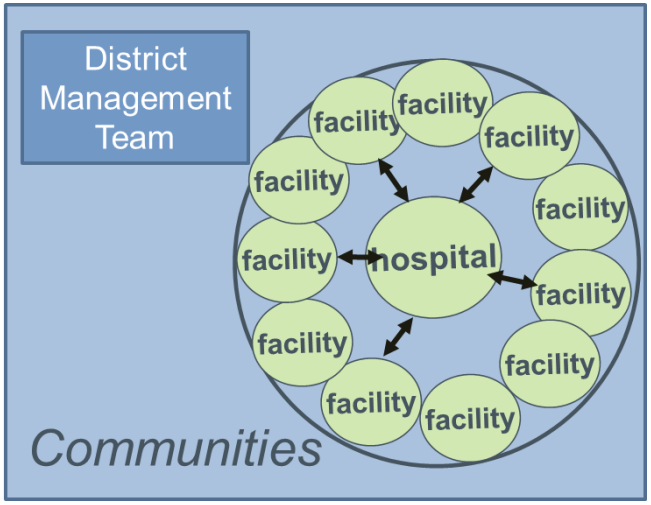
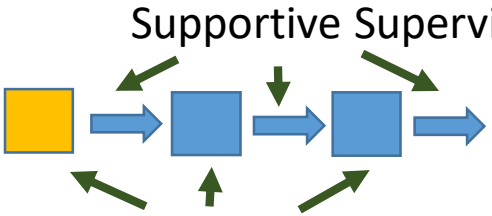
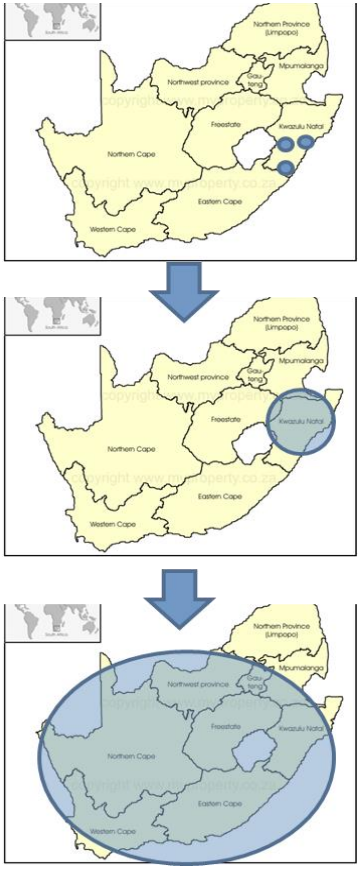
District-led learning: Connecting the Facilities and Communities

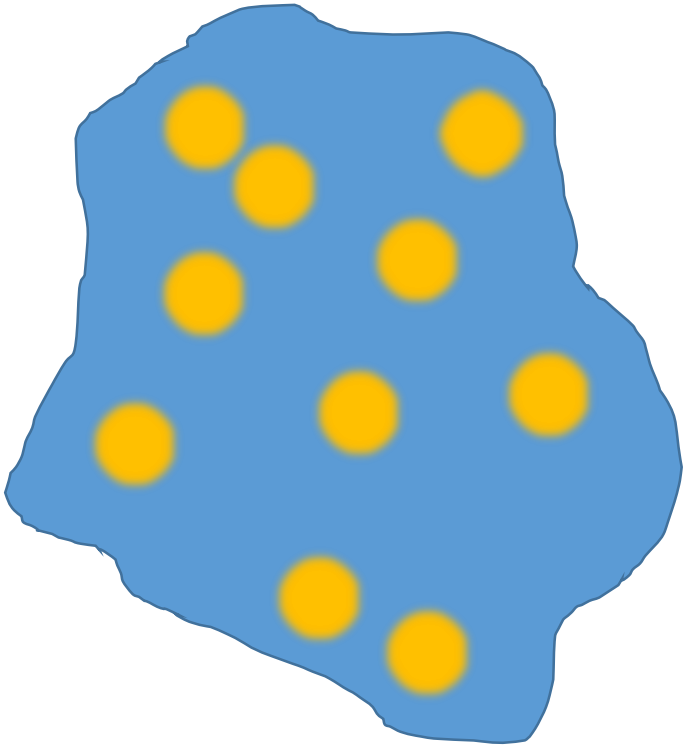




National Scale up: incorporates learning from facilities and Districts



Pilotitis



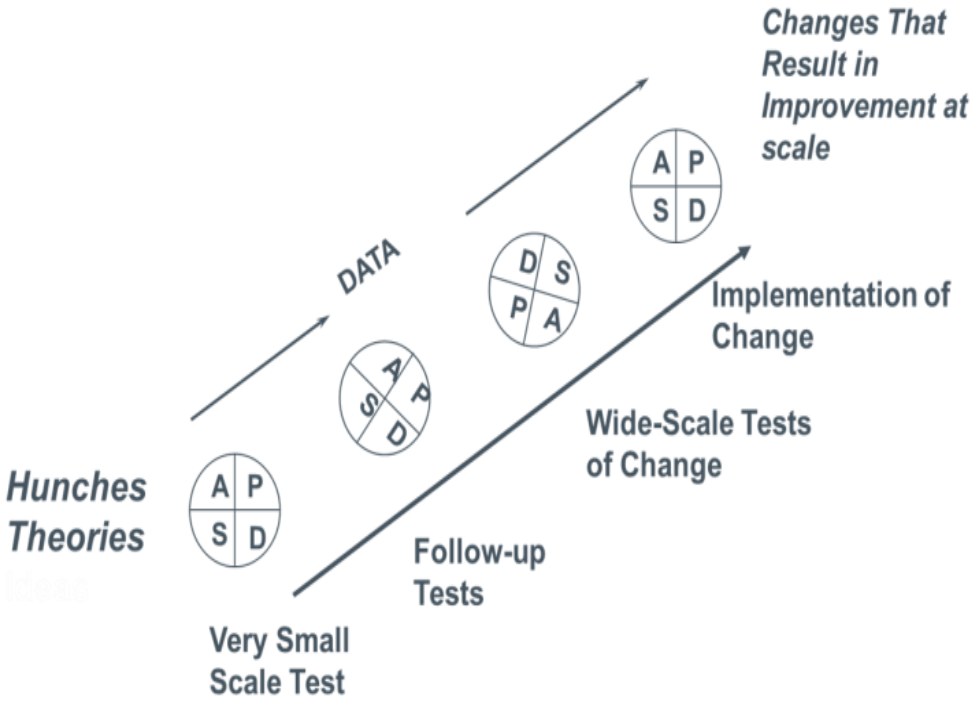
Definition: Externally inspired health projects ("hot spots") that are not integrated with country health care plans and disappear after project ends

Projects At Risk of Pilotitis

- Not co-designed and led from within country health system
- Not designed for scale up
- Not designed for sustainability (often over-resourced)
- Costs a lot with small impact
- Often dies after publication

Learning for Expanding Impact

- "Adaptation not Replication" -implement and scale up to the local context - what works here may not work there
- Change ideas come from outside (disruption) and inside (context based improvement)
- Start small, failure is OK.
- Harness learning at district, region, national and global level



Ref: The Improvement Guide Langley 2009

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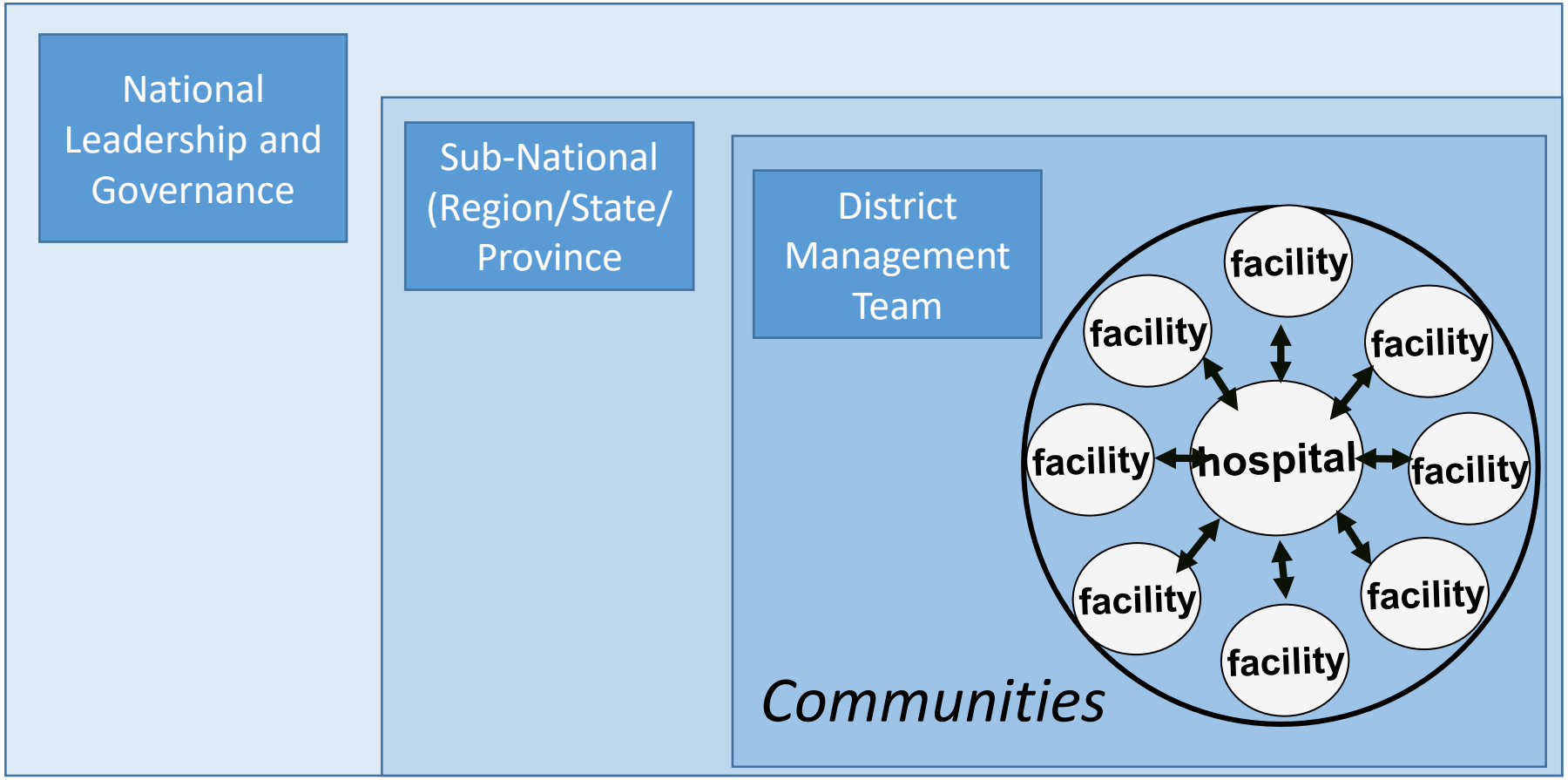
The Health District: Unit of Learning and Scale-up



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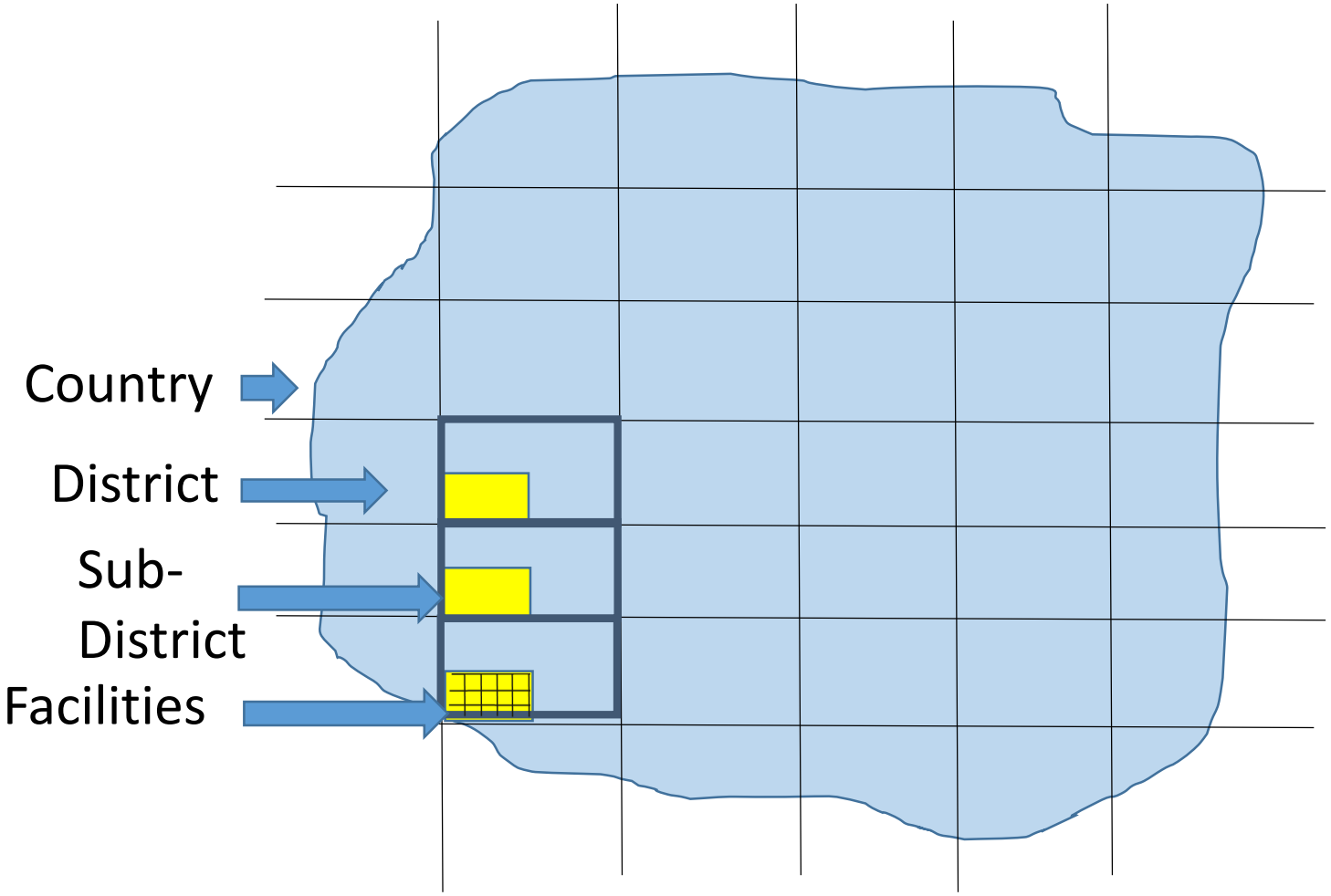
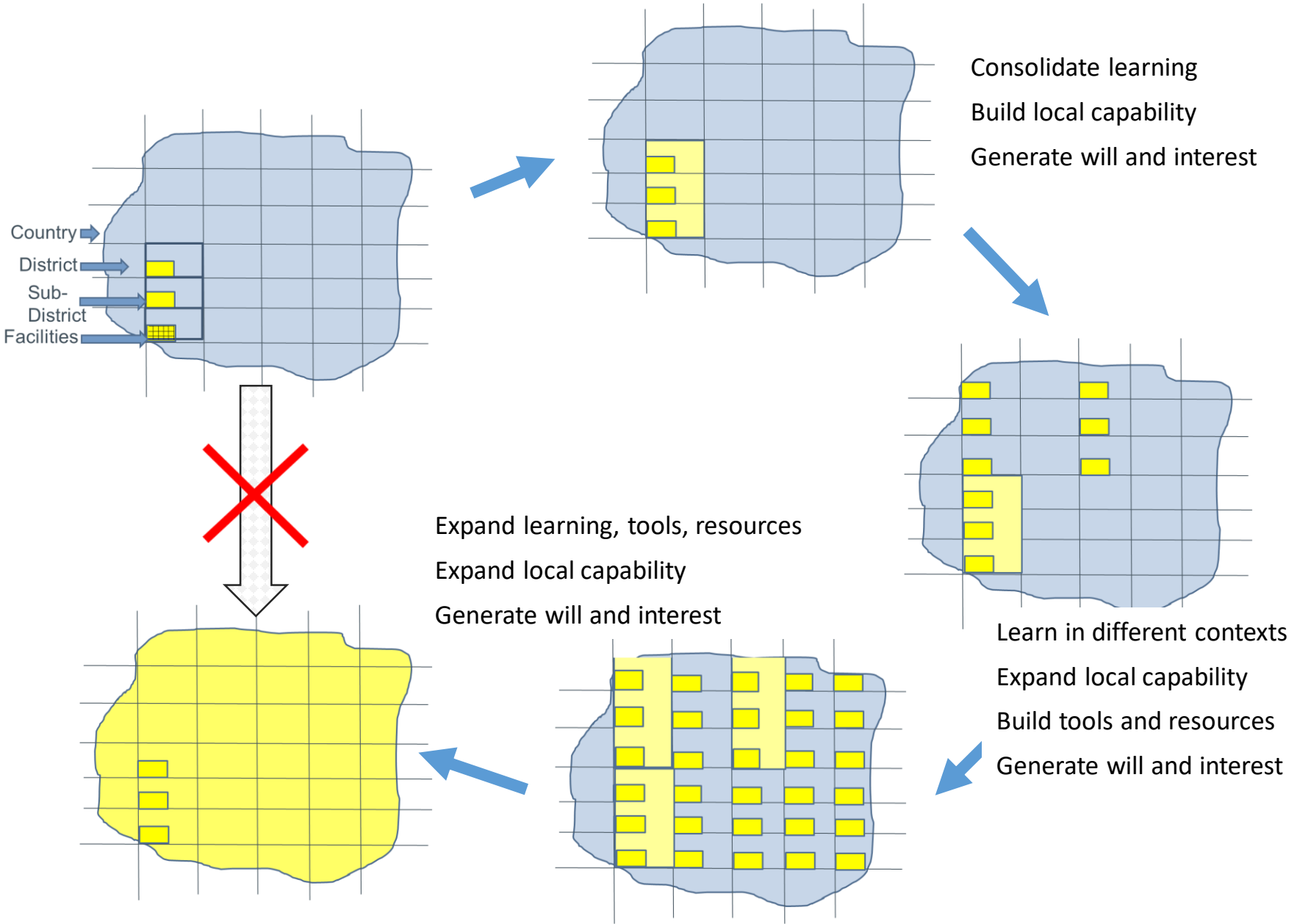
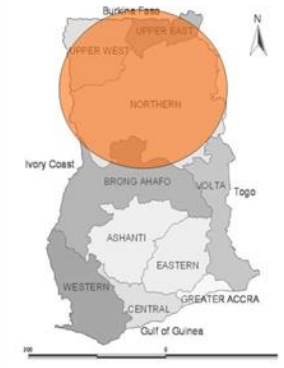
Scale-Up Design: Step 1 – Test in a few districts on a small scale

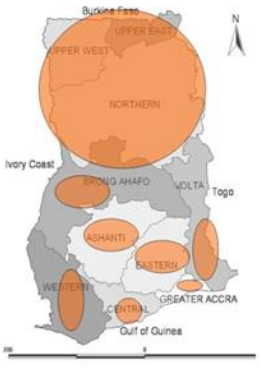


Sequential Scale-Up Design



Example: Ghana Scale up of MCH Services (Project Fives Alive)





	Phase 0:	Phase 1:	Phase 2:	Phase 3:	Phase 4:
Months	-6 to 0	0– 9	10 - 27	19-39	34 – 51
	Preparation Building will Baseline data	Piloting Building will Demonstration	Scale up	More Piloting	National Scale up
Sub-districts with QI teams	35		230	260	1800

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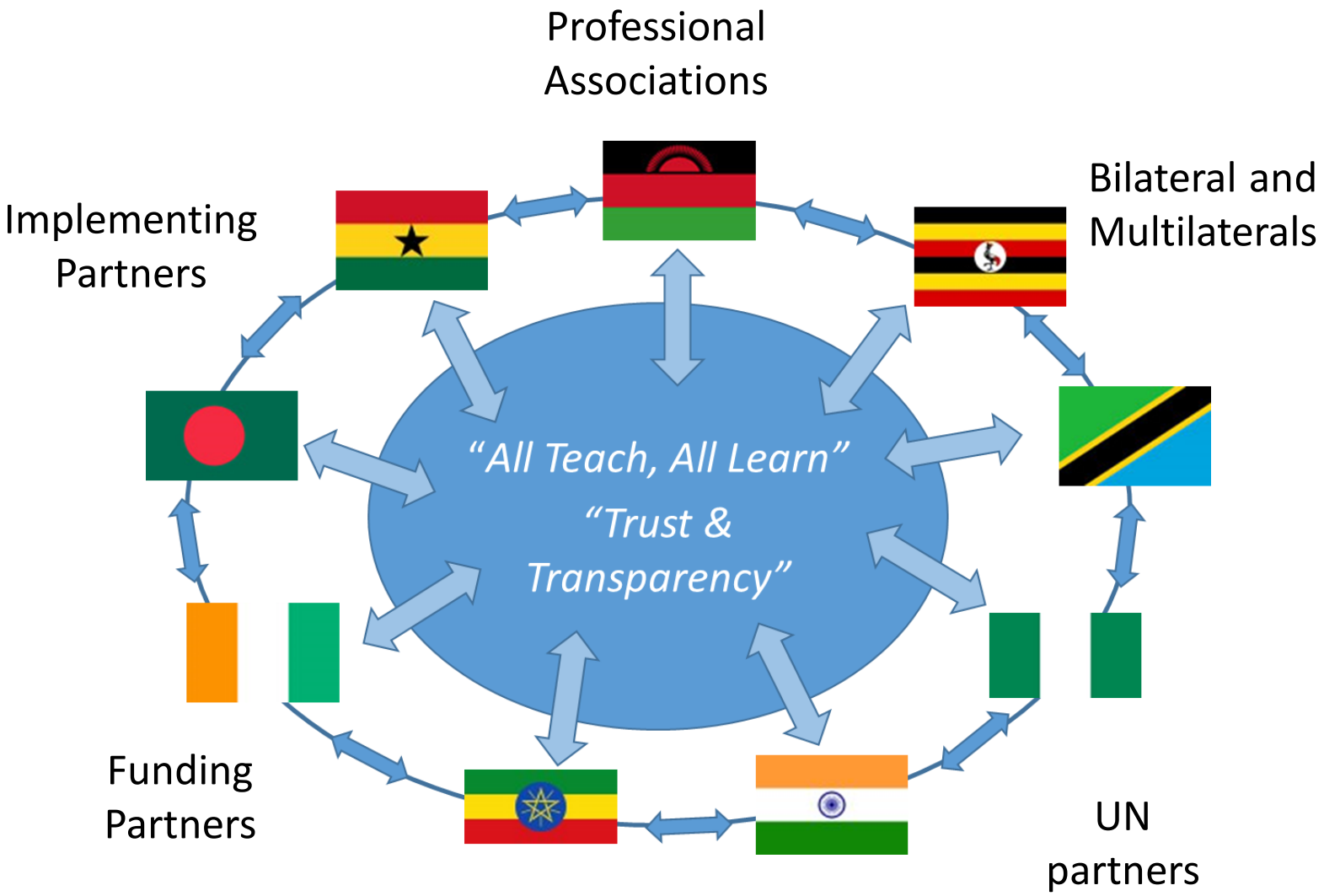
Unprecedented Learning Between Countries and Partners



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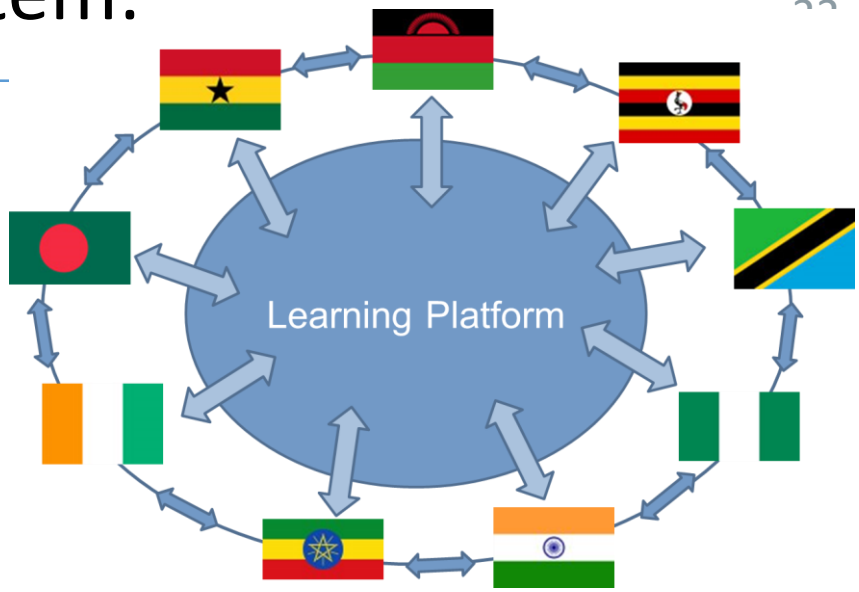
Huge Opportunity for Cross Country Learning

Leadership								
Functional Leadership Structure for Quality Improvement								
Quality of Care Committees established in District Health Management Teams								
Plans, strategies & standards								
National Quality of Care Strategy for the Health Sector								
National Strategy for Maternal and Newborn Health addresses Quality of Care								
National Quality of Care Standards and Protocols								
Data								
National Situational Analysis for Quality of Care up to date								
Assessment of Quality of Care in Health Facilities completed in the past two years								
Supporting systems								
Maternal and Perinatal Death Surveillance and Response System established								
13 Maternal and Newborn Lifesaving Commodities on the Essential Medicine list								
Water Coverage in Health Care Facilities (%)	97%	32%	68%	68%	68%	94%	71%	65%	66%
Skilled attendance at delivery (%)	42%	28%	74%	1.1%	1.1%	87%	38%	64%	57%
National Availability of EmOC (%)	184%	11%	37%	37%	37%	40%		21%	34%

Country Readiness for Quality Programming

Learning System:



Build Will and Community

- Common goals and methods
- Accountability to each other
- Commitment to learning
- Transparency and trust

Foster Learning

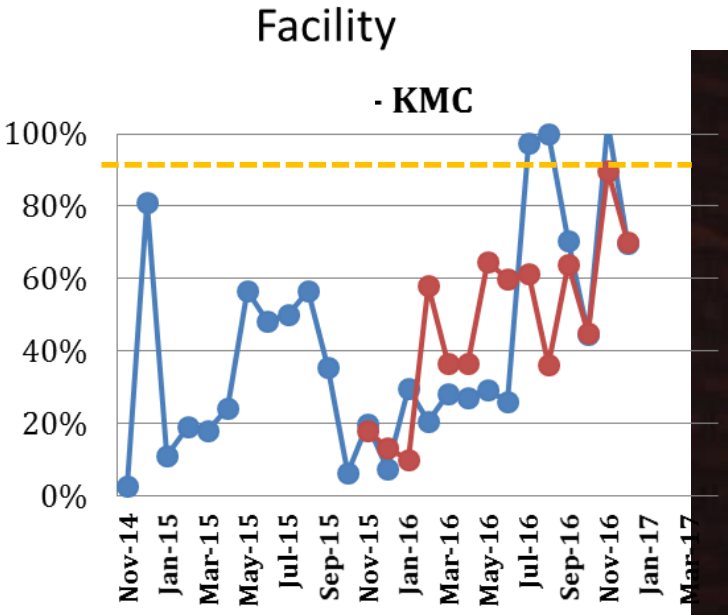
- Face-to-face and virtual
- Share successes and challenges
- Share comparable metrics

Make Knowledge Resources Available

- Static information and tools
- Know-how and experience
- www.qualityofcarenetwork.org

Linkage to Global Learning Lab

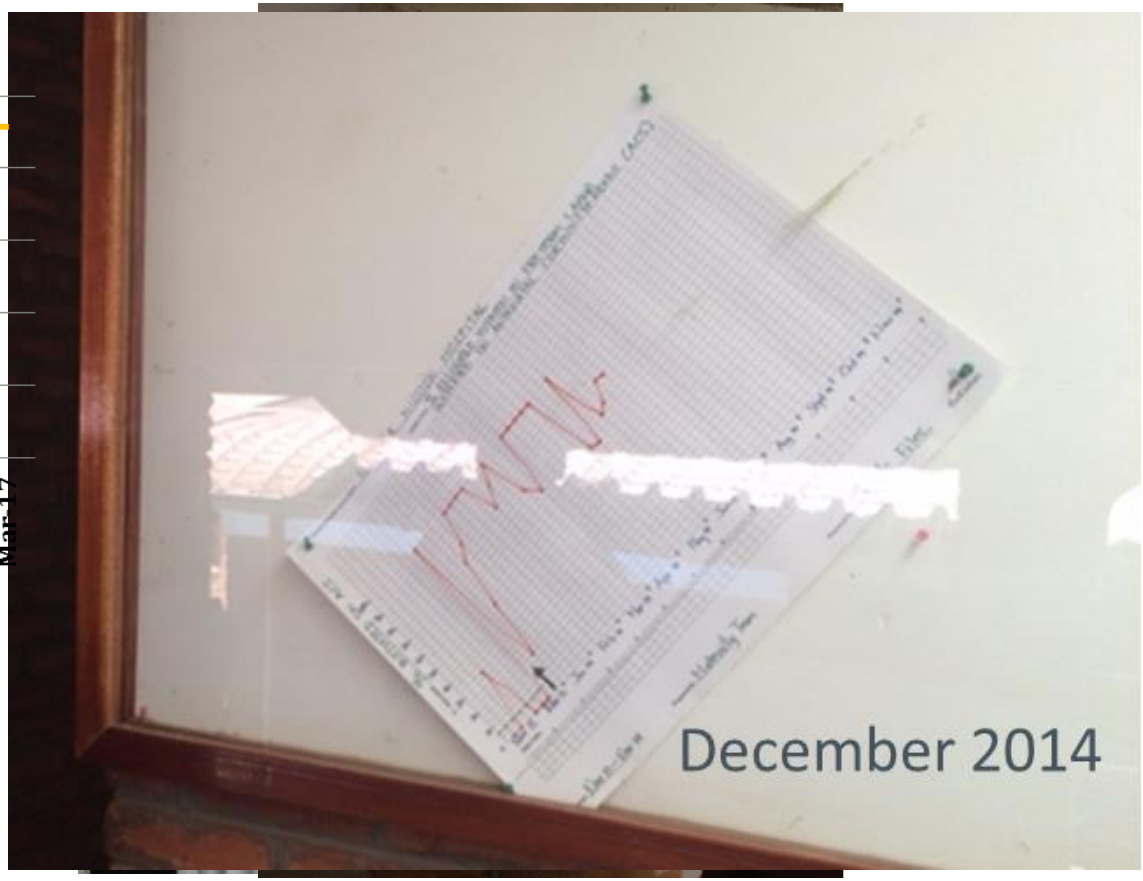
Accountability:
Monitor, review, act at every level



Teams meet, identify gaps,

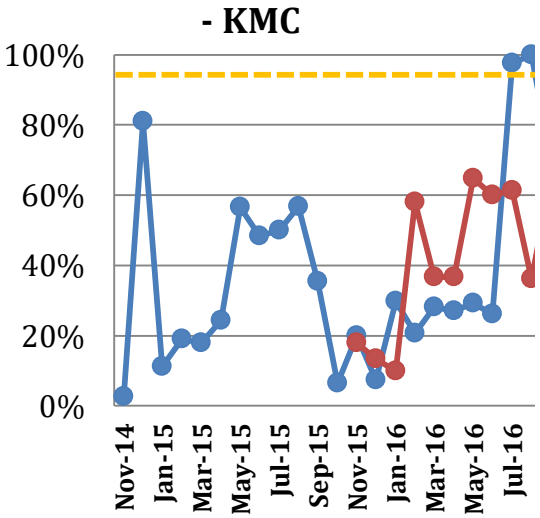
test ideas,

report data



Accountability: Monitor, review, act at every level

Facility

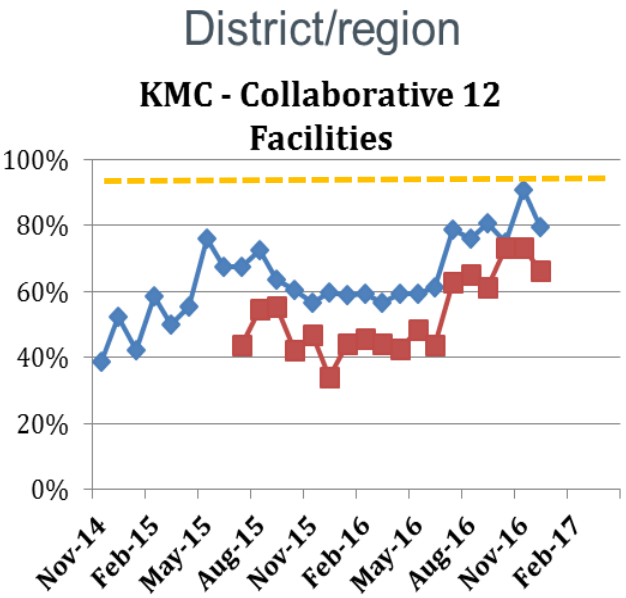


Teams meet, identify gaps,

test ideas,

report data

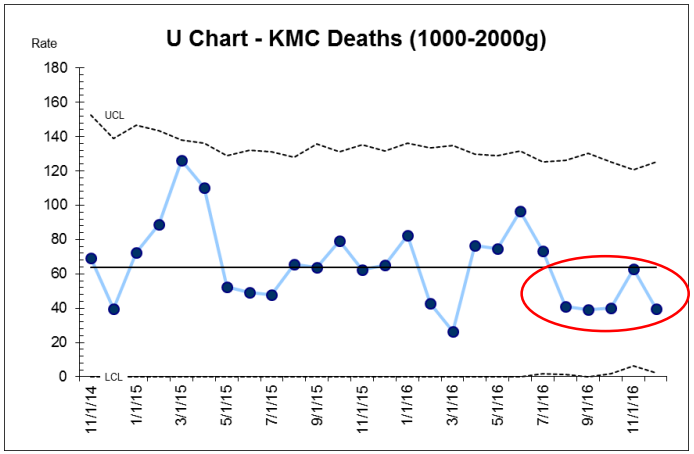
District/region



Supportive supervision,
Regular review of data,
Remove barriers

Ensure resources

Nation



Advocacy and Will

Build coalition

Ensure Resources

Use Data for Planning

Implementation Guidance

Introduction

Quality of care in health services is essential for achieving universal health coverage and the

adolescent can thrive to realize their full potential, resulting in enormous social, demographic and economic benefits.

1. Leadership Structures for Quality
2. Build the coalition
3. Assess the baseline
4. Adapt the QoC standards
5. Ensure essential resources
6. Select the starting districts
7. Build the learning system
8. Plan ahead for scale up

Thank You!