



Quality, Equity, Dignity

A Network for Improving Quality of Care  
for Maternal, Newborn and Child Health

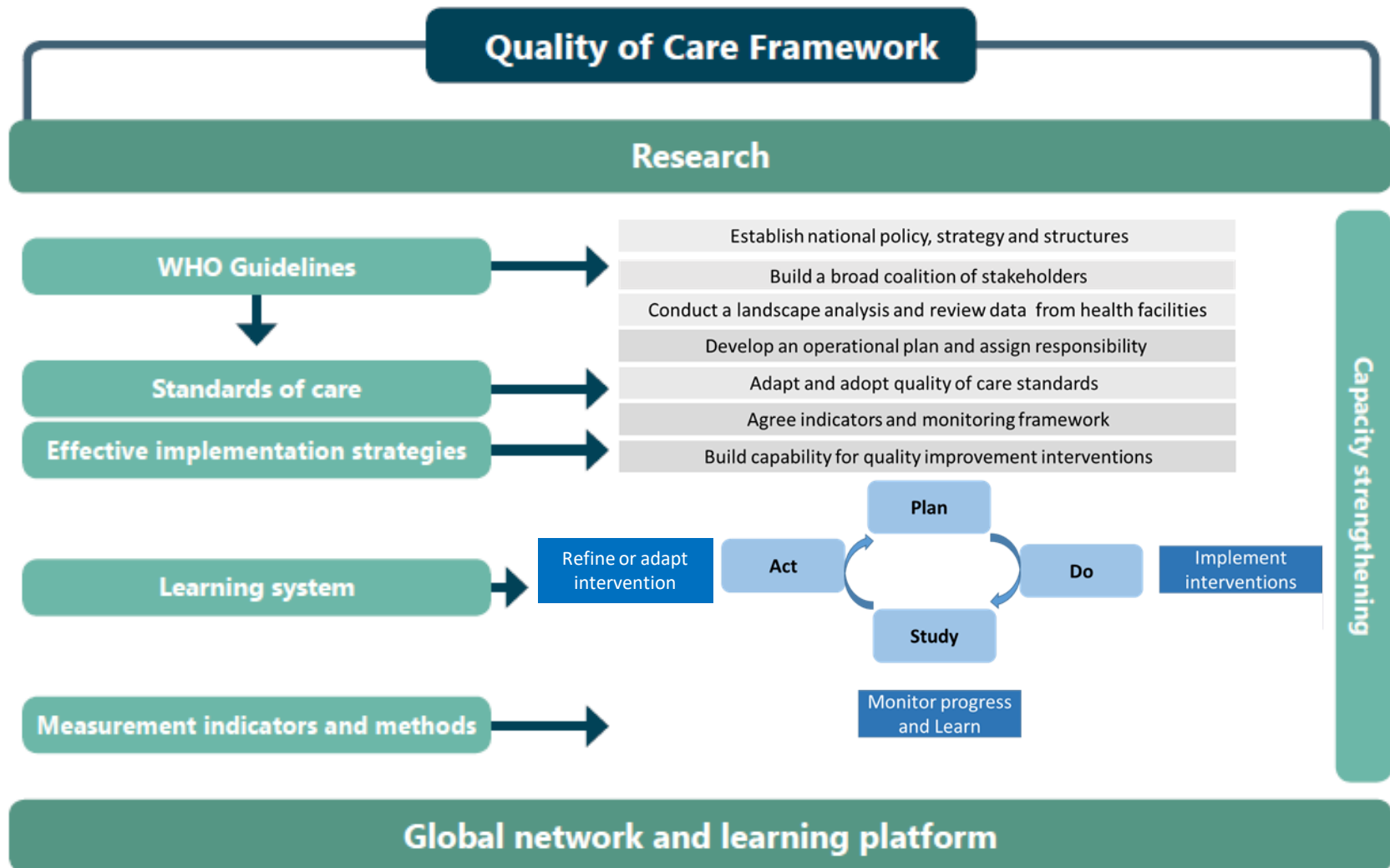
# Evidence Synthesis: Implementation Interventions for improving quality of care

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# Implementation and strategic work areas



# Rationale

- ❑ Many of the evidence-based practices for improving quality of care for mothers and newborns are already known
  - incorporated into the eight QoC standards and associated quality statements
- ❑ The question – "**HOW**" to implement these practices
- ❑ Implementation interventions
  - systematic interventions or strategies to adopt and integrate evidence-based practices into care and improve quality



# Methodology

**Step 1:** Systematic review and developing categories for implementation interventions

**Step 2:** Verification of the implementation intervention categories and consensus-building

**Step 3:** Mapping of the EPOC evidence base (2010-2016) to the implementation intervention categories

Case studies  
real-life application



# Implementation interventions

- 1) Leadership and governance of quality
- 2) System re-design for implementation and scale up
- 3) Financial strategies to support improvement
- 4) Assessment and provision of resources
- 5) Engaging women, families, communities in their care
- 6) Education, training and supportive supervision for clinical and system activities
- 7) Data to support improvement
- 8) Learning communities for accelerating improvement



# 1) Leadership and governance of quality

Description	EPOC evidence for the Implementation Interventions, 2010–2016 Summary of findings (8)
<p>Leadership of improvement mandates change, builds will for improvement, solicits policies that support quality, promotes care designs based on systems thinking and learning, integrates quality efforts and structures, coordinates and commits needed resources, and builds a coalition of stakeholders.</p> <p>Governance ensures the functionality and accountability of programming through integrated regulatory and monitoring structures, supports transparent data reporting, ensures required resources, supports the environment for improvement, and designs changes informed by continuous learning.</p>	<p><i>Three systematic reviews examined interventions regarding governance and leadership:</i></p> <ul style="list-style-type: none"><li>• Interventions comprised local opinion leaders (n=1), private contracts for health-system management and health-system managerial training (n=1) and the implementation of legislative guidelines (n=1).</li><li>• Interventions had generally positive but moderate effects on improving use of health services and performance of health-care professionals; there was no evidence on health outcomes.</li></ul>



## 2) System re-design for implementation and scale-up

Description	EPOC evidence for the Implementation Interventions, 2010–2016 Summary of findings (8)
<p>The system redesign can include new designs that are mandated by leadership or management as well as those that are developed iteratively through rapid cycle testing. Adaptive design is a theory-based implementation intervention that allows front-line teams, managers and leaders to tailor the implementation strategies to address system barriers and leverage facilitators of care. Adaptive design incorporates knowledge and learning from the field into future designs at all levels.</p>	<p><i>Seven systematic reviews assessed the effects of system redesigns focused on health-service organization and delivery:</i></p> <ul style="list-style-type: none"><li>• Interventions comprised tailored designs (n=1), introduction of evidence-based clinical practice or restructuring health-service delivery (n=6).</li><li>• Interventions had generally positive but moderate effects on improving coverage of health services and efficiency of health-service delivery; there was no evidence on health outcomes.</li></ul>

# 3) Financial strategies to support improvement

Description	EPOC evidence for the Implementation Interventions, 2010–2016 Summary of findings (8)
<p>Financial strategies ensure that the implementation plan is costed and well financed (e.g. through existing or additional funds). Strategies can include improved payment and collection methods, and financial incentives to providers or consumers.</p>	<p><i>Twelve systematic reviews assessed effects of different financial strategies:</i></p> <ul style="list-style-type: none"><li>• Financial strategies comprised various pharmaceutical policies (n=4) and financial incentives targeting either health-care users or health-care professionals (n=8).</li><li>• Pharmaceutical policies generally reduced drug spending, but had uncertain effects on the use of health care and there was no evidence on patient outcomes.</li><li>• Financial incentives to patients moderately increased care use; financial strategies targeting health-care professionals had positive but moderate effects on the performance of health-care professionals; there was insufficient evidence on health outcomes.</li></ul>





# 4) Assessment and provision of resources

Description	EPOC evidence for the Implementation Interventions, 2010–2016 Summary of findings (8)
Key human and physical (structure, equipment and supplies) resources are continuously identified, assessed and addressed at all levels.	<i>There was no systematic review identified to provide evidence in this category.</i>



# 5) Engaging women, families and communities in their care

Description	EPOC evidence for the implementation interventions, 2010–2016 Summary of findings (8)
<p>Activated and informed patients participate in the design and maintenance of their own care. Patients and communities are engaged in the design of quality-of-care programming, and their feedback is incorporated into programme design.</p>	<p><i>Three systematic reviews assessed effects of engaging patients and communities in their care:</i></p> <ul style="list-style-type: none"><li>• Interventions were often multifaceted and largely included educational interventions at health-care facility or in the community and use of decision aid.</li><li>• Interventions had mixed effects on the use of health services. When interventions targeted both patients and health-care professionals, they had generally positive effects.</li></ul>



## 6) Education, training and supportive supervision for clinical and system activities

Description	EPOC evidence for the Implementation Interventions, 2010–2016 Summary of findings (8)
<p>Leaders, managers and practitioners have knowledge and are able to use that knowledge in two closely related content areas: clinical excellence and health systems functionality. Managers use both didactic and facilitative teaching and supervision methods to achieve high levels of performance in these two areas.</p>	<p><i>Six systematic reviews examined various interventions in this category:</i></p> <ul style="list-style-type: none"><li>• Interventions included educational games, provision of printed education materials, in-service training or education session, and managerial supervision.</li><li>• Interventions had small benefits or uncertain effects on health-care professionals' practices.</li></ul>



# 7) Data to support improvement

Description	EPOC evidence for the Implementation Interventions, 2010–2016 Summary of findings (8)
<p>A set of relevant, accurate and timely data (quantitative and qualitative) are continually collected and fed back at all levels of the system for planning, monitoring and improving care. Skilled collection, reporting and interpretation of data at all levels are supported by simple collection and reporting tools.</p>	<p><i>Nine systematic reviews assessed interventions regarding data to support improvement:</i></p> <ul style="list-style-type: none"><li>• Interventions comprised introduction of data report system (n=1), audit and feedback (n=1), data release (n=1), use of electronic health information (n=3) and external inspection or peer review (n=3).</li><li>• Interventions had generally uncertain effects on clinical practices.</li></ul>



# 8) Learning communities for accelerating improvement

Description	EPOC evidence for the implementation interventions, 2010–2016 Summary of findings (8)
<p>Improvement is accelerated when practitioners, managers or leaders, are working towards a common purpose, using a common methodology, and sharing knowledge and learning through structured and unstructured face-to-face or virtual peer-to-peer collaboration. Existing administrative structures such as health districts provide opportunities for networked learning.</p>	<p><i>One systematic review assessed effects of interprofessional education:</i></p> <ul style="list-style-type: none"><li>• Interprofessional education intervention involved health-care professional or patients.</li><li>• The intervention had uncertain effect on the performance of health-care professionals.</li></ul>



# What have we learnt?

- ❑ Implementation interventions are not unique
  - to a specific area of specialty
  - to a particular setting
  - to 'successful' studies
- ❑ Issues with appropriate reporting
  - Difficult to assess and evaluate the implementation process and outcomes
- ❑ Common frame - strategic components of the quality improvement process
- ❑ The packaging of these implementation interventions
  - varies across countries, districts and facilities
  - depends on countries' prior experience
  - the learning process



# The way forward

- These categories and the currently available evidence will inform the implementation guidance and evaluation – **adaptable** to country context and needs
- Global learning platform will enable **sharing** of knowledge and **generation** of further evidence at the local and global levels
  - Programme reporting standards (PRS)



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