



# HEALTH MANAGEMENT CONFERENCE

DATE : 29-30 JUNE 2011

# OVERVIEW

- 20 000+ Objectives
- Quality Improvement in healthcare
- Methods used
- Results
- Challenges
- Conclusion



  
20,000+  
partnership

# 20 000plus partnership



**Antenatal HIV prevalence > 40% in the 3 districts**

20,000+ partnership (UKZN, DoH, IHI)  
*Improve quality of the health system performance through the PMTCT programme: **use existing staff, use routine routine health information (DHIS)***

## SCOPE OF WORK

- 15 hospitals
- > 200 clinics
- Population ~5 million
- Initial perinatal transmission-21% (2005)
- Project timeline 04/2008 – 04/2013



  
**20,000+**  
partnership

# Objectives of 20 000plus

- Reduce MTCT rate to less than 5% and improve overall child survival in ***KZN through health systems support interventions using Quality Improvement methods.***
- Develop health systems improvement capacity at provincial, district and facility level to sustain effective PMTCT programmes, but that could be applied to any other health domain and service delivery



  
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# “Quality Improvement” in healthcare

- Simple method to identify gaps in the health care system
- Systematic way to close those gaps and safely improve the process of care

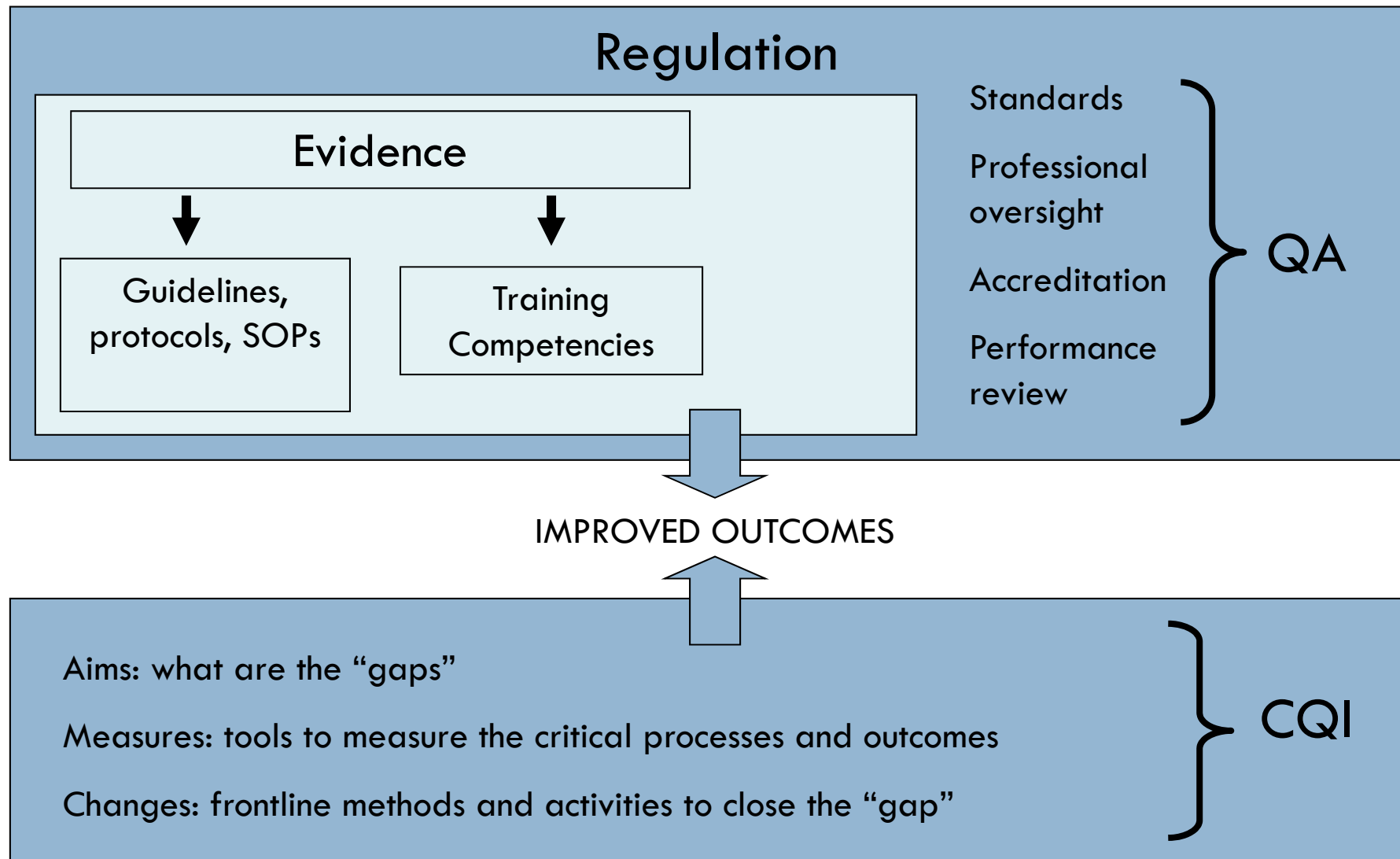
## Principles(WILL,IDEAS,EXECUTION)

- Apply local wisdom
- Focus on the data(stop the blame game)
- Work “smarter”, not “harder”

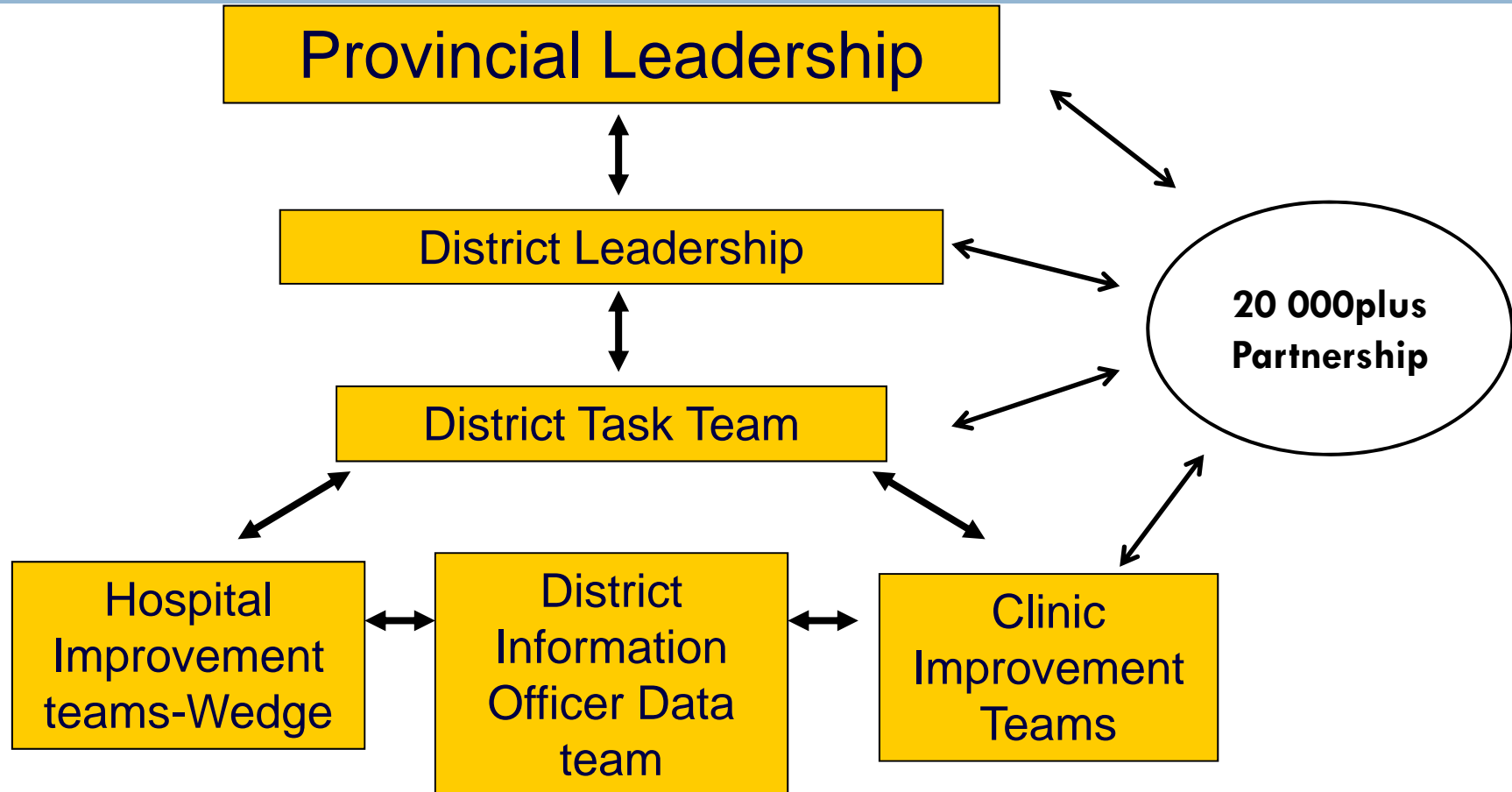


  
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# QA and QI



# 20,000+ Partnership Structure





Quality

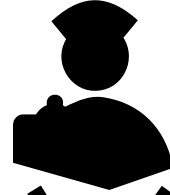


Mentor links hospital sites and clinics



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Quality mentor



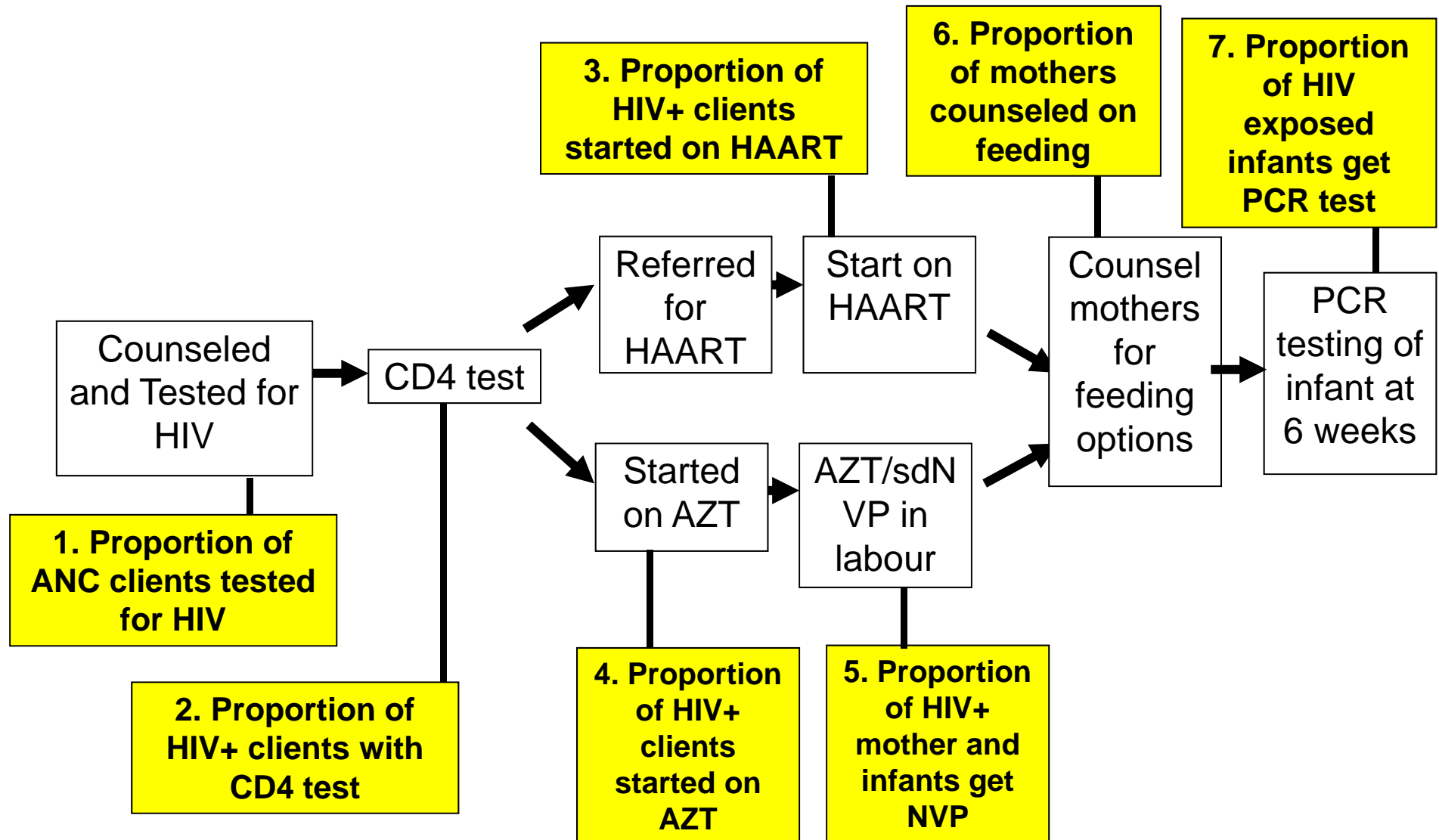
PHC supervisor



District Hospital



# Simplified PMTCT indicators



# Method....

- Leadership support
- Team work- Multidisciplinary
- Will
- Data driven approach- Using information to guide performance
- Innovations around health system
- No additional resources
- Ongoing support- to ensure implementation happens( mentoring )

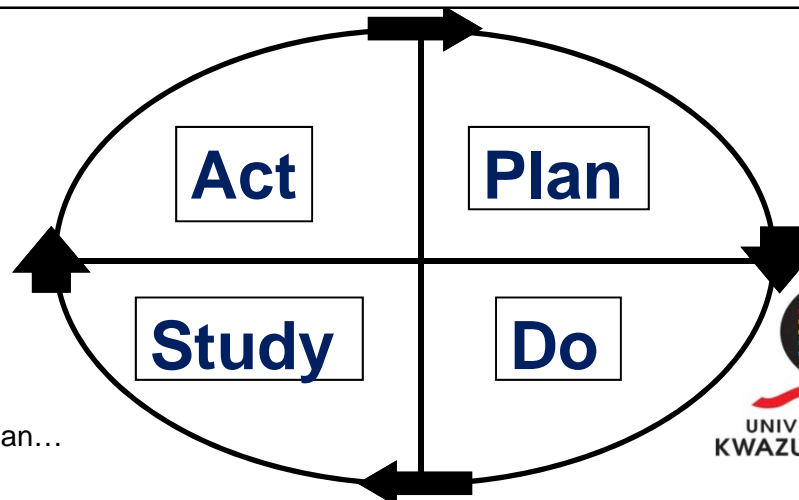
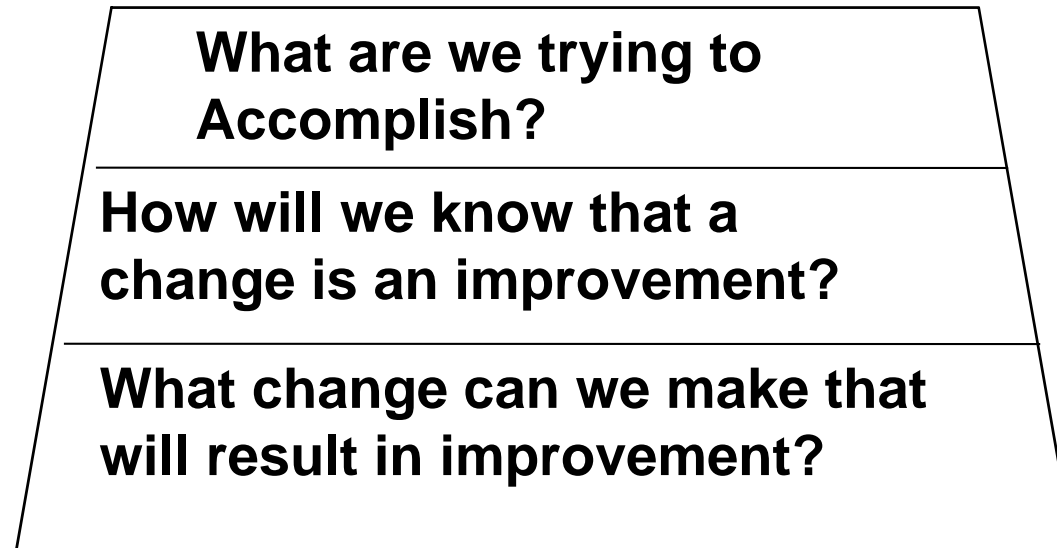


  
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# The Model for Improvement

When you combine the 3 questions with the...

PDSA cycle, you get...



...the IHI Model for Improvement.



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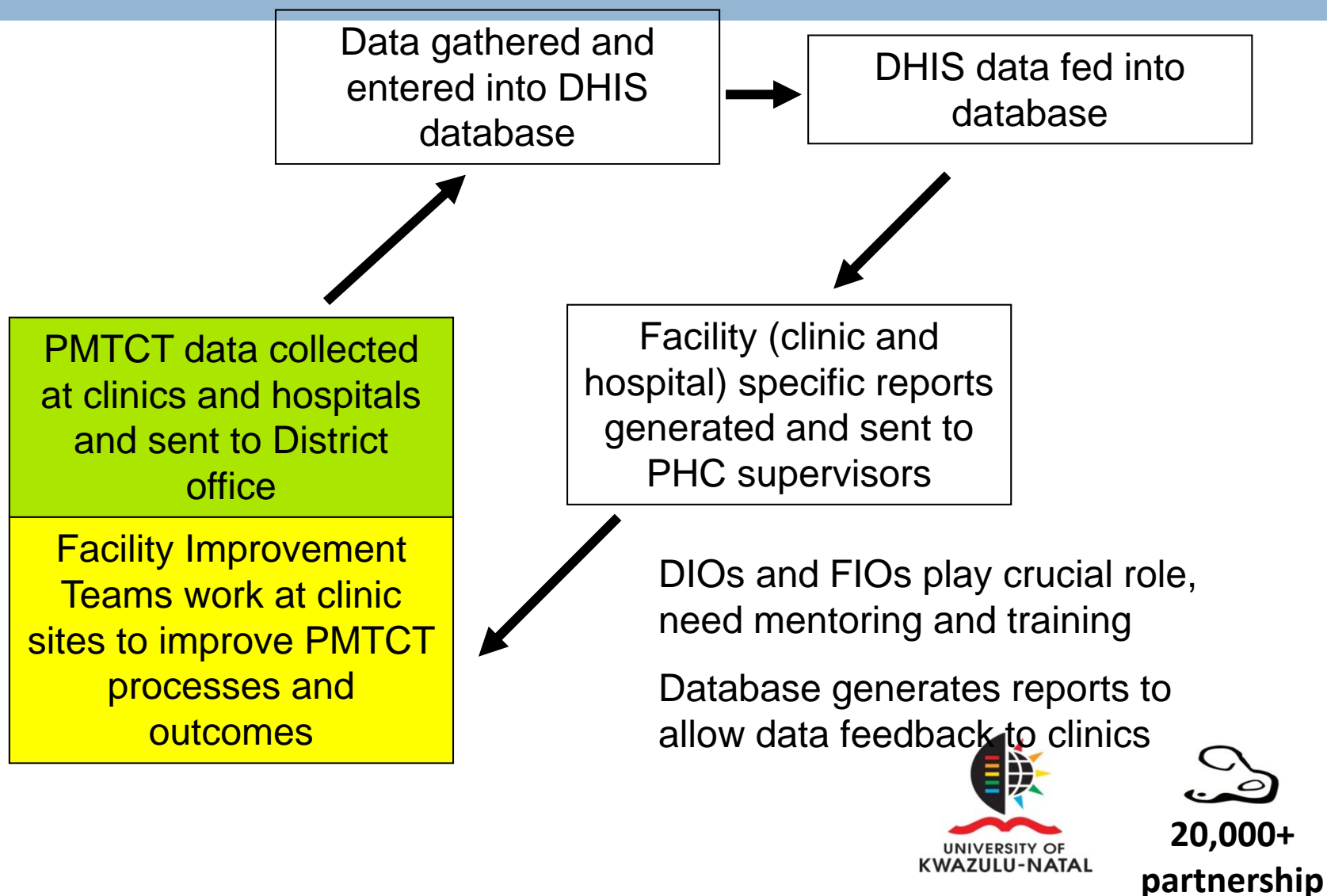
# Model for Improvement

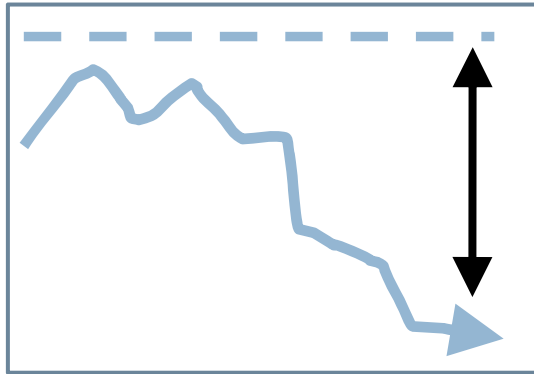
- Offers a method of Continuous Improvement
- Offers a non-threatening way for change
- Accepts input and ideas from all stakeholders
- Offers a framework for trial and redesign
- Based on “building and applying” knowledge



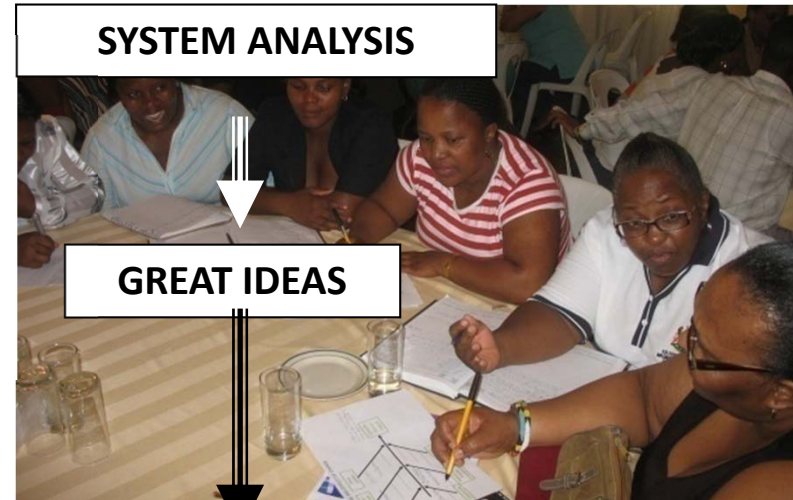
  
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# Data Feedback System

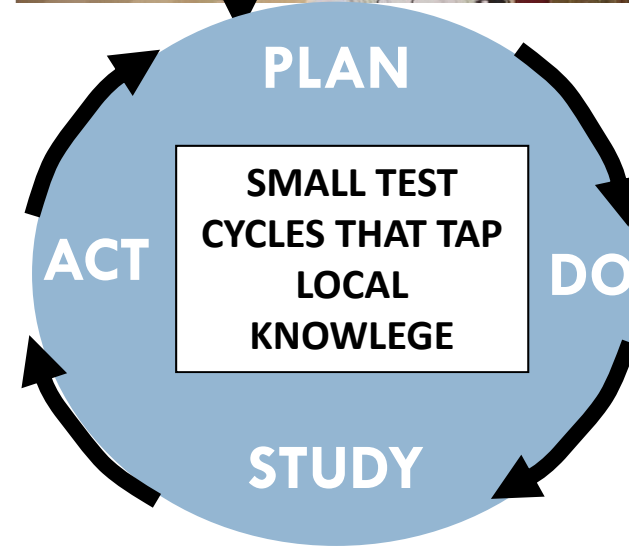




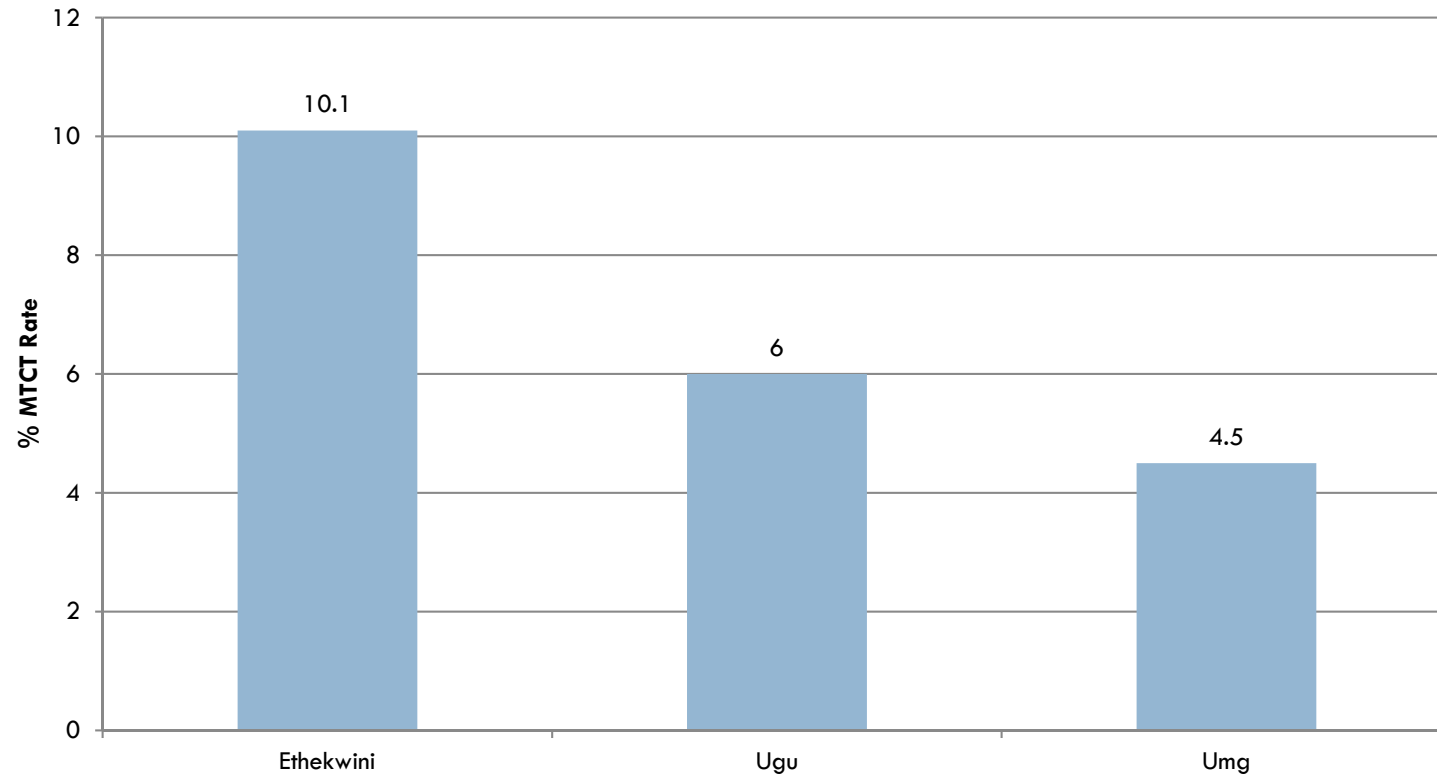
**The "Gap"**



**SUCCEED/SUSTAIN**

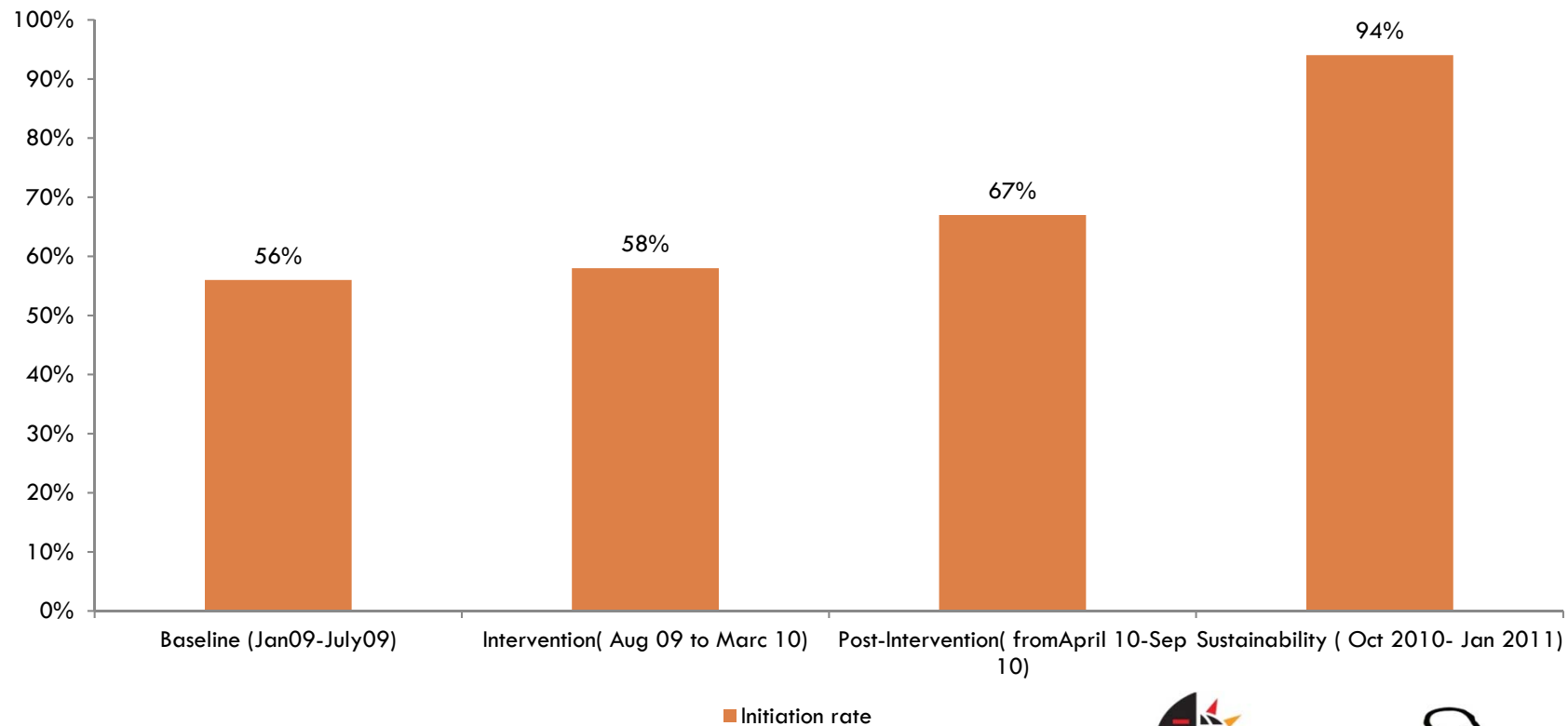


# Transmission Rate IMPACT 2008/09



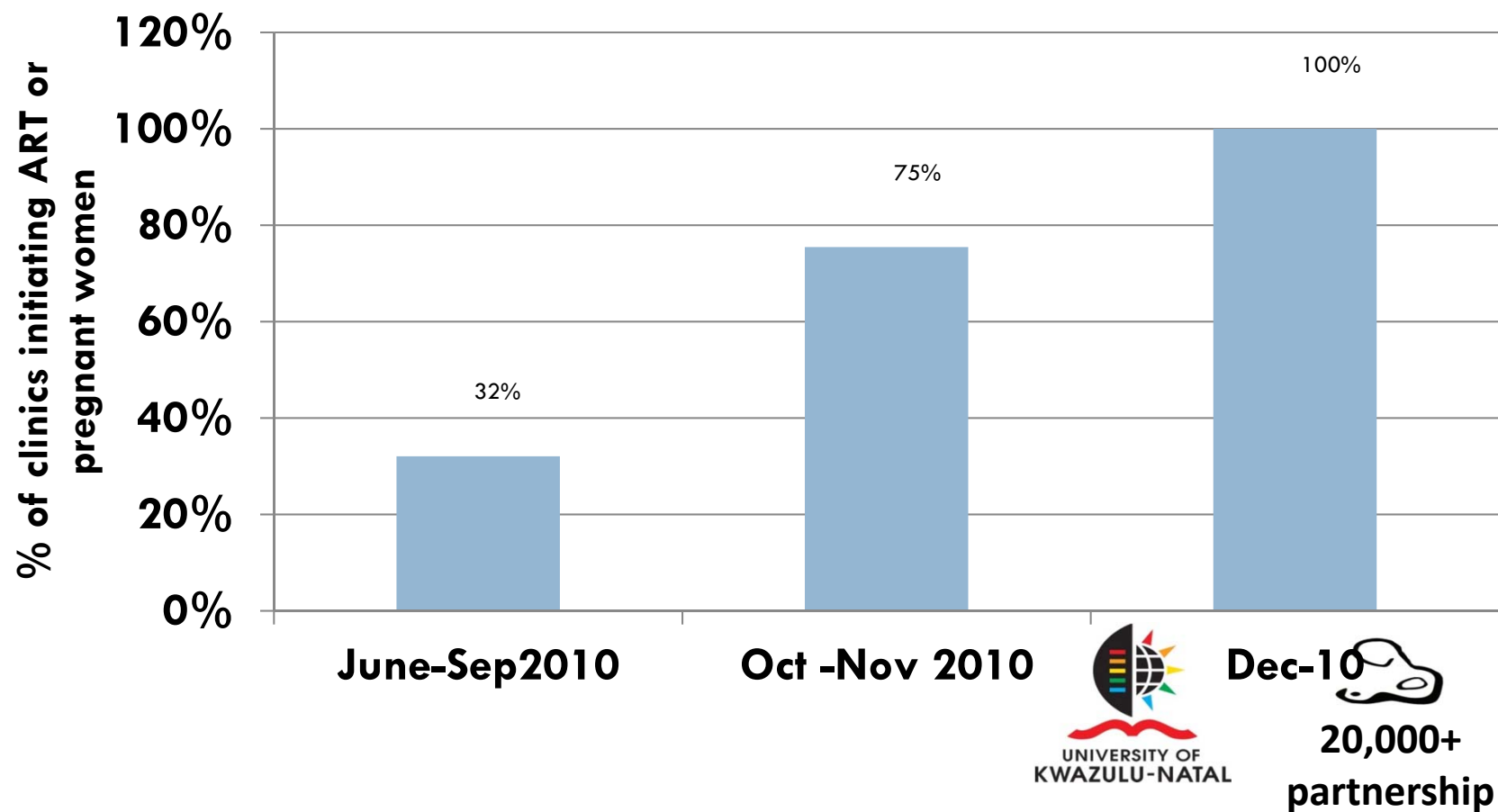
# Results.....

## Masibavikele 'Let's Protect Them' Campaign HAART Initiations to pregnant women

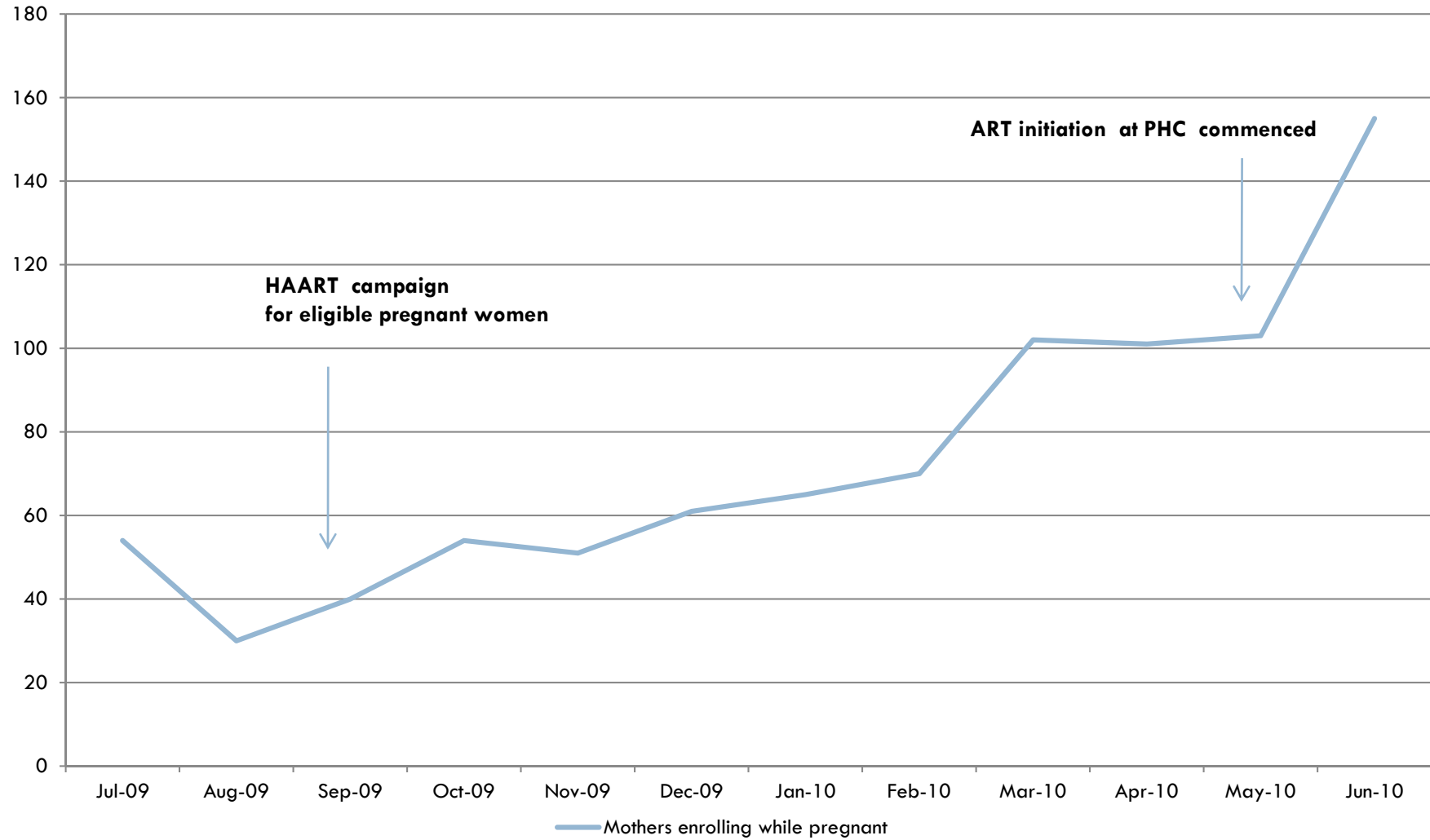


  
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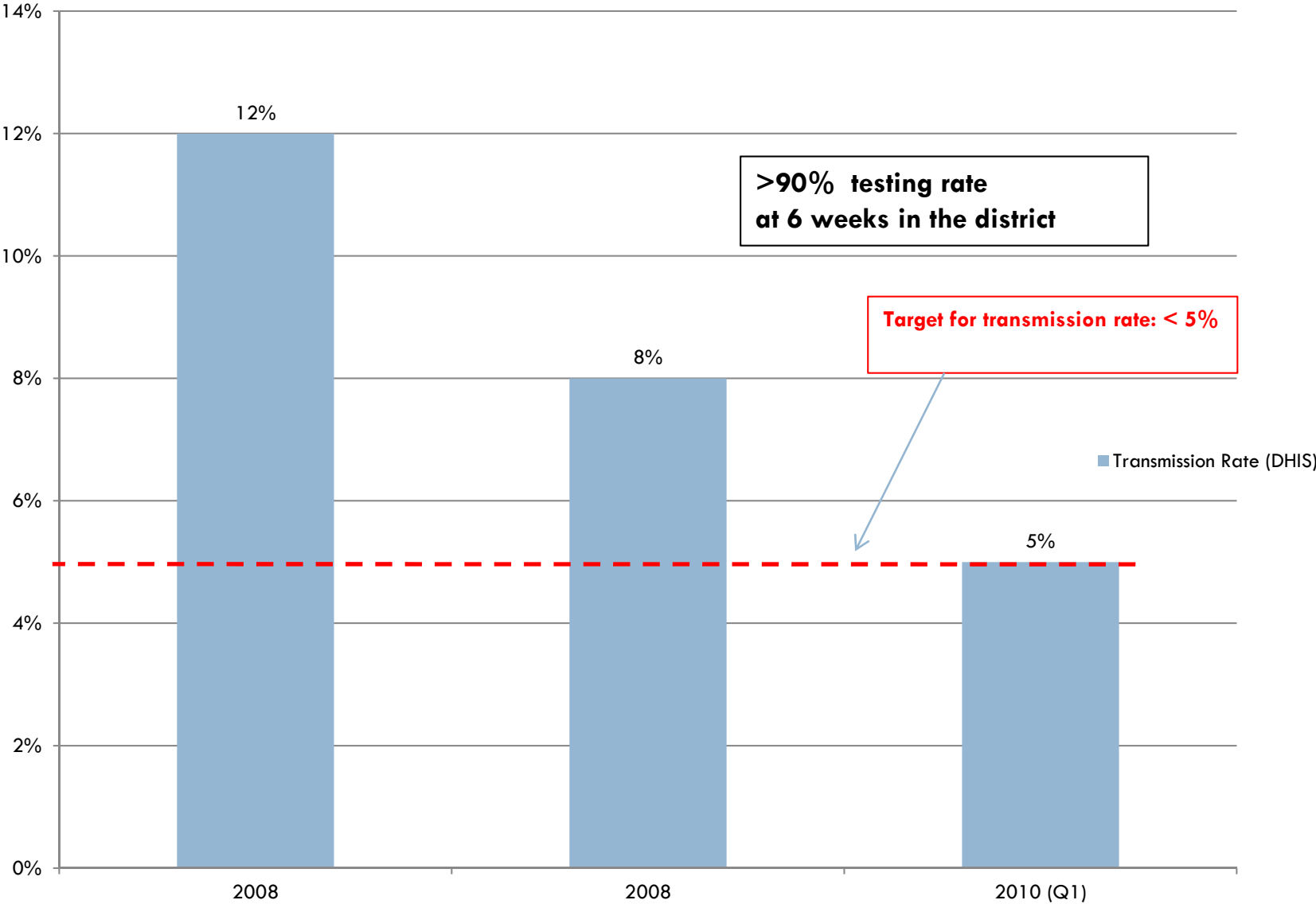
## PHC ART initiation



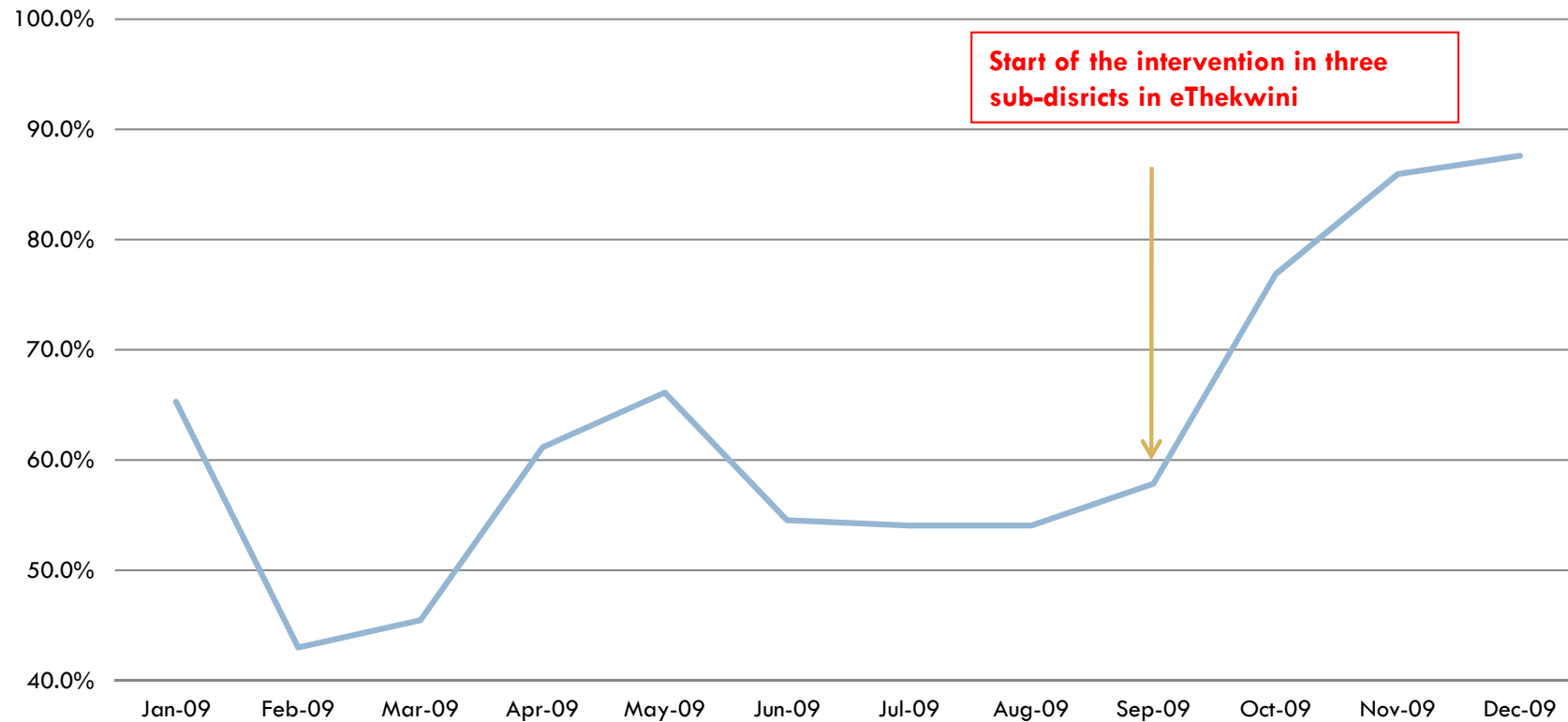
## Raw no. of women initiated on ART while pregnant (JUL 09-JUN 2010) UGU District



# Transmission Rate (DHIS) at 6 weeks



# Data Completeness



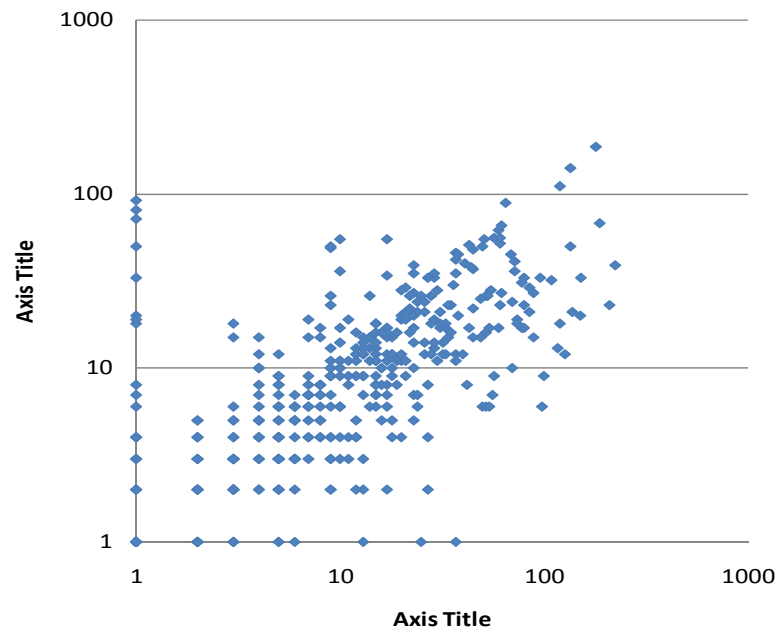
— Intervention Clinics- Completeness



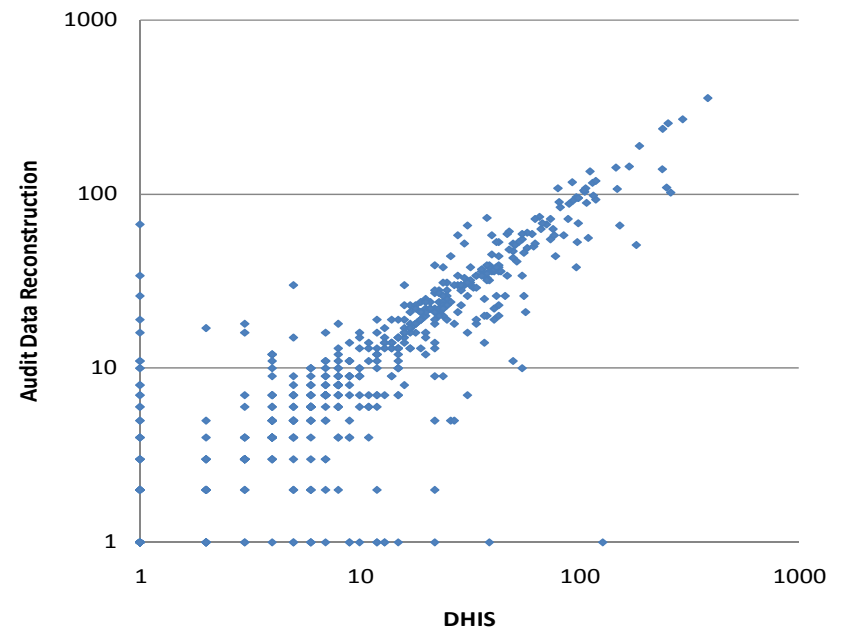
  
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**partnership**

## Data agreement between source documents and DHIS at baseline and after the intervention in 79 facilities in KZN

### Audit Cycle 1: DHIS vs Audit Data Reconstruction



### Audit Cycle 3: DHIS vs Audit Data Reconstruction



# Challenges

- Engaging the leadership- Change agents
- Identifying the champion to lead vs natural champions
- Sustaining changes
- Data Feedback



  
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# Sustaining improvement

- Leadership engagement- visible, supportive
- Mentorship
- Team work
- Data engagement
- 'hard-wire' into system



  
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# Conclusions

- Health outcomes can be improved through simple innovations using Quality Improvement.
- Capacity for Quality Improvement does exist in South Africa
- Alignment and coordination of partners to the DOH priorities is as imperative as harnessing the support
- QI networks need to be established and strengthened to improve outcomes at scale: “Sum of the parts makes a greater whole”



  
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