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Health Systems  
Strengthening in

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# USAID HSSC

USAID's Health System Strengthening in Cambodia Project, implemented by University Research Co., LLC

Issue 7, May 2007

## Strengthening Health Systems Through Quality Improvement

**A** priority for Cambodia's health system, as identified in the Ministry of Health's Sector Strategic Plan (2003-2007), is to improve the quality of health services and health delivery. Developed in conjunction with the MoH Quality Assurance Office and Quality Improvement Working Group, USAID-HSSC and its MoH partners are implementing the Hospital Quality Improvement Project in the eight USAID-HSSC supported referral hospitals. Other partners, such as BTC and GTZ, have worked with the MoH to implement the project in additional referral hospitals.

Dr. Dirk Horemans, BTC Health Project Co-ordinator, stated in support of the project that the tools developed by USAID-HSSC are "useful instruments" with the following major advantages:

- The project uses a horizontal and comprehensive institutional approach rather than a vertical program based approach.
- The tools are designed to be utilized at frequent intervals, allowing the regular monitoring of progress. They are used by mixed teams of local professionals, requiring none or minimal external inputs.
- Since the Hospital Quality Improvement Project is developed with the MoH system, the tools can easily be adapted to changing situations.



The Hospital Quality Improvement Project is based on MoH guidelines and involves formal assessments to monitor progress combined with ongoing efforts to improve quality. Here, at Chhlong Referral Hospital in Kratie Province, staff receive on-the-job training in an effort to improve the quality of drug use.

### Aims of the Hospital Quality Improvement Project

1. Institutionalize a system for monitoring the quality of services and hospital performance, compliant with MoH guidelines.
2. Improve the capacity of management teams to effectively control resources for the delivery of high quality health services.
3. Advocate for improvement by bringing key system issues from the hospitals to the attention of the central MoH.

# Quality Assessment

USAID-HSSC, in collaboration with the MoH Hospital Department and Quality Improvement Office, developed a comprehensive, integrated and measurable assessment tool for use in referral hospitals. The first in a series of assessment tools which become progressively more focused on technical clinical quality, the Hospital Assessment is based on existing MoH guidelines for referral hospitals, including the Comprehensive Package of Activities (CPA). It is designed to measure whether hospital performance complies with those guidelines.

Assessments are conducted at referral hospitals to provide the MoH and the hospitals with an actual reflection of the level of management, infrastructure, equipment and supplies, documentation, records and the quality of services.

To ensure that the assessment tool was effectively understood and properly utilized, USAID-HSSC and partners, USAID-HSSC and partners conducted an intensive two-day formal training followed by repeated on-the-job coaching to a pool of independent assessors from the MoH, National Institute of Public Health, Angkor Hospital for Children and Sihanouk Hospital Center of Hope. Trained assessors use the Hospital Assessment Tool to conduct the external quality assessment of referral hospitals.

As of April 2007, USAID-HSSC has supported the MoH to conduct assessments and re-assessments in eight referral hospitals. Both BTC and GTZ have supported assessments in three additional hospitals each. In all, fourteen referral hospitals have been surveyed.

## Continuous Quality Improvement

### Baseline Assessment

To begin the process of improving hospital quality, a baseline assessment was conducted at the eight referral hospitals supported by USAID-HSSC.

The detailed assessments take three to four days to measure inputs to quality in the following hospital areas:

**Systems:** Management, Referral Systems and Hospital Indicators.

**Wards:** Pediatric, Obstetric, Medical, Surgical and TB.

**Departments:** Pharmacy, Radiology, Operating room (including central sterilization), outpatient department and laboratory.

For each survey, ten staff from each hospital and five patients from each hospital ward are interviewed to gather information for understanding the overall functioning of the hospital and to verify assessment scores.

### Analysis

After assessments, constructive feedback is provided to management and staff of the PHD, OD and referral hospital. Gaps in quality are highlighted, scores are reviewed and an overall evaluation is made to identify areas for improvement. Scores are compared with outcome indicators to gain a comprehensive understanding of overall hospital performance.

### Planning

With the results of the assessments, joint planning is conducted by management and staff at all levels. USAID-HSSC and partners provide technical assistance.

Teams identify and prioritize problems and develop practical solutions. Targets for improvement are set, and activities for intervention are agreed upon.

### Re-assessment

External re-assessments are conducted annually to evaluate results and measure areas of improvement.

The standard hospital assessment tool is used for each assessment (until hospitals 'graduate' to the second level tool) thus providing comparable results of inputs in the same hospital areas.

### Intervention

Hospital management and staff conduct activities aimed towards improving the performance of the hospital.

Management and staff are encouraged to use the hospital assessment tool to conduct internal assessments regularly during the year, establishing a goal orientated approach.

# Assessment Results

In 2005 USAID-HSSC conducted baseline assessments at eight referral hospitals in Cambodia. Re-assessments were conducted one year later and showed significant improvement. The graph below illustrates the improvement between assessments: in the first re-assessment, the average score was 79% (range 70-85%) which is a marked improvement over the average baseline of 47% (range 38-61%).

Areas where the hospitals achieved higher results include registration systems, basic equipment and supplies, general hygiene and communication with patients. Areas where less progress was made include appropriate annual planning, functional and efficient committees (including records and minutes of meetings), human resource issues such as work schedules, job descriptions, staff meetings and transparency in the allocation of user fees.

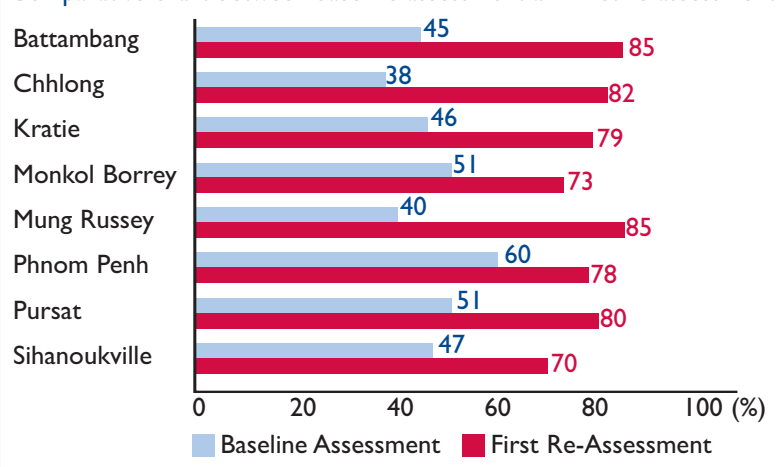
The assessments also revealed common key system problems that are beyond the control of the hospitals and obstruct quality improvement. Such issues include inadequate basic hospital infrastructure, limited supplies of drugs and equipment, unauthorized staff absences and the lack of control over human resources.

Introducing a formal method of assessing progress is an important step in improving quality. The annual re-assessment allows hospitals to measure their own progress as well as compare how they are doing with other hospitals in the country.

A formal assessment process is also an important step in the development of a regulation system for Cambodian health facilities. Many partners are working together on this long-term goal.

## Assessment Results

Comparative chart between baseline assessment and first re-assessment



## Outcome Indicators for Improvement in Quality

To gain an understanding of quality improvement in the hospitals, assessment scores are cross-checked with outcome indicators (such as utilization rates). Data of outcome indicators are gathered and analyzed as part of the MoH Health Information System (HIS). It is too early in the project to evaluate the outcome indicators as usually outcomes change over a longer period of time. During the next annual re-assessment, USAID-HSSC expects that improvements in the scores of the hospitals will translate into improved outcome indicators.

### Quality Improvement Linked to Health Equity Funds

The USAID-HSSC system strengthening approach for referral hospitals is based on the combination of the quality improvement program and health financing by Health Equity Funds.

The hospitals are required to score a minimum of 65% in the first re-assessment and 75% in the second re-assessment in order to continue receiving the equity fund.

The Health Equity Funds provide access to care for the poor by paying user fees, a portion of which are used for staff incentives.

The USAID-HSSC package of quality and health financing interventions helps to address challenges in the Cambodian health sector as a whole, such as:

- Low utilization of public referral hospitals
- Poor quality of service
- Poor clinical and interpersonal skills
- Lack of staff communication with patients
- Low salaries for providers
- Lack of transparency and accountability
- High staff absenteeism
- Financial access barriers (especially the poor)
- Poor health seeking behavior

# Sharing Experiences for Success

**T**he USAID-HSSC Referral Hospital Assessment Process started in Mongkol Borey Referral Hospital, Beanteay Meanchey Province. A baseline assessment was conducted in October 2005 where the hospital achieved a score of 51%. After analysis and intervention, the first re-assessment was conducted in August 2006. The hospital gained an overall score of 73% - a significant increase in quality. At a follow-up workshop in September 2006,

Dr Hou Sereivithiuk, Director of Mongkol Borey Hospital shared the results and explained the progress to other hospital directors. He stated, "At first I didn't know what quality improvement was, or how to implement it. With the baseline assessment we were able to see the areas we needed to improve. I had regular meetings with my management team and staff to brainstorm ideas and develop plans for activities.

The whole hospital team set targets to achieve the required 65%. The team is very committed to quality improvement - not only to continue with the equity fund, but also to show our goodness to people and other stakeholders. By working as a team, at different levels, we exceeded our annual target".



Dr. Hou Sereivithiuk, Director of Mongkol Borey Referral Hospital, describes his experiences with the Hospital Quality Improvement project at a meeting in Kampong Cham. Dr Sereivithiuk is an active supporter of USAID-HSSC Hospital Assessment and Quality Improvement Tools.

## Thanks to our Partners

The USAID-HSSC team would like to extend our sincere thanks to our partners who are involved in the referral hospital quality improvement program.

Thanks to the following departments in the Central Ministry of Health:

- Quality Assurance Office (QAO)
- Department of Hospital Services
- Department of Drug, Food and Cosmetics

Thanks to the Hospital Directors of the Battambang, Chhlong, Kratie, Monkol Borrey, Mung Russey, Phnom Penh Municipal, Pursat and Sihanoukville Referral hospitals.

Thanks to our Health Development Partners: BTC and GTZ.

**If you would like more information or further documentation, please contact us.**

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