

# QUALITY IMPROVEMENT / LEADERSHIP AND MANAGEMENT

The 2018 Year in Review

Quality improvement (QI) is linked and jointly implemented with leadership and management (LM) strengthening. The integration of these two activities recognizes that service delivery gaps often cannot be completely closed without empowering leadership and management to address the issues. Ongoing project support in QI/LM focuses on helping GHS leaders strengthen their skills in collaborative planning, continuous use of data, coaching and mentoring, and the implementation of follow-up actions. These concepts are applied throughout the technical portfolio of the project.

QI/LM activities continued to expand in 2018. With the support of over 450 GHS Improvement Coaches, shared learning activities are now underway in 75 districts across the five supported regions. In addition, leadership-led QI projects are being implemented directly by the GHS in all five regions to reduce preventable maternal, perinatal, and child mortality.

## KEY INTERVENTIONS

- Improvement Coaches and QI projects
- Leadership-led improvement projects
- Shared learning sessions
- On-site quality improvement coaching and mentoring

### Improvement projects in 89 districts

In 2018, Systems for Health intensified its efforts to build GHS capacity to autonomously design and implement service delivery improvement projects. The QI portfolio scaled up shared learning activities to 75 districts across the five regions to promote best practices and joint problem-solving as the primary means to accelerate peer-to-peer learning as well as collaborative learning among groups of health facilities. Figure 2 shows the technical areas of focus by district.

Ultimately, lessons learned, best practices, and successful change ideas harvested from these sessions are used to improve malaria, MNCH, nutrition, and/or FP/RH



Figure 1 A QI coach supports facility staff in Central Region

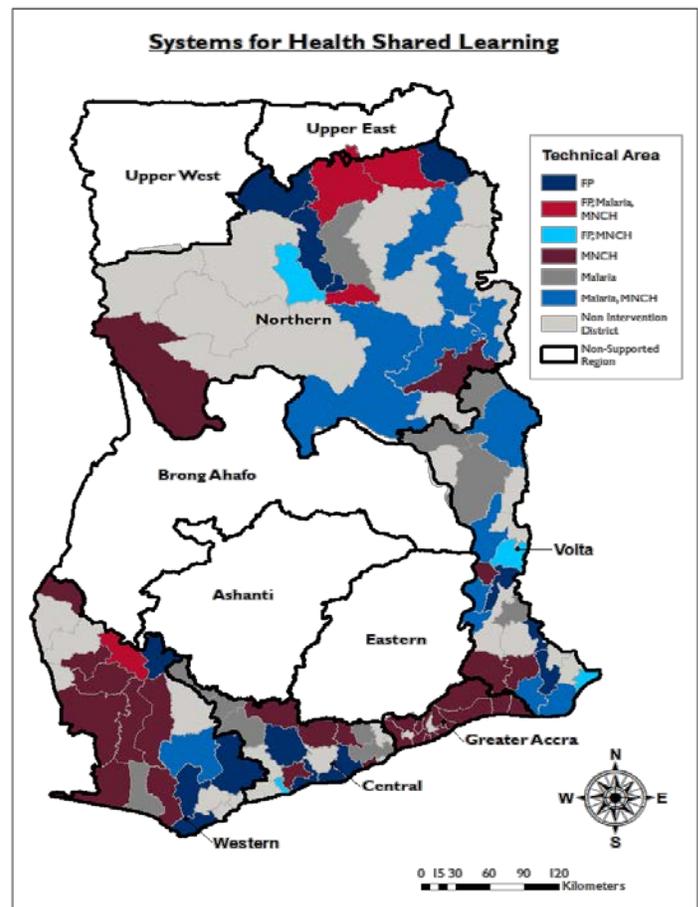


Figure 2. A map of Ghana showing districts implementing shared learning and the areas of focus.



**Figure 3.** A shared learning participant presents his facility's QI work.

### Leadership activities demonstrating post-project sustainability

Key activities launched this year include the leadership-led improvement projects implemented directly by all five RHDs through Fixed Amount Awards (FAAs). This work is the culmination of previous investments over the life of the project in improved GHS readiness to access USG funds, pursue QI approaches, use data, and enhance clinical competency to accelerate reductions in preventable maternal and child deaths.

Using these skills, each RHD responded to a request for applications to design and implement QI projects aimed at improving one to two key health outcomes. To develop their applications, each RHD reviewed data to identify MNCH outcomes that were not meeting targets. The RHDs then pinpointed specific districts and facilities that were contributing the most to the region's morbidity and mortality among women and children, assessed the root causes of the issues, and designed interventions to address the causes (e.g., Figure 3). The RHDs began implementing the QI projects in June 2018.

Key activities across the regions include the following:

- Clinical coaching and mentorship at the facility level to address gaps in provider competency and facility readiness to provide services
- QI coaching visits to support facility teams to implement improvement projects
- Shared learning sessions with intervention facilities and their referral networks
- Community engagement to improve community members' confidence in the health system and increase health-seeking behaviors.

The FAAs are set up as performance-based grants, with the regions receiving payments for meeting outcome indicator targets in select districts within each region. Expected results are:

- 25% reduction in institutional stillbirths in the Western, Volta, and Greater Accra Regions
- 25% reduction in institutional neonatal deaths in the Central and Volta Regions
- 20% reduction in institutional maternal mortality ratio in the Northern Region
- 20% reduction in the institutional under-5 malaria case fatality rate in the Northern Region
- 15% increase in the skilled delivery rate in the Western Region

### Spotlight on Improvement Coaches

Improvement Coaches continue to lead shared learning and QI work. They are GHS staff who serve as champions and facilitators of quality improvement activities in their respective districts. To date, 452 GHS managers across the five regions have been trained.

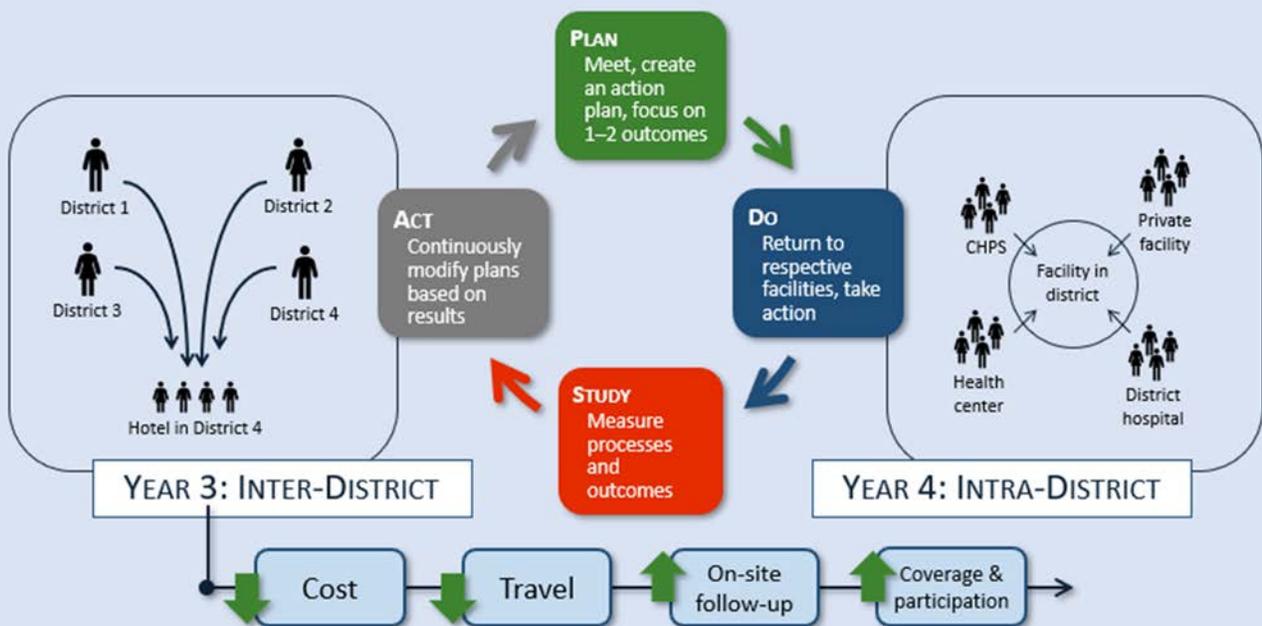
Specific roles of Improvement Coaches include the following:

- Working closely with the regional QI focal person and Systems for Health staff to assist with implementation, monitoring, and evaluation of the region's QI work.
- Co-facilitating learning sessions at the district level.
- Visiting each district and sub-district health facility on a monthly or quarterly basis to provide QI technical support.
- Reporting to the regional QI focal person on a monthly or quarterly basis and summarize the support provided.

Overall, trained improvement coaches in 89 districts are currently implementing improvement projects in the different technical areas supported by Systems for Health.

## Spotlight on District-based Shared Learning: Improved Coverage and Sustainability at Reduced Costs

Shared learning sessions follow the Plan, Do, Study, Act cycle and bring together multidisciplinary teams from different health facilities who work to improve common service delivery or health outcomes. During an initial workshop, the teams meet face-to-face to set goals, exchange ideas, and solve problems jointly. Meeting every three to four months, they learn how to apply QI methods, develop interventions (or “change ideas”), test change ideas locally, reflect on the results, and compare lessons learned. Between sessions, while the teams at each facility are implementing changes and gathering data, they also receive support from trained Improvement Coaches to help them review progress and deal with barriers.



As shared learning scaled up in 2018, the project transitioned most of its work from cross-district (inter-district) to district-based (intra-district) shared learning sessions, involving staff of the health facilities and management teams within a given district (as shown in the diagram). This approach enables more staff across levels of care to participate, improves referral processes, and promotes sub-district teamwork at more sustainable costs. For example, in the Western Region, the cost of FP shared learning dropped from \$225 per participant in 2017 to \$63 in 2018. At the same time, the Year 4 activities reached far more staff members and facilities, scaling up from 6 sub-districts to 23. The lower costs and improved engagement among a broad range of managers and providers increase the likelihood the GHS will continue to facilitate shared learning beyond the life of the Systems for Health project.

## KEY RESULTS

### Improvements in Processes under FAAs

Senior-level regional and district-level managers are highly engaged in project activities, hastening progress toward results. After only three months of implementation, many leadership-led QI projects implemented directly by the GHS in select districts are showing promising progress:

- Correct completion of partograph increased from 48% to 61% in Western and 45% to 78% in Central.
- In the Central Region, the facilities practicing Kangaroo Mother Care (KMC) for low-birthweight babies increased from 16% to 59; the proportion of babies receiving cord care with chlorhexidine jumped from 17% to 60%.
- In Volta, the proportion of pregnant women making a fourth ANC visit increased from 70% to 92%.
- In Western, the average caesarian-section response time decreased from 147 minutes to 60 minutes.

\*The baseline for all leadership-led QI results is January–December 2017, and results are from July–September 2018.

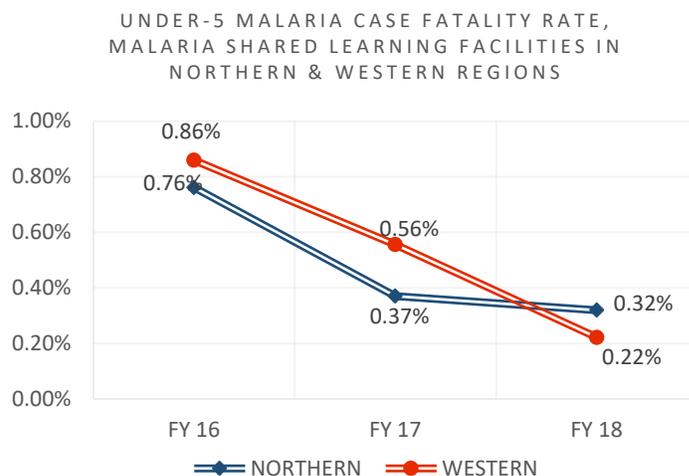


Figure 4 (Above) The Western Regional Health Director recognizes the work of a facility team in achieving improvements in skilled delivery coverage as part of leadership-led QI activities; (Below) The District Health Director of Agona West (Central Region) and a midwife demonstrate Kangaroo Mother Care for pre-term babies

### Shared Learning Results

Shared learning has proven to be an effective tool to help facilities and districts make rapid progress towards improved processes and health outcomes.

*Malaria:* In 11 high-malaria-burden hospitals in the Northern Region, a review of folders showed that from pre-shared learning (Jan.–Apr. 2017) to post-shared learning (May 2017–Aug. 2018), the average time to initiate malaria treatment decreased by 62%, from 96 minutes to 36 minutes. Over the same period, adherence to clinical guidelines for malaria treatment increased from 57.5% to 82.1%.



Those 11 hospitals in the Northern Region, along with 4 hospitals in the Western Region where malaria shared learning also began in 2017, have seen drastic drops in under-5 malaria case fatality rates: from 0.76% (2016) to 0.32% (2018) in the Northern Region, and from 0.86% to 0.22% in the Western Region. The number of under-5 malaria deaths has also decreased, from 273 to 61.

*Family Planning:* In the Western Region's 6 sub-districts that started shared learning in March 2016, new family planning users have increased by 128% from 2016 to 2018. Across 24 districts that began in June 2018, the number of new FP acceptors rose 36% in the July–September period when compared to the same period in 2017—a marked achievement with just three months of implementation.

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