



Using an Internet Portal to Spread Innovation in Russia

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Context

Due to limited Internet access in Russia and a lack of health care literature translated into Russian, physicians in the country lack access to evidence-based practices adopted in the West. To address these problems, the USAID Health Care Improvement (HCI) Project-sponsored "Improving Care for Mothers and Babies" collaborative aimed to introduce modern, evidence-based perinatal care and reproductive health practices in three Russian regions: Tambov Oblast, Kostroma Oblast and Yaroslavl Oblast.

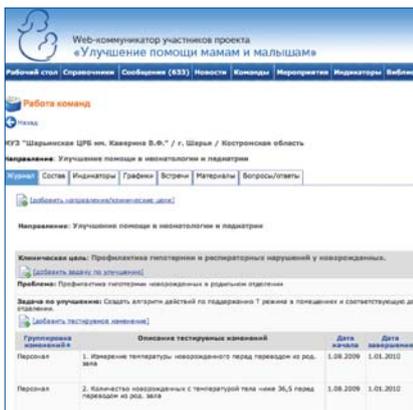
Figure 1. Russian Federation, with project regions highlighted



Strategy for change

The HCI Project created an Internet portal to share clinical information, improvement methodology, and innovations. Individual Web pages were created for all 57 improvement teams, with tools for documenting, analyzing, and sharing learning from improvement efforts; an electronic library of clinical and methodological information; and an email function. Teams received laptop computers and Internet access—if not otherwise available—through radio modems. Methodological and clinical experts provided assistance to teams through the portal.

Figure 2. Screen shot of the Russian-language Internet portal showing plans for improving hypothermia prevention among newborns on the Sharya District Hospital's team page, located in Kostroma Oblast



Evaluation methods

Implementers assessed results of using the Internet portal after 15 months. Web site logins and monthly visitors also were tracked. Improvement team leaders were interviewed about their preferred methods for sharing learning from improvement efforts and how they learned about 8 specific innovations related to improvement goals of preventing hypothermia among newborns and teen reproductive health. The survey successfully reached 18 out of 25 leaders of relevant improvement teams. Teams' documentation was then used to calculate the average number of months for one innovation to spread from the first site to introducing it to subsequent sites. Using multiple regressions, collaborative implementers modeled the effect of the reported learning method on the speed of spread.



A key innovation introduced to prevent hypothermia at Yaroslavl Clinical Hospital No. 2 was to dress infants warmly in baby clothes, caps and socks, rather than tightly wrapping them. This innovation is related to an improvement goal of preventing hypothermia among newborns.

Results

- Figure 3 shows active use of the portal by improvement team members, particularly surrounding the third project learning session.
- Although many team leaders found using computer technology difficult, the portal became quite popular (shown in Table 1). The portal was reported as the preferred way to receive information about innovations in 42% of cases and to disseminate information about innovations in 50% of cases.

Nevertheless, the portal seemed to function as only a supplemental source for spreading innovation when compared to learning sessions. Team leaders cited the portal as their source for learning about specific innovations only 11% of the time, compared to 66% through learning sessions, 17% through expert visits to their facilities, and 17% through visits to model health facilities. Average time for spread of innovations was 2.2 months. Learning sessions were estimated to result in the fastest spread time with one month, the Web portal in the next highest spread time with 3.1 months, and expert visits the slowest spread time with 6.5 months.

Figure 3. Monthly visits to the project's Web portal made by members of improvement teams (LS=learning session)

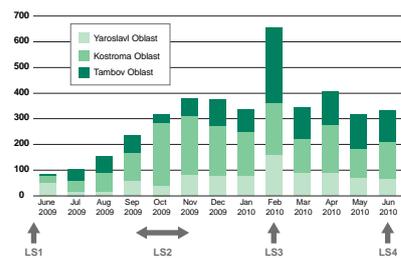


Table 1. Survey results for 18 team leaders (multiple responses were possible)

	Which method do you prefer for receiving information (about this type of innovation)? (may list more than one source)		Which method do you prefer for disseminating information (about this type of innovation)? (may list more than one source)	
	Number	Percent	Number	Percent
Web portal (including documents distributed)	15	42%	11	50%
Learning session (including documents distributed)	12	33%	7	32%
Other project event	1	3%	1	5%
Visit of clinical expert	1	3%	1	5%
Trip to other region	5	14%	1	5%
QI coach	0	0%	0	0%
Other	2	6%	1	5%
Total	36	100%	22	100%

Lessons learnt

Russian professionals with limited prior Internet portal experience found value in this intervention and were motivated to use this new technology to learn about innovations needed to improve the quality of patient care. The planned expansion of Internet access and computer use to government health facilities should greatly increase use of the Internet and portal. This intervention found that information about innovations in health care can be effectively shared through a structured Internet portal, even in countries with low computer literacy.



Kostroma Oblast coordinator, Mikhail Astakhov, and Kostroma Oblast Hospital improvement team leader, Tatyana Sokolova, enter improvement plans into the Internet portal.

Acknowledgements

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