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Transitioning the Cambodian health system to self-reliance: URC's contribution 2002-2019

TRANSFORMING THE HEALTH WORKFORCE:

DEVELOPING A CULTURE OF TEAM-WORK AND CONTINUOUS QUALITY IMPROVEMENT

A strong health workforce is a critical piece of a self-reliant health system. Health workers are the bridge between evidence-based processes and the patients' needs and key to improving the quality of care. Committed and skilled health workers assess how service delivery is impacting the patient and look for ways to improve it.

Beyond the individual health worker, improving the quality of care also requires teamwork and collaboration. Effective teams empower health workers to work together solve problems and help establish a culture of learning and problem-solving.

University Research Co. LLC (URC) supported the Royal Government of Cambodia (RGC) to strengthen the health system through four USAID projects:

- Health Systems Strengthening in Cambodia (HSSC), 2002-2008
- Better Health Services Project (BHS), 2009-2013
- Quality Health Services Project (QHS), 2014-2019
- Social Health Protection Project (SHP), 2014-2019

Through these projects, USAID sought to support the RGC improve the quality of primary care and hospital services, increase demand for health services and reduce financial barriers to access, and build provincial and operational district (OD) capacity to manage services and social protection programs.

CONTEXT

Most Cambodian doctors, nurses, midwives and other health care providers are directly posted to work at health facilities, often in remote areas where there is little or no access to information through the internet, books, or journals. In the past, they rarely received refresher training or had opportunities to ask questions, discuss cases, or receive feedback. As new clinical procedures were introduced into the country, such as long-acting and permanent methods of contraception, many providers remained hesitant about using them due to lack of knowledge and skills.

Under the BHS Project, rather than providing a series of one-off trainings to address individual issues, URC took a holistic approach to strengthen clinical and management skills and build a culture of team problem-solving. Key principles included:

- on-site, hands-on training, *(see, for example, Technical Brief on Using Mannikins)*
- team-based learning strategies,
- structured coaching approaches based on competency-based learning objectives, and
- immediate and consistent follow-up where the competencies and clinical practices are reviewed.

These principles were applied in key approaches developed by URC under BHS and QHS: health care quality improvement (HCQI), clinical skills practice (CSP) for hospitals, and midwifery and pediatric coordination alliance teams (MCAT and PCAT). While the approaches are labor-intensive and time consuming, they ultimately changed ingrained and widely accepted practices among health workers and built their capacity to solve their own challenges. During QHS, these approaches were scaled up and adopted for national use by the Ministry of Health (MOH), underlining their effectiveness in improving quality, appropriateness in the Cambodian context, and national commitment to their ongoing use.

KEY INTERVENTIONS

HEALTH CENTER QUALITY IMPROVEMENT (HCQI)

URC developed the HCQI model under BHS to build clinical and management capacity at health centers. HCQI is a structured, competency/skills-based approach to coaching and mentoring health center staff to improve quality of care. It strengthens health center staff skills as well as the capacity of operational district and provincial health department staff to provide supportive supervision and coaching to health center quality improvements. HCQI includes:

- a short off-site orientation for health center leadership (chief and chief midwife),
- substantial on-site coaching for all health center staff starting with a 5-day on-site coaching session that uses operational district and provincial supervisors as coaches/facilitators, and
- one- to three-day one-site follow-up coaching sessions every six months.

URC developed 29 competency-based coaching modules on topics such as history taking, infection control, postpartum hemorrhage, and record keeping. Modules are selected based on findings of participatory competency assessments. Results and feedback from the coaching sessions are presented to health center chiefs and staff, and operational district directors and teams, for use in problem-solving, action planning, and follow up.

HCQI was scaled up to all 600 health centers in the nine target provinces during QHS with rapid improvements in quality indicators. The MOH, with the support of the World Bank-managed Health Equity and Quality Improvement Project (H-EQIP), encourages all provincial health departments and operational districts to incorporate the HCQI model more frequently as part of quarterly supervision visits. *(see Technical Brief: QHS: Health Center Quality Improvement)*

> "The change in the training approach to coaching and mentoring on site is working. HCQI addresses all components of improving quality. It is not just clinical skills but management and supply chain and record keeping."
>
> - *Director, NMCHC*

CLINICAL SKILLS PRACTICE IN HOSPITALS (CSP)

The success of HCQI led URC to develop an analogous model for referral hospitals. CSP is a one-day hands-on training course that covers four modules in one day (selected from 31 available modules). Each hospital receives two consecutive days of CSP every quarter: half the targeted staff attend one day and the other half the next day. Each quarterly training is followed up over the next two months by a one-day refresher that mainly involves coaching hospital providers while they do their normal work. The hands-on, case-based approach that emphasizes inter-professional teamwork and the repeated, systematic follow-up have been both attractive to participants and improved their performance. Under QHS, CSP was scaled up to all 38 referral hospitals in nine provinces.

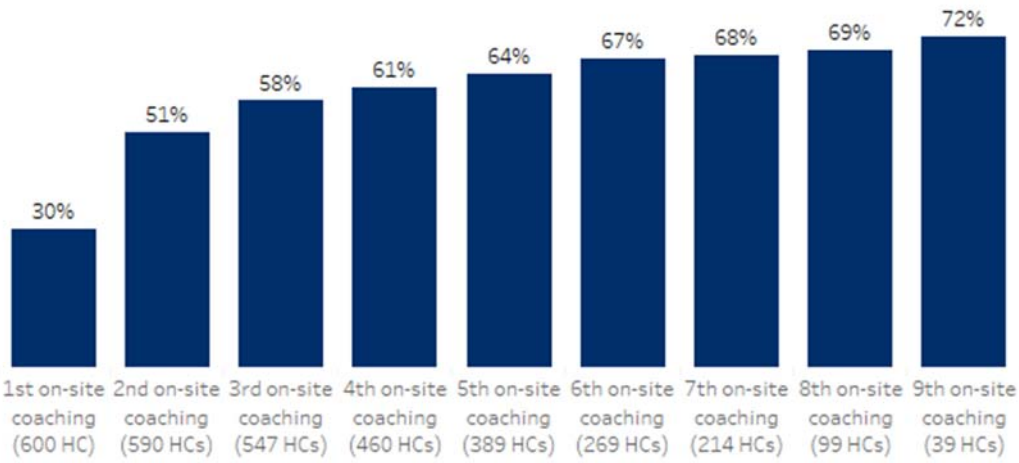
MIDWIFERY COORDINATION ALLIANCE TEAMS

While HCQI and CSP are primarily skills building approaches to quality improvement, MCATs and PCATs also emphasize teamwork and problem-solving. URC helped design MCATs in 2007 as an alternative to off-site trainings for midwives. MCAT objectives are to:

- Strengthen health system by improving teamwork, relationships and communication at health center, referral hospital, operational district, and provincial health department levels. Clarify roles and responsibilities and meet regularly as a midwifery team.
- Provide supervision feedback and problem-solve identified common health center issues affecting quality maternal and newborn care.
- Discuss referred and complicated cases and provide maternal and newborn care referral feedback over the previous quarter.
- Update, practice and refresh clinical skills to improve quality of midwifery care at health centers.

Capacity Building by the Numbers

Health Center Quality Improvement (HCQI) Results



Health center staff competency improved from
30%
at baseline to
72%
by the 9th QHS follow up coaching visit

QHS has provided on-site coaching to
all 600
health centers in the nine target provinces, accounting for
more than half
of health centers nationwide

The MOH encourages provincial health departments, provincial hospitals and operational districts to include funding of
routine MCATs
as a priority activity in their annual operational plans and budgets

76%
of health center midwives said that as a result of
MCATs
their relationship with
OD staff
was
Good
or
Very Good

70%
of respondents said that
PCATs
improved communication with OD staff
Very Much

60%
of health center midwives said that as a result of
MCATs
their relationship with
PHD staff
was
Good
or
Very Good

URC developed 30 modules for topics such as labor monitoring, emergency maternal and newborn referrals, immediate newborn care, postnatal care, and family planning.

MCATS are organized by the operational district, with all of the relevant actors brought together for a one-day meeting. The agenda includes a review of supervision visits and feedback by district staff, discussion of challenging referral cases, and feedback by referral hospital staff highlighting opportunities for improving quality of care. Hospital and health center participants also share contact information and participate in team-building activities.

> "Our relationships have improved between the nurses and the midwives, the community and the patients. Our reputation has improved and we have a lot more patients coming to the health center. The number of patients has doubled, and the community trusts the midwives now."
>
> - *Health center manager*

MCATs were adopted by the MOH as a national strategy in 2009 and the MCAT National Protocol, a guide for standardized implementation across the country, approved in 2016. The MOH encourages provincial health departments, provincial hospitals, and operational districts to include funding of routine MCATs as a priority activity in their annual operational plans and budgets. Thirty-six ODs already support quarterly MCATs using their own funds.

PEDIATRIC COORDINATION ALLIANCE TEAMS

A health center nurse assesses a sick newborn's vital signs using a model at a PCAT in Sangkae Operational District, February 2018

Under QHS, URC developed PCATs to support improvements in pediatric care provided by nurses at health centers and to strengthen relationships between health center nurses, referral hospital pediatric staff, and staff at the operational district and provincial health department levels responsible for nutrition and/or child health/IMCI/EPI. Similar to MCATs, PCATs include team building activities, referral and supervision feedback, and refreshers on pediatric skills, especially nutrition, using 15 modules developed by URC.

URC is working with the National Maternal and Child Health Center to finalize the National PCAT Guide, at which time it will be adopted as a national protocol. Twenty-one ODs are committed to continuing PCATs using their own resources after the QHS Project ends.

CONCLUSIONS

Perhaps more important than the *what* in capacity building is the *how*. During the past two decades, URC developed innovative models that demonstrably increased the clinical and management skills of health staff and impacted quality of care. More importantly, however, the models developed teamwork and a culture of collaborative learning and problem-solving, which are fundamental not only to ongoing quality improvement in the health system but the growth of self-reliance. The appropriateness of the models to the Cambodian context and the government's commitment to their ongoing use has been demonstrated by their adoption as national strategies, and their inclusion in provincial and operational district budgets.

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