

Putting quality in the hands of providers: *Using Standards Based Management and Recognition (SBM-R) approach for improving quality of Infection Prevention and Control (IPC) at six Consultant Hospitals in Tanzania*

Presenter:

Steven Chombo, MQI

Quality Improvement Advisor

Jhpiego



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Background

- Since 2009, the Tanzanian Ministry of Health and Social Welfare (MoHSW), in collaboration with Jhpiego—an affiliate of the Johns Hopkins University (*under MAISHA Program – funded by USAID*), are working to improve the quality of infection prevention and control (IPC) practices in health facilities.
- The initial work started with six hospitals affiliated to medical schools
- These hospitals are Muhimbili National Hospital, Kilimanjaro Christian Medical Center (KCMC), Bugando Medical Center (BMC), International Medical and Technical University (IMTU), Mission Mikocheni Hospital and Dodoma Regional hospital.



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- These hospitals are unique in respect to their size and the large number of healthcare workers transitioning through them
- Therefore, improving the quality of IPC in these teaching hospitals will ensure transfer of practical skills to students during clinical practicum



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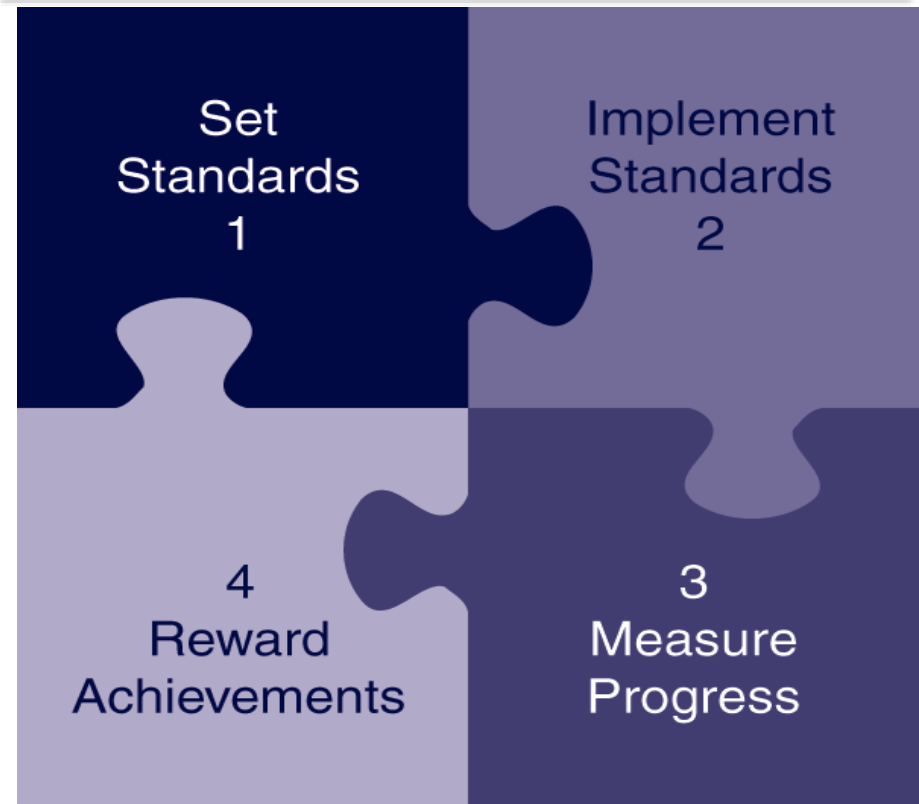
APPROACH USED:

- *Standards Based Management & Recognition Approach (SBM-R)*

What is SBM-R?

- **Practical management approach** for strengthening performance and quality of health services
- Based on use of **operational, observable** performance standards for on-site assessment
- Must be tied to **reward or incentive** program

The Four Steps Of SBM-R Process



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Objective

- To present the results of efforts **to improve IPC practices** at the six consultant hospitals to **prevent biomedical transmission of blood-borne pathogens, including HIV**



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Methodology

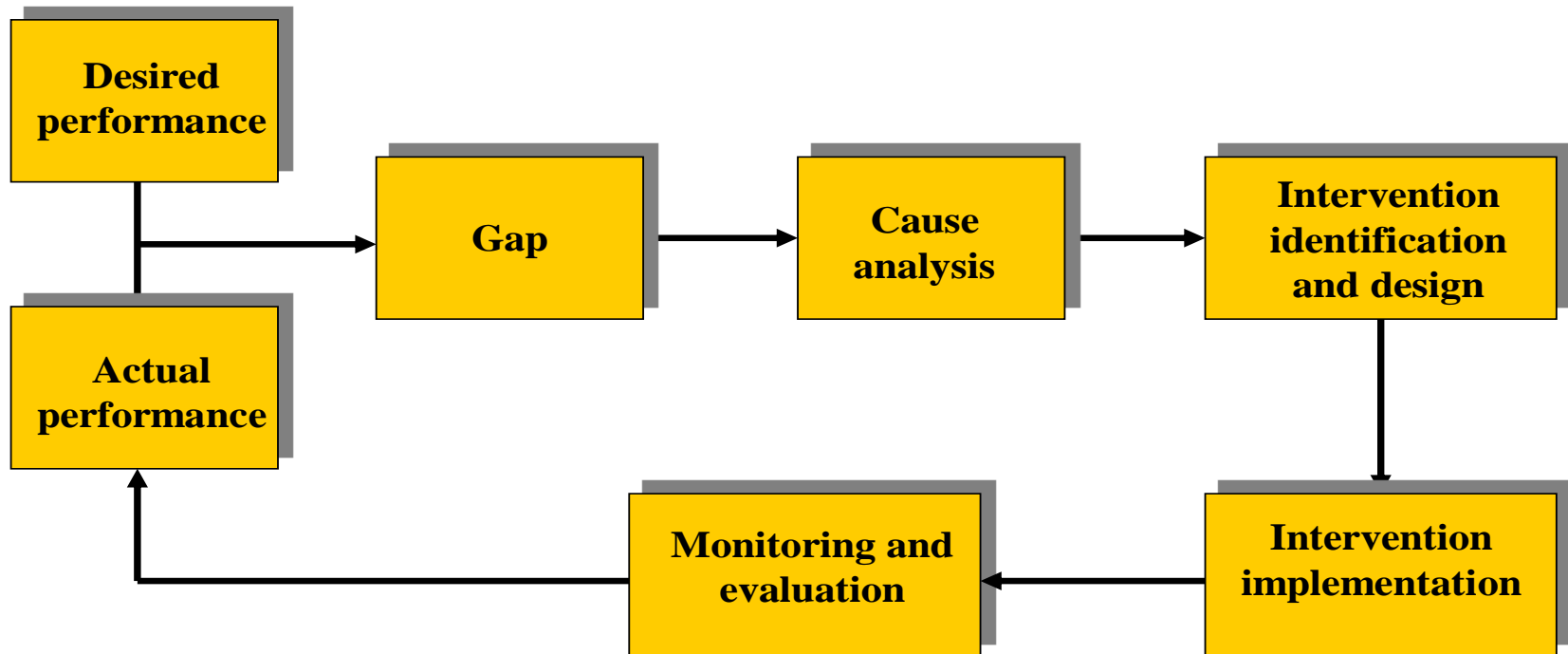
- The Hospitals' Quality Improvement Teams (HQITs) trained on the implementation of SBM-R using nationally-approved IPC standards
- With technical support from Jhpiego, HQITs carried out a baseline assessment in all hospital departments
- In between assessments, HQITs developed and implemented action plans to address performance gaps, advocate for improved adherence to IPC with HMT, and solicit financing for IPC supplies



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Performance Improvement Model



Model Adapted from the International Society for Performance Improvement

Change Process

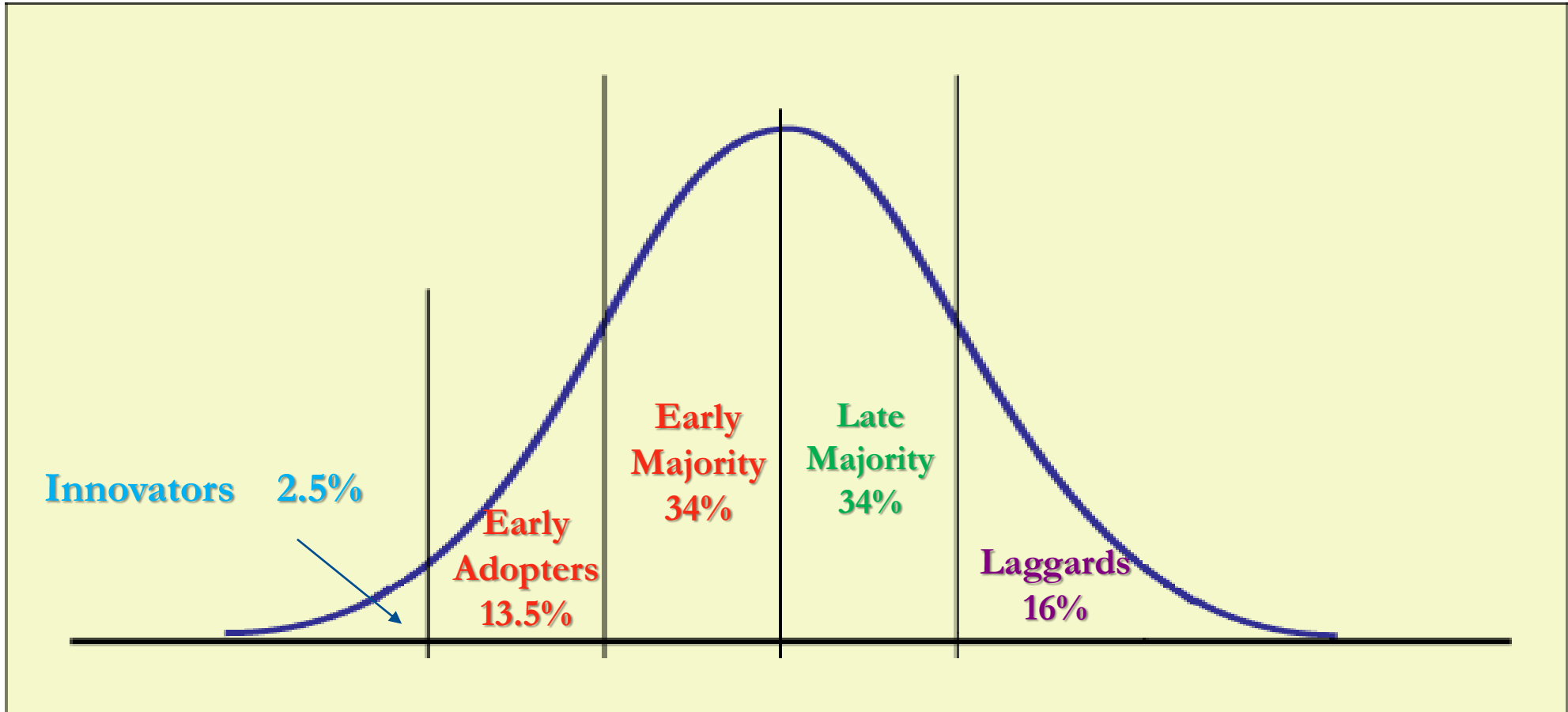
STEPS	PHASES	MODULES
1. Promotion and agreement	PREPARATION AND BEGINNING THE PROCESS	MODULE 1
2. Measurement of actual performance		
3. Cause analysis	STRENGTHENING OF THE PROCESS	MODULE 2
4. Intervention identification		
5. Implementation		
6. Verification	REINFORCING AND INSTITUTIONALIZING THE PROCESS	MODULE 3
7. Recognition		



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CHARACTERISTICS OF ADOPTER - I



IMPLEMENTING BEST PRACTICES IN HEALTHCARE



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Change Management Strategy

- The standards in the tools represent easy and hard challenges
- Changes started with the “low-hanging fruit”
- Hospital Management Team (HMT) and providers started with easiest tasks and then moved to more difficult tasks, developing and increasing their change management skills
- The HQIT continued to observe change process to identify new developments, initiatives and behaviors



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Methodology....2

- Jhpiego in collaboration with Ministry of Health carried out onsite strengthening (competence based/hands-on) to address persistent gaps identified which included
 - ✓ Instrument processing
 - ✓ Health care waste management
 - ✓ Standard precautions (e.g. hand hygiene, PPE), and use of SOPs
 - ✓ Supply of IPC commodities
- Develop a recognition program for rewarding high performing facilities



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Results

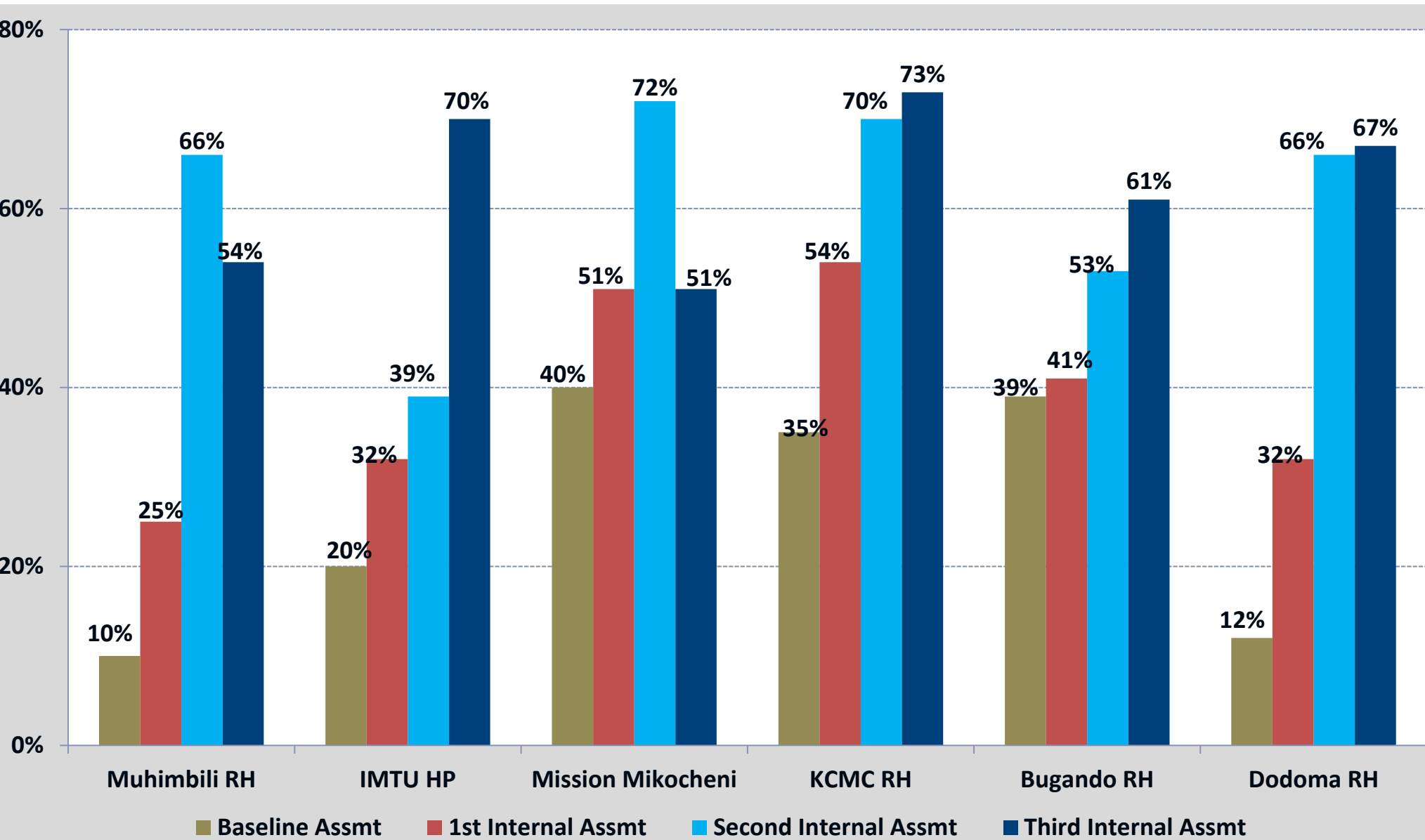
- Assessment results have shown improvement from overall average scores of 26% - 63% amongst the 6 hospitals by June 2012.
- Specific improvements were seen in the areas of hand washing, instrument processing, and housekeeping, use of SOPs.
- The average improvement score on instrument processing practice increased from 37% pre assessment to 82% post assessment
- Most of the hospitals have started internal recognition systems
- The Ministry of Health recognizes and rewards high-performing facilities



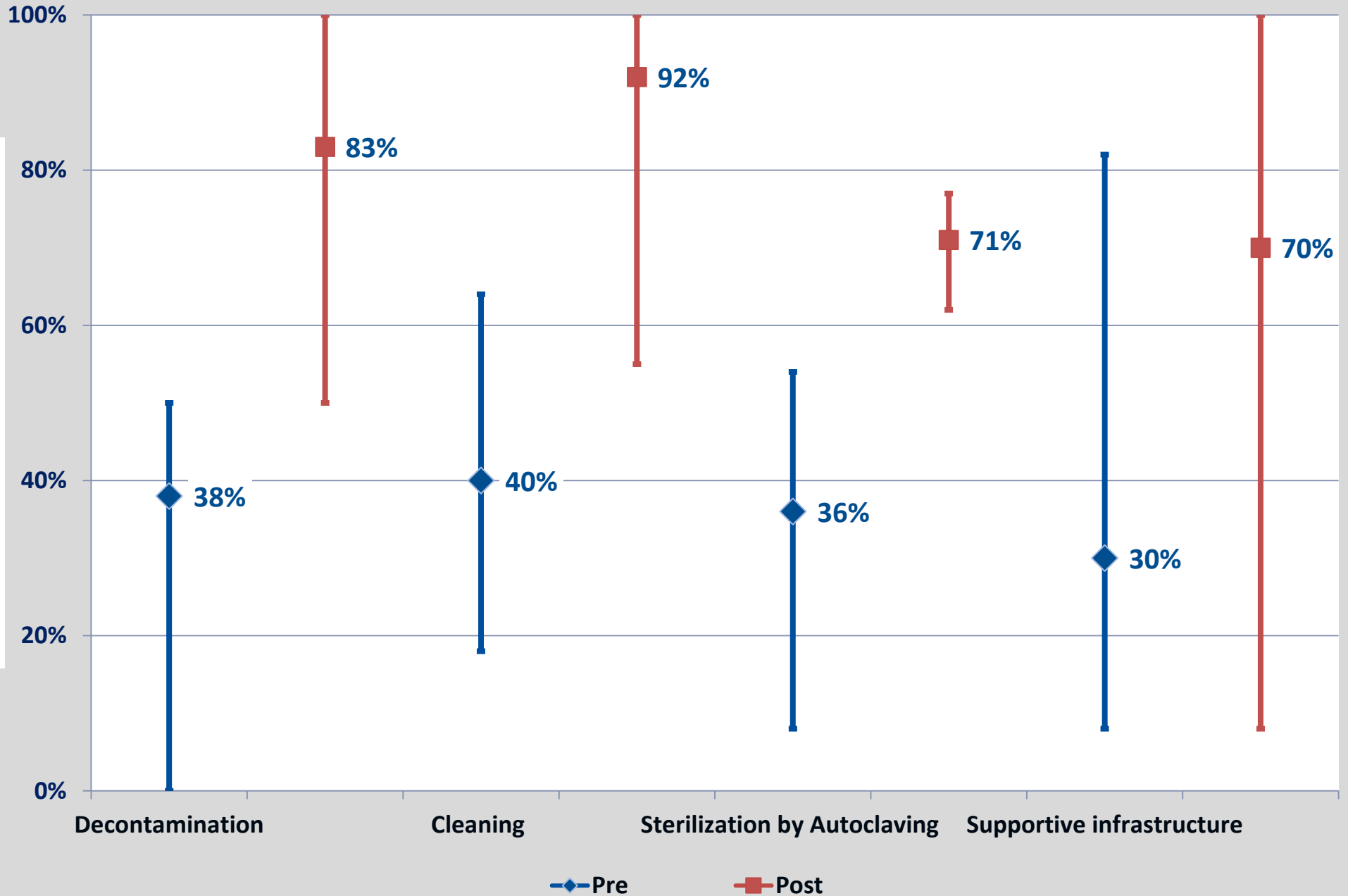
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Assessment results for 6 teaching hospitals (May 2010 - June 2012)



The average (range) improvement for 6 hospitals in achieving verification criteria for instrument processing



Conclusions

- SBM-R a simple and easy to implement approach to quality improvement of IPC in that it allows the HQITs to lead the initiative and develop change management skills.
- Four-step process
- Not as complicated as it may sound
- Puts the power in the hands of local providers and managers making the process of quality improvement more sustainable.
- We expect this approach to improve infection prevention and control practices to all facilities and hence force reduce the burden healthcare acquired infections



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THANK YOU

Other Authors

- Albert Komba
- Amal Ally
- Joseph Hokororo
- Henock Ngonyani
- Natalie Hendler

Health Facility Level

- Management
- QIT members
- Staff

Central Level

- MoHSW support team and national trainers/assessors

Donors

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