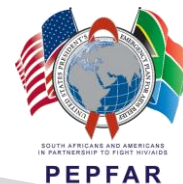


HOW TO GUIDE FOR QUALITY IMPROVEMENT

Lauren de Kock



Question 1

- In which module and on what page can you find a theory that explains the stages people go through when experiencing change
 - Module 10 page 3

Question 2

- In which module and on what page do we learn about balancing measures
 - Module 4 page 5

Question 3

- Which module and on what page, explains how to interpret rule 2 of a run chart?
 - Module 6 page 9

Question 4

- Which module will give me a complete overview of quality improvement methodology
 - Module 1



Question 5

- In which module and on what page can I find a sample agenda for an improvement team meeting?
 - Module 7 page 8



Question 6

- In which module and on what page can I get a summary of all tools used to generate change ideas?
 - Module 2 page 16 and 17

Question 7

- Which module explains how to sustain and spread improvement?
–Module 9



Question 8

- In which module and on what page can I find information on taking pressure off a bottleneck
 - Module 3 page 12

Question 9

- In which module and on what page can I learn about the advantages of testing?
 - Module 5 page 5

Question 10

- Which module provides information on conducting an improvement collaborative?
 - Module 8



Question 11

- Which module and on what page do we learn about the fishbone?
 - Module 2 page 4-6

Question 12

- In which module and on what page do we learn how to eat an elephant?
 - Module 4 page 7



Question 13

- In which module and on what page do we learn about reordering steps in a process?
 - Module 3 page 9



Question 14

- In which module and on what page can obtain Tips for performing PDSA cycles?
 - Module 5 page 12



Question 15

- In which module and on what page can I learn about the difference between a mean and a median?
 - Module 6 page 7

Question 16

- In which module and on what page can I learn about how to generate a change idea from a change concept?
 - Module 2 page 10-12



Question 17

- In which module and on what page can I find the symbols used when producing a process map?
 - Module 3 page 3



Question 18

- In which module and on what page can I learn about how to measure a pineapple?
 - Module 4 page 12



Question 19

- In which module and on what page can I learn about the components of the Plan-Do-Study-Act cycle?
 - Module 5 page 6

Question 20

- In which module and on what page can I get direction as to who should be in an improvement team meeting?
 - Module 7 page 4



Question 21

- In which module and on what page can I learn about the preparation phase of a learning collaborative?
 - Module 8 page 11



Question 22

- In which module and on what page can I obtain a sample agenda for learning session 1?
 - Module 8 page 27



Question 23

- In which module and on what page can I learn about who is responsible for sustaining improvements?
 - Module 9 page 8



Question 24

- In which module and on what page can I learn the difference between vertical and horizontal spread?
 - Module 9 page 11

Question 25

- In which module and on what page can I learn about a burning platform?
 - Module 10 page 9



INTRODUCTION TO QUALITY IMPROVEMENT

Lauren de Kock

Neo Masike

Craig Parker



WHAT IS QUALITY IMPROVEME NT?



What is QI

The terms *quality* and *quality improvement* have many different meanings depending on the context. The Department of Health (DOH) uses the following working definition of quality improvement (QI):

- *QI is achieving the best possible results within available resources.*



LdK Modification

- Achieving the best possible results by **performing continuous tests of change** using available resources

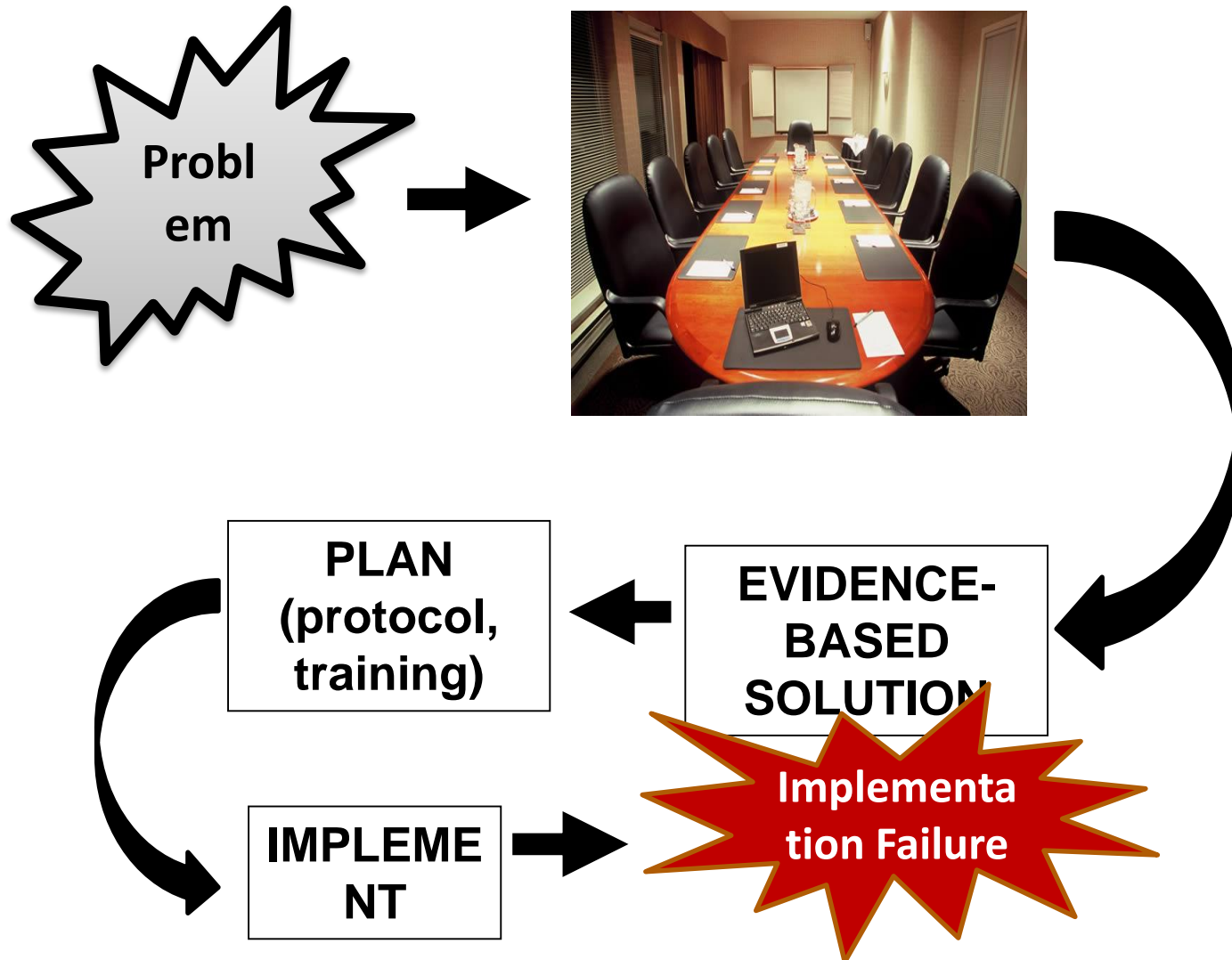


What is QI

- To this end, QI includes **ANY** activities or processes that are designed to improve the:
 - acceptability,
 - efficiency and
 - effectiveness
- of service delivery and contribute to better health outcomes as an **ON GOING** and **CONTINUOUS** process



Traditional Problem Solving Method



WHAT

**Guidelines and
Standards**



Purpose of Core Standards

- The primary purpose of the National Core Standards is to:
 - develop a **common definition** of quality of care in all health establishments as a guide for the public, managers and all health care workers
 - establish a **national benchmark** against which health establishments can be **assessed**
 - provide a common tool to **identify gaps, appraise strengths and guide quality improvement**; and
 - provide a **framework** for the **certification** of health establishments



Same Action Same Result

DESPITE HAVING ONE OF THE
BEST HIV GUIDELINES
IN THE WORLD

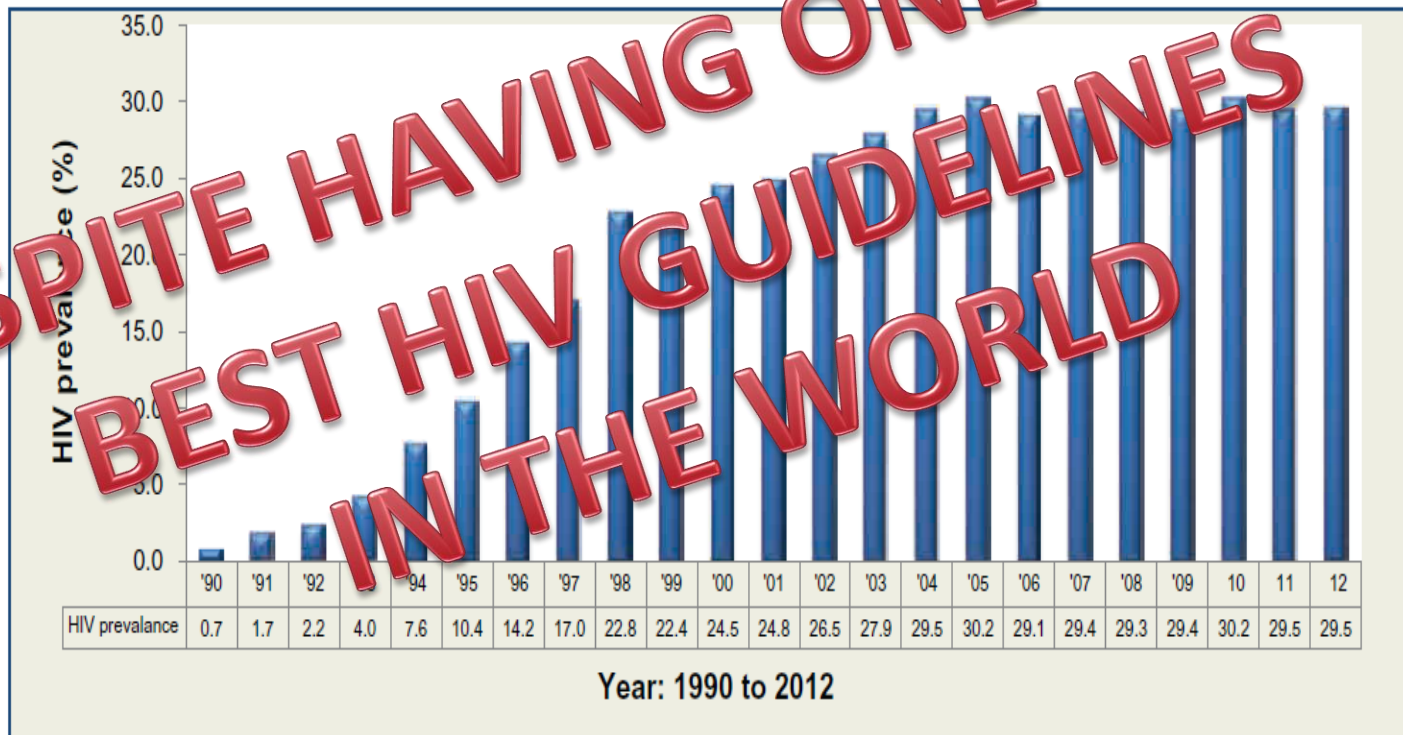
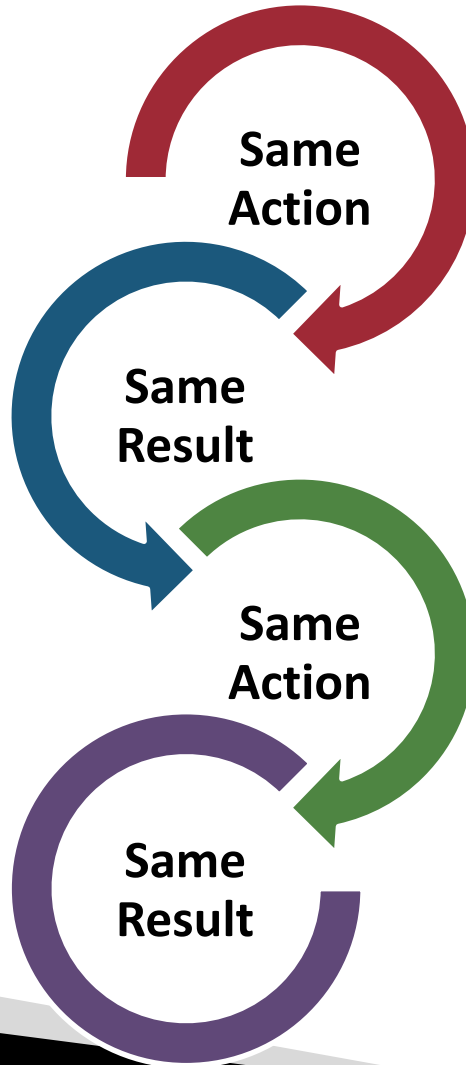
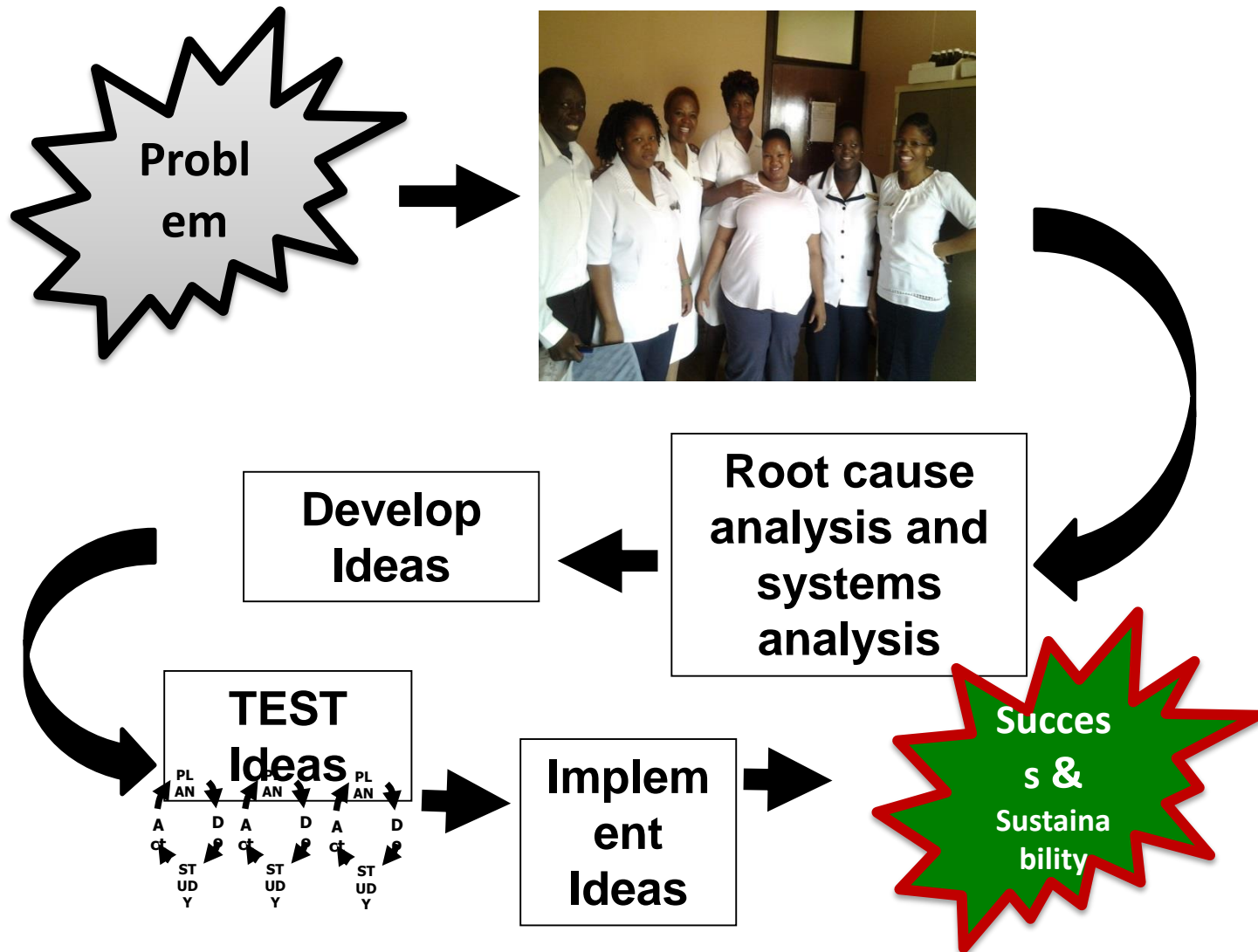


Figure 2: HIV prevalence trends among antenatal women, South Africa, 1990 to 2012. (Source: NDoH, 2013)

Same Action Same Result



QI Problem Solving Method



HOW

Quality Improvement



THE AURUM
INSTITUTE

Systems



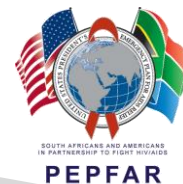
Understanding systems

“Every system is perfectly designed to achieve the outcomes it gets”

Ascribed to Edwards Deming



UNPACKING THE MODEL FOR IMPROVEMENT



Clinic Baseline Data

%	Nov	Dec	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
ANC HIV Retest Rate	44	39	50	63	54	39	60	70	75	100
ANC ART initiation rate	100	25	77	133	100	100	100	100	100	100
NVP within 72 hours after birth uptake rate	100		100		100		100	100		

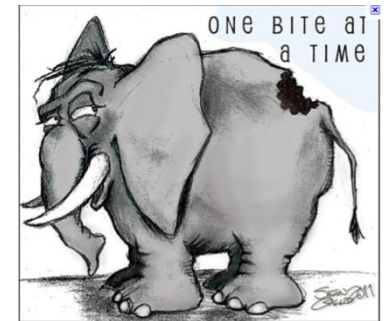
The National targets

Indicator	National Target
Antenatal Client Retested every 12 weeks	80%
Antenatal Client Initiated on ART (FDC)	100%
NVP within 72 hours after birth uptake rate	100%

Source: SA NDoH PMTCT Action Framework

The Problem

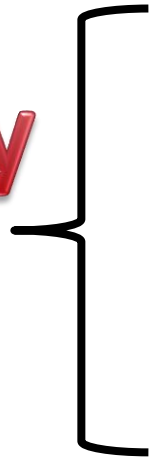
- According to the baseline data your clinic is operating at the following median baseline performance on the three indicators:
 - ANC HIV Retest 63%
 - ANC ART Initiation 100%
 - Nevirapine 72 hours after birth 100%



Which topic area should we start our QI project on?

Model for Improvement

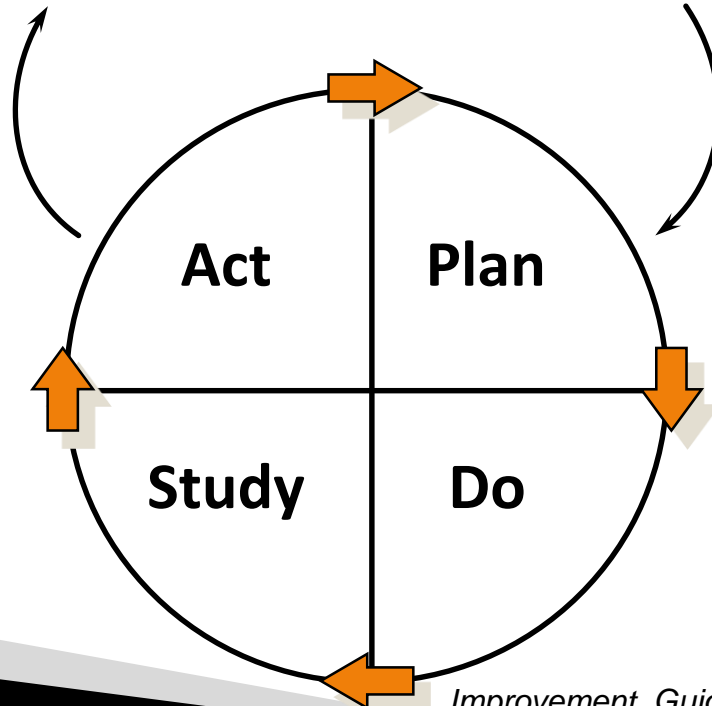
Strategy



What are we trying to accomplish?

What change can we make that will result in improvement?

How will we know that a change is an improvement?



Action Plan



Model for Improvement

What are we trying to accomplish?

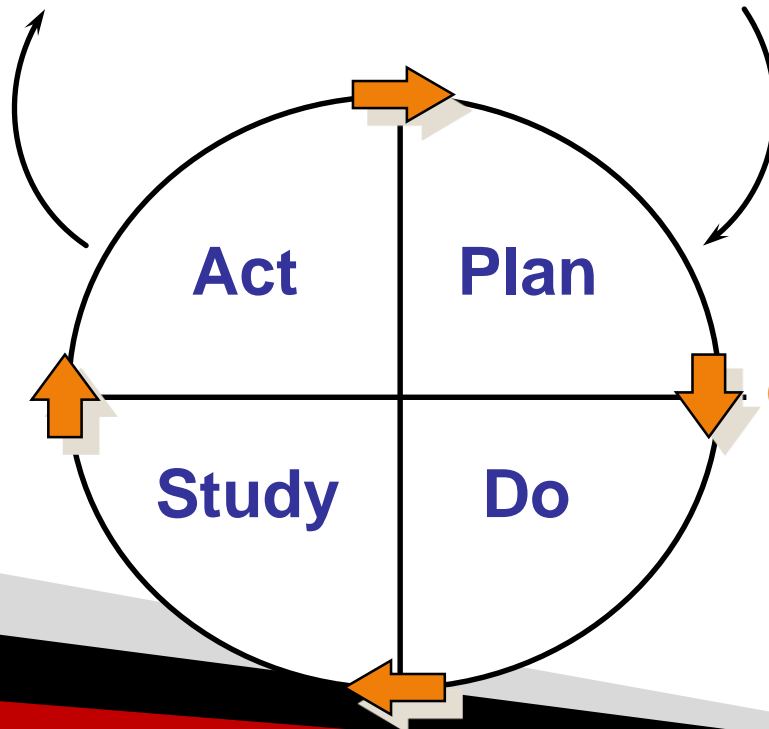
Chapter 1 of "How To" Guide

What change can we make that will result in improvement?

Chapter 1, 2, 3 of "How To" Guide

How will we know that a change is an improvement?

Chapter 1, 4, 6 of "How To" Guide



Chapter 1, 5 of "How To" Guide

Source: Associates for Process Improvement



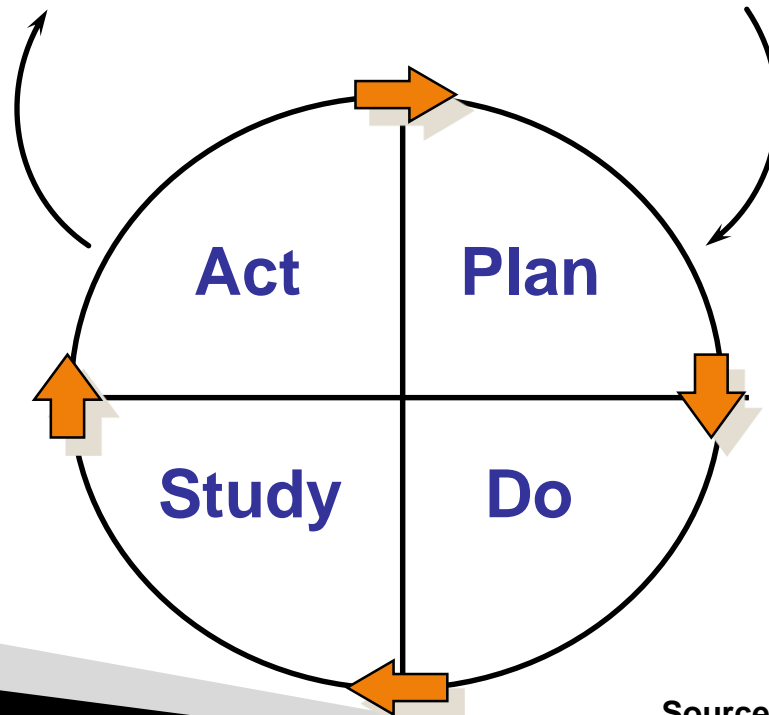
Model for Improvement

What are we trying to accomplish?

What change can we make that will result in improvement?

How will we know that a change is an improvement?

Chapter 1



Source: Associates for Process Improvement

Setting Aims for your problem

Ask the question:

What are we trying to achieve?

Aims help us know where we are heading

Aims:

- should be ambitious
- not possible in our current system
- have a number and a timeline for getting to the target

You don't need to know how to get there yet!!



Exercise - setting an aim for our facility

At clinic we aim to improve

.....

from to

by 2013

Example

At **X** clinic we aim to improve

.....**ANC HIV retesting rate**.....

from**63%**..... to**80%**.....

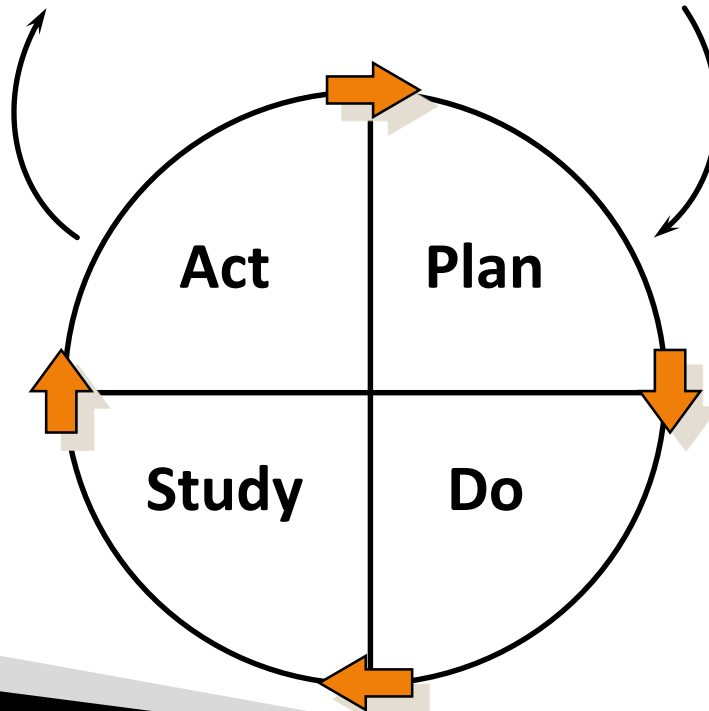
by**February**..... **2014**

Model for Improvement

What are we trying to accomplish?

What change can we make that will result in improvement?

How will we know that a change is an improvement?



The Change ➔

Improvement Guide, Chapter 1, p.24

Appendix C, p. 454

The Change

Every improvement needs a
change **BUT...**
not every change is an
improvement



Change Ideas

- **How do we increase the likelihood of our change being an improvement?**
 - By involving those in the process/system, you vastly increase the chances of the idea being:
 - Appropriate
 - Relevant
 - Implementable



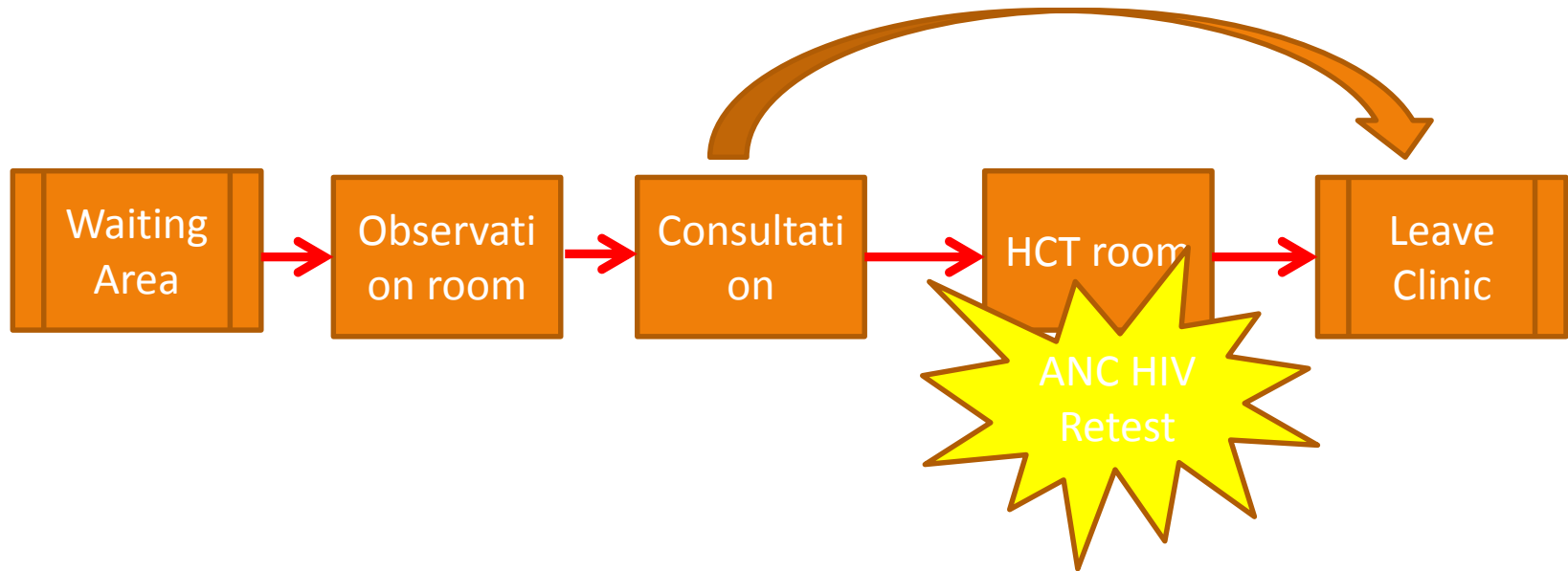
Tools for RCA and Generating Change Ideas

- Brainstorming
- Affinity Diagrams
- **Process Map**
- **Fish bone**
- **5 Whys**
- Change concepts
- Change ideas from colleagues or literature
- Benchmarking
- Creative thinking

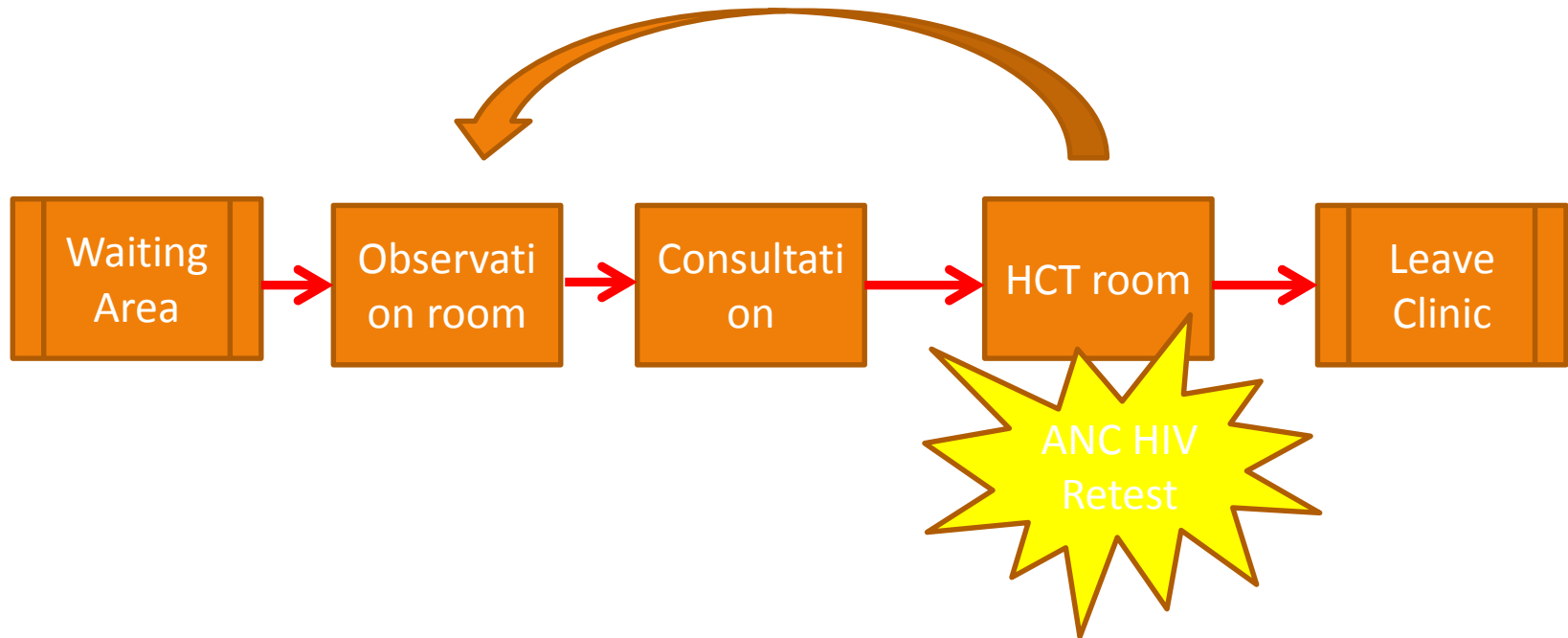


Current Process

Problem: ANC clients leaving before getting HIV Retest

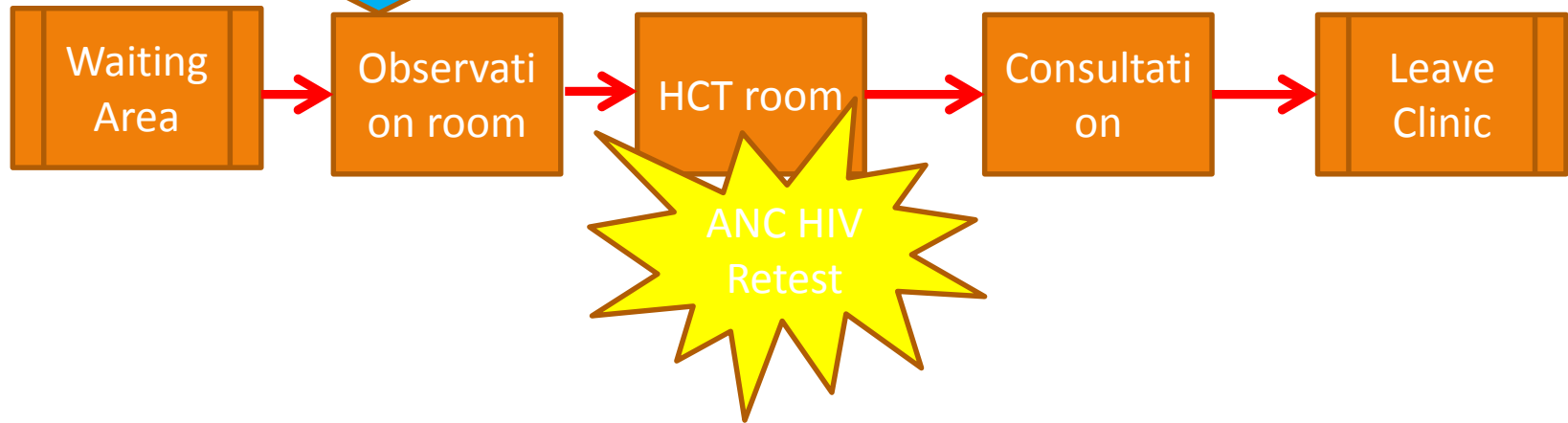


Re-arranging the steps in the process



Process with Change Idea

Change idea: Enrolled Nurse in Observation Area to actively identify ANC clients eligible for retest and send straight to HCT room



Fishbone Diagram

Resources

Data Recording

To improve ANC
HIV retest rate
from 47% to 75%

Clinical Processes

Patient/Family



The root causes emerging from our Fishbone

- **Resources**
 - shortage of maternity case records
 - shortage of staff
- **Data/recording**
 - ANC HIV retest patients not recorded in ANC register
 - data not validated on a regular basis
- **Patient/family**
 - Lack of knowledge about importance of retesting in community
 - migration of patients
- **Clinic system**
 - lack of reminder system
 - clients due for retest not identified



5 whys



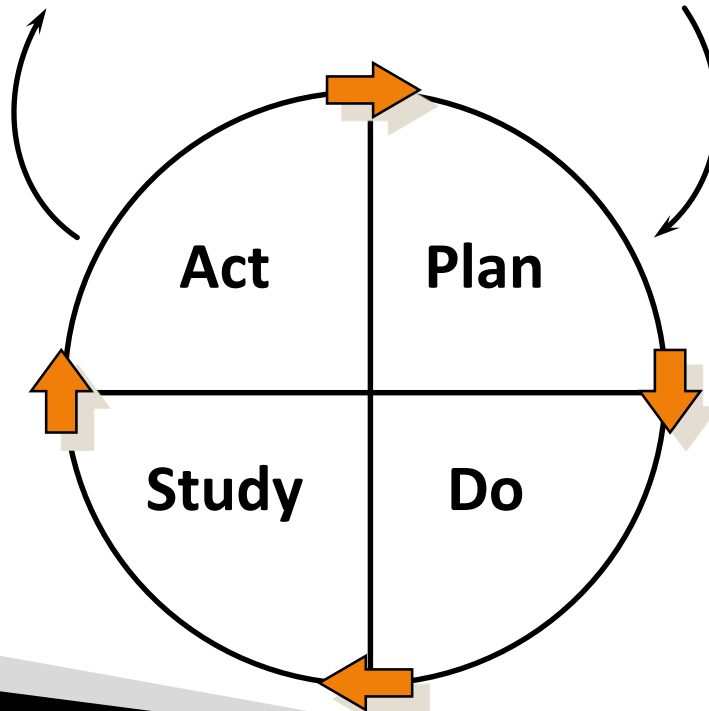
Model for Improvement

What are we trying to accomplish?

What change can we make that will result in improvement?

How will we know that a change is an improvement?

Measurement →



Improvement Guide, Chapter 1, p.24

Appendix C, p. 454

Measurement

- **Outcome**
 - Aim
- **Process**
 - Change Idea
 - Did I do what I said I would do?



Measures for this Example

Outcome Measure: ANC HIV retest rate (Run Chart)

Reminder of 1st Change idea: To **actively check** maternity case records each day to identify ANC clients due for retest and refer to the counsellor for retest before consultation.

Process Measures:

of ANC clients seen

of maternity case records checked.

of ANC clients identified as eligible for ANC HIV retest

of ANC clients retested

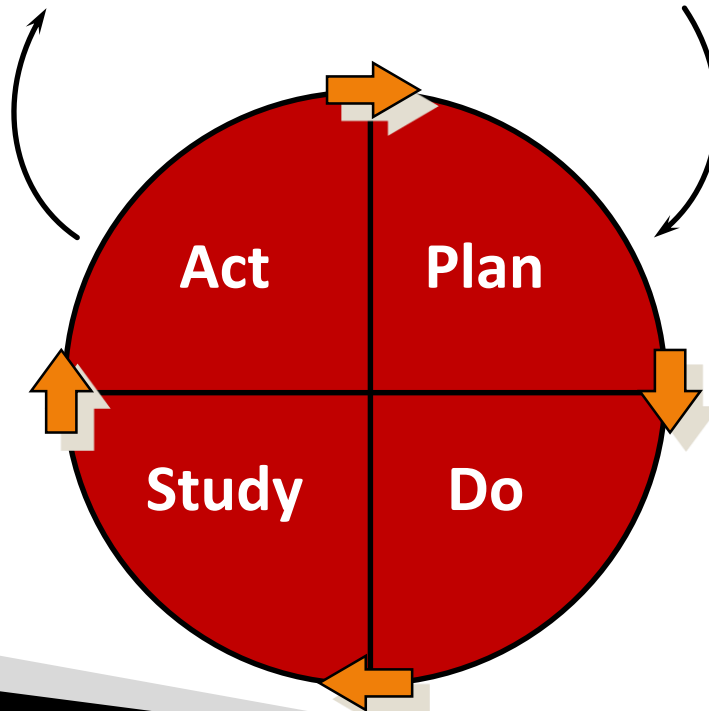


Model for Improvement

What are we trying to accomplish?

What change can we make that will result in improvement?

How will we know that a change is an improvement?



Improvement Guide, Chapter 1, p.24

Appendix C, p. 454

How do I know if my change idea is
beneficial or not?

TEST



Example 1:PDOSA

1A Starting to test the change idea

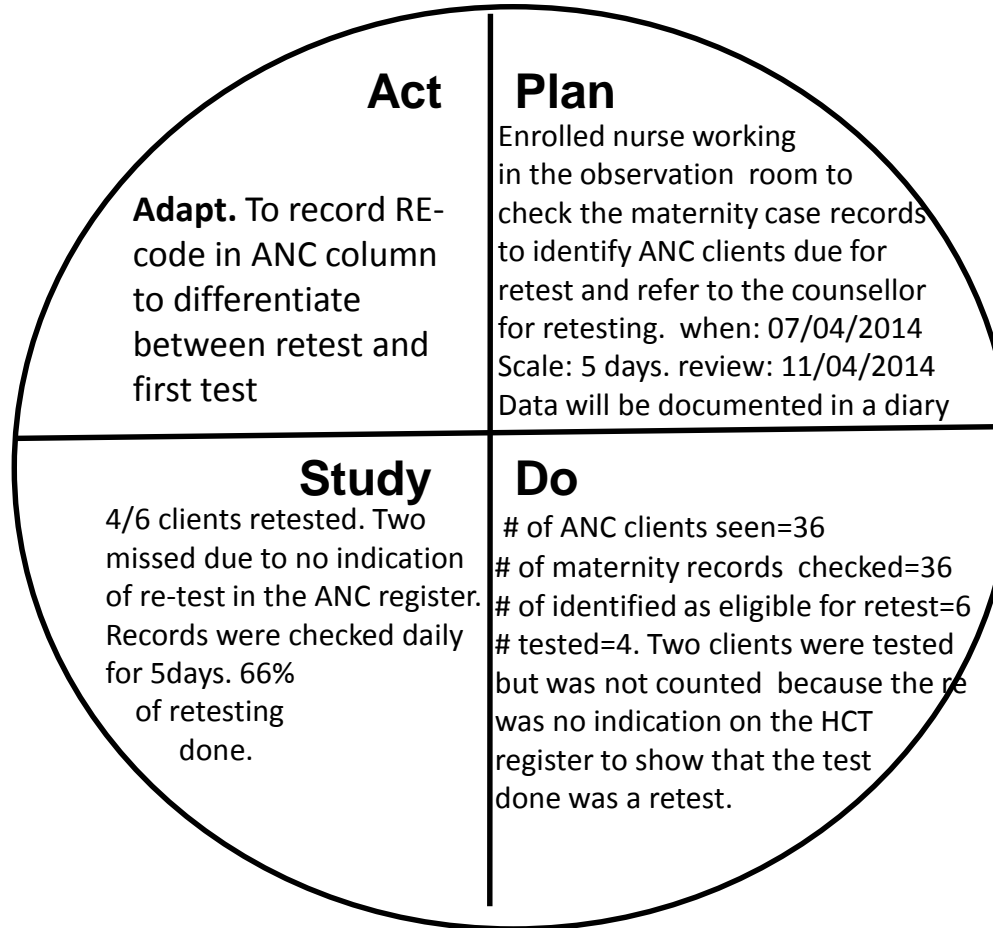


Overall Aim: To improve ANC HIV Retest Rate from 63% to 80% by 31 July 2014

PDSA Aim: To identify all ANC clients eligible for HIV retest using maternity case records from 07/04/2014 to 11/04/2014.

The Change Idea:

Checking of maternity case records to identify ANC clients due for retest in the waiting area and referring them to the counsellor for retest



The Measures Outcome:

ANC HIV Retest Rate

Process:

of ANC clients seen
of maternity case records checked.
of ANC clients identified as eligible for retest
of ANC clients retested

The Prediction: Through better identification of those eligible for an ANC retest and making sure they get the retest before their consultation all ANC women will be retested

Process Measure Collection

	# of ANC clients seen	# of maternity case records checked.	# of ANC clients identified as eligible for retest	# of ANC clients retested
07/04/2014	9	9	1	1
08/04/2014	6	6	0	0
09/04/2014	6	6	1	0
10/04/2014	5	5	1	1
11/04/2014	10	10	3	2
Total	36	36	6	4



PDSA 1B

Adaptation



Overall Aim: To improve ANC HIV Retest Rate from 63% to 80% by 31 July 2014

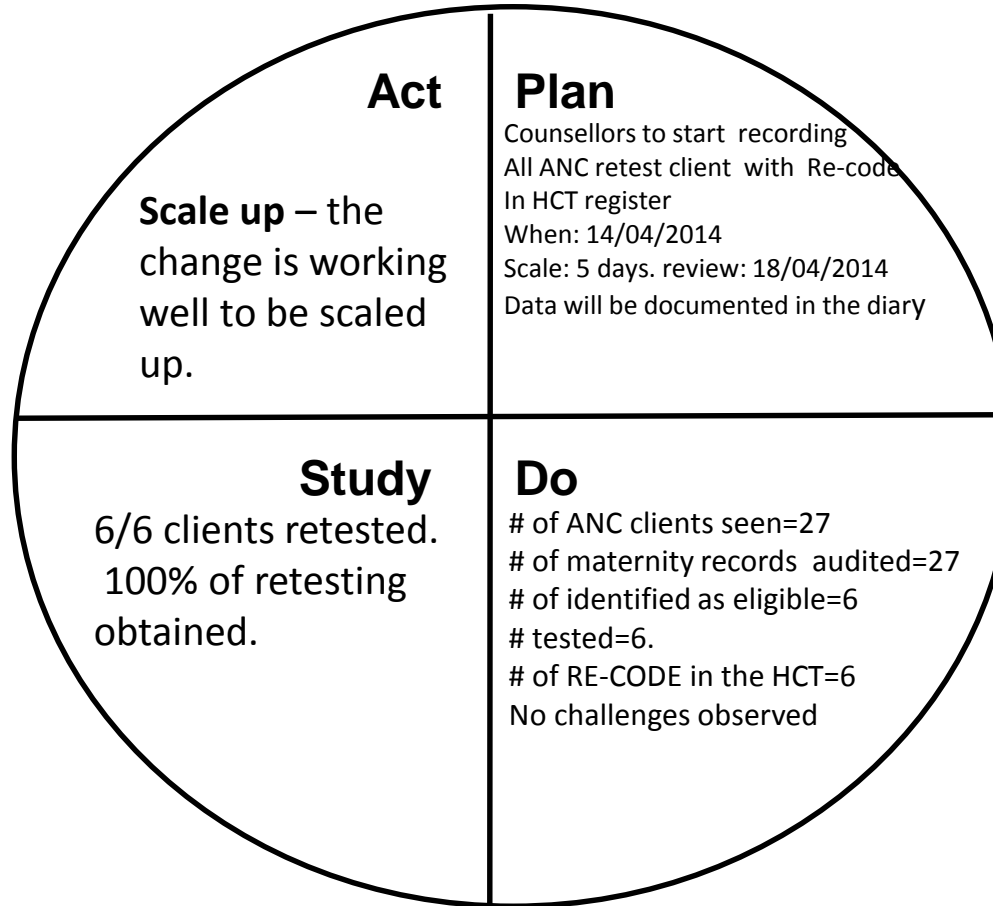
PDSA Aim: To identify and record all ANC clients eligible for HIV retest using maternity case records from 14/04/2014 to 18/04/2014

The Change Idea:

Checking of maternity case records to **identify** ANC clients due for retest

Adaptation:

To **record** RE-CODE in ANC column of HCT register to differentiate ANC re-test clients



The Measures Outcome:

ANC HIV Retest Rate

Process:

of ANC clients seen
of maternity case records checked.
of ANC clients identified as eligible for retest
of ANC clients retested
of RE-CODES in the HCT register

The Prediction: we think our ANC retest rate will increase to 100% due to the original change idea continuing as well as having an improved recording system in place.

Process Measure Collection

	# of ANC clients seen	# of maternity case records checked.	# of ANC clients identified as eligible for retest	# of ANC clients retested	# of RE-CODES in the HCT register
14/04/2014	7	7	1	1	1
15/04/2014	5	5	2	2	2
16/04/2014	6	6	2	2	2
17/04/2014	4	4	0	0	0
18/04/2014	5	5	1	1	1
Total	27	27	6	6	6



PDSA 1C

Scale up



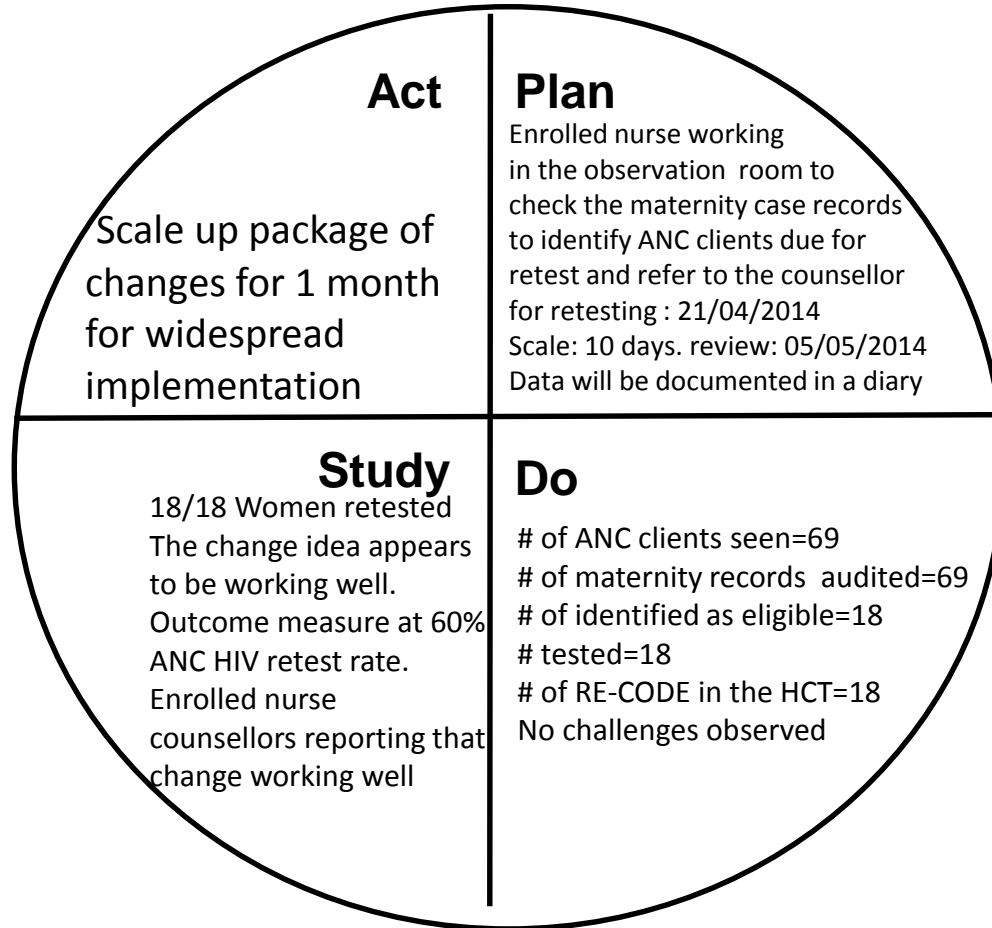
Overall Aim: To improve ANC HIV Retest Rate from 63% to 80% by 31 July 2014

PDSA Aim: To identify and record 100% of ANC re-test clients over a 2 week period

The Change Idea:

Checking of maternity case records to **identify** ANC clients due for retest in the waiting area and referring them to the counsellor for retest

Recording with RE code in HCT register



The Measures

Outcome :
ANC HIV Retest Rate

Process:
of ANC clients seen
of maternity case records checked.
of ANC clients identified as eligible for retest
of ANC clients retested
of RE-CODES in the HCT register

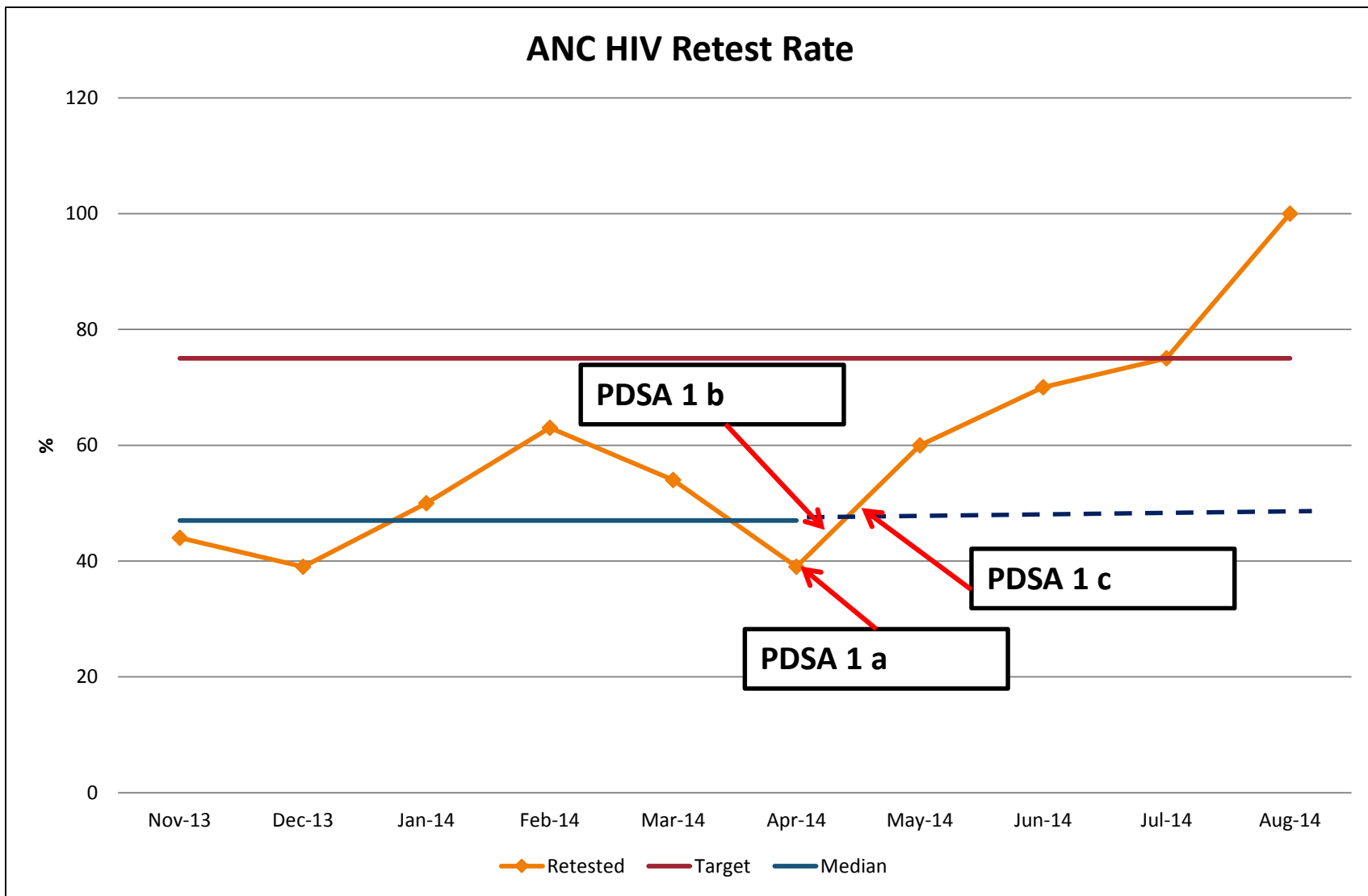
The Prediction: The Change idea will continue to improve ANC HIV resting over the 2 week period through better identification, reordering of the process and better recording

Process Measure Collection

	# of ANC clients seen	# of maternity case records checked.	# of ANC clients identified as eligible for retest	# of ANC clients retested	# of RE-CODES in the HCT register
Week 1	34	34	10	10	10
Week 2	35	35	9	9	9
Total	69	69	18	18	18



Run chart showing improvement of outcome measure: ANC HIV Retest Rate



Example 2: PDOSA 1A

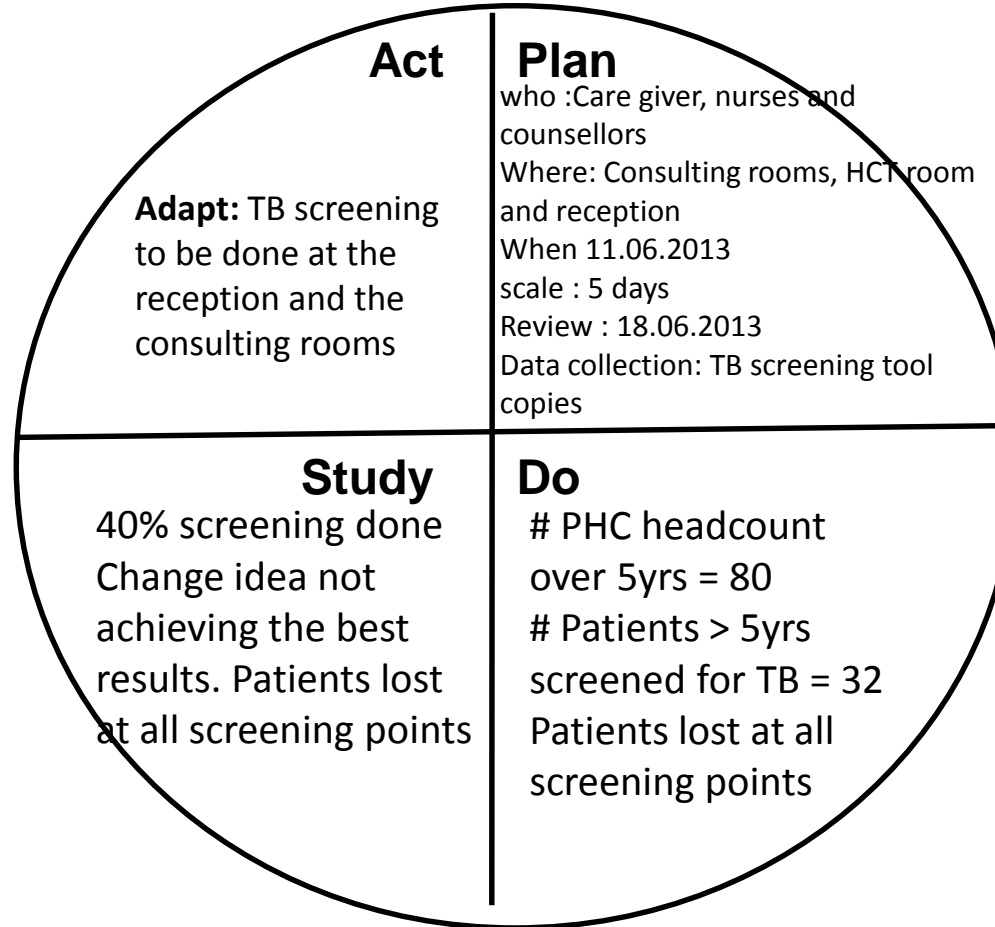


Overall Aim: To improve TB screening for all patients > 5yrs from 3% to 100% by Sep 2014

PDSA Aim: To improve TB screening of all patients coming to the clinic from 3% to 100% in June 2014

The Change Idea:

TB screening of all patients over 5 years to be done at the reception, HCT room and consulting rooms using the TB screening tools



The Measures Outcome:

TB Screening rate

Process:

PHC headcount over 5yrs
Patients > 5yrs screened for TB (TB screening tool copies)

The Prediction: we think that all patients coming to the clinic will be screened for TB since we will now start screening all of them and not just the HIV positive patients

PDSA 1B

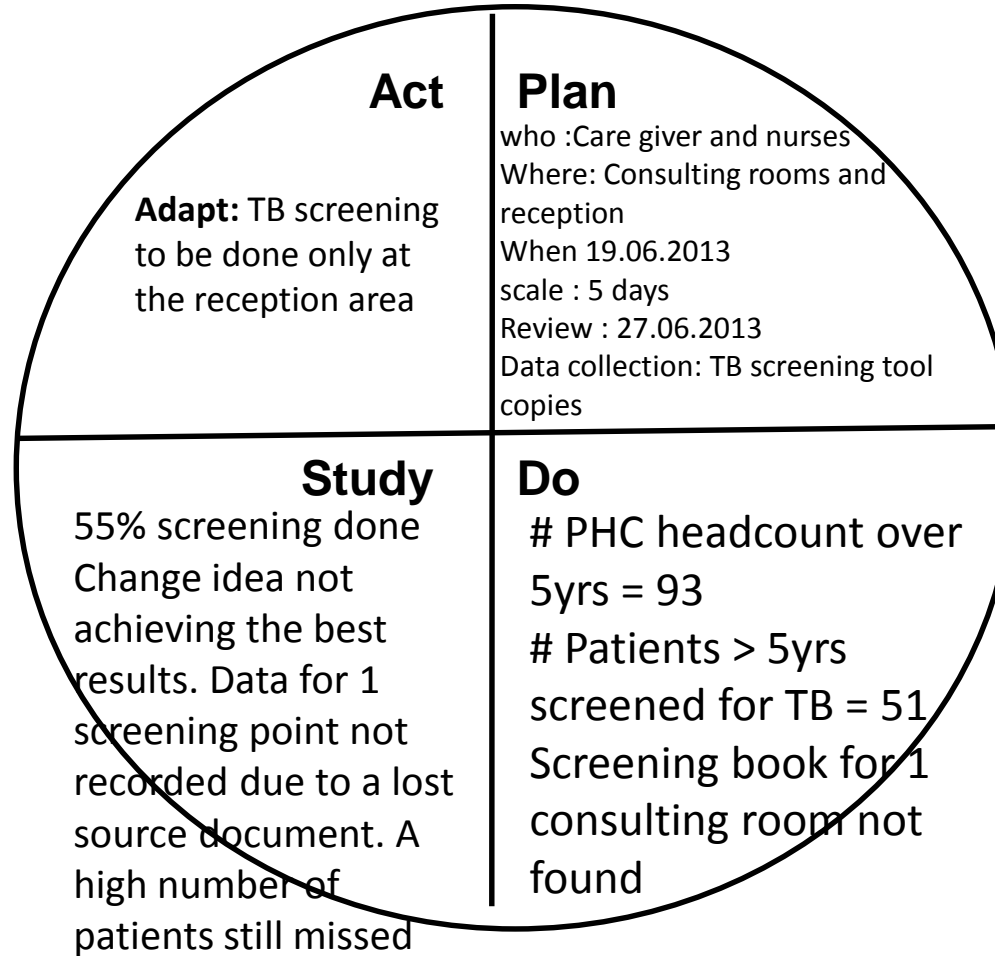


Overall Aim: To improve TB screening for all patients > 5yrs from 3% to 100% by Sep 2013

PDSA Aim: To improve TB screening of all patients coming to the clinic from 3% to 100% in July 2013

The Change Idea:

TB screening of all patients over 5 years to be done at the reception and consulting rooms using the TB screening tools



The Measures Outcome:

TB Screening rate

Process:

PHC headcount over 5yrs
Patients > 5yrs screened for TB (TB screening tool copies)

The Prediction: we think that all patients coming to the clinic will be screened for TB since we will now start screening all of them and not just the HIV positive patients

PDSA 1C

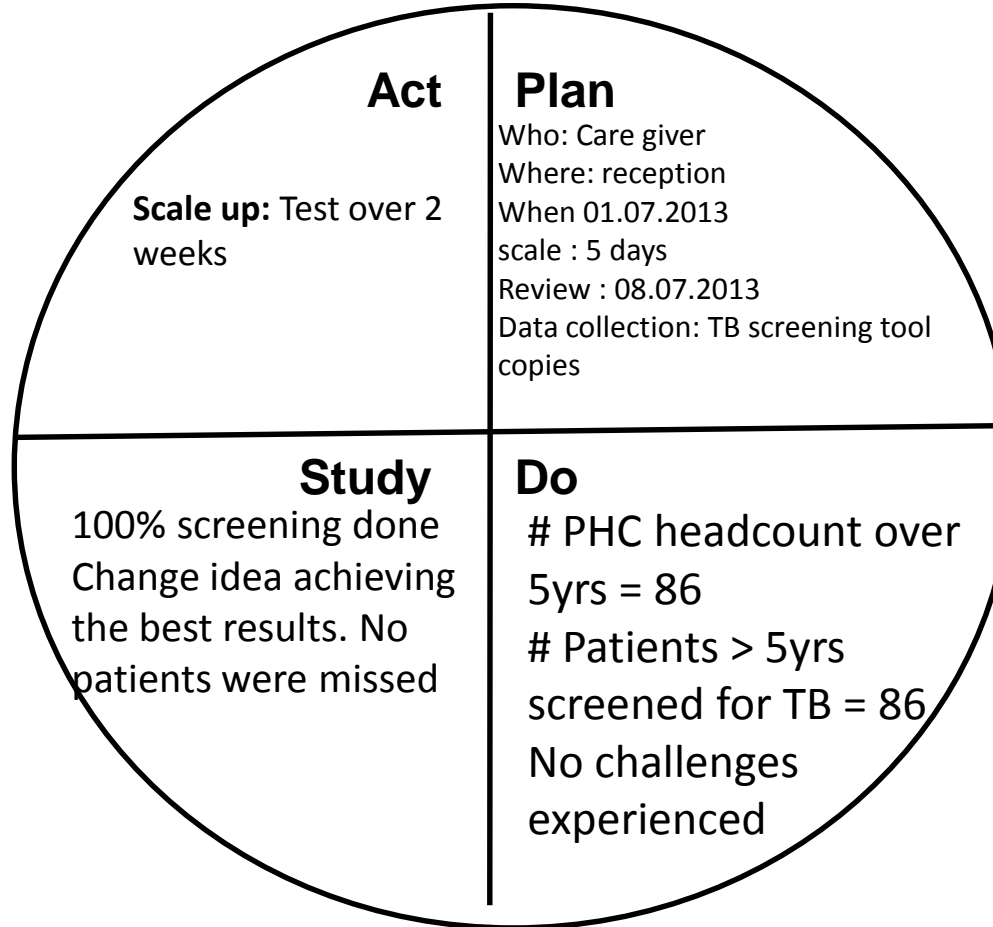


Overall Aim: To improve TB screening for all patients > 5yrs from 3% to 100% by Sep 2013

PDSA Aim: To improve TB screening of all patients coming to the clinic from 3% to 100% in July 2013

The Change Idea:

TB screening of all patients over 5 years to be done at the reception using the TB screening tools



The Measures Outcome:

TB Screening rate

Process:

PHC headcount over 5yrs
Patients > 5yrs screened for TB (TB screening tool copies)

The Prediction: we think that all patients coming to the clinic will be screened for TB since we will now start screening all of them and not just the HIV positive patients

PDSA

1D

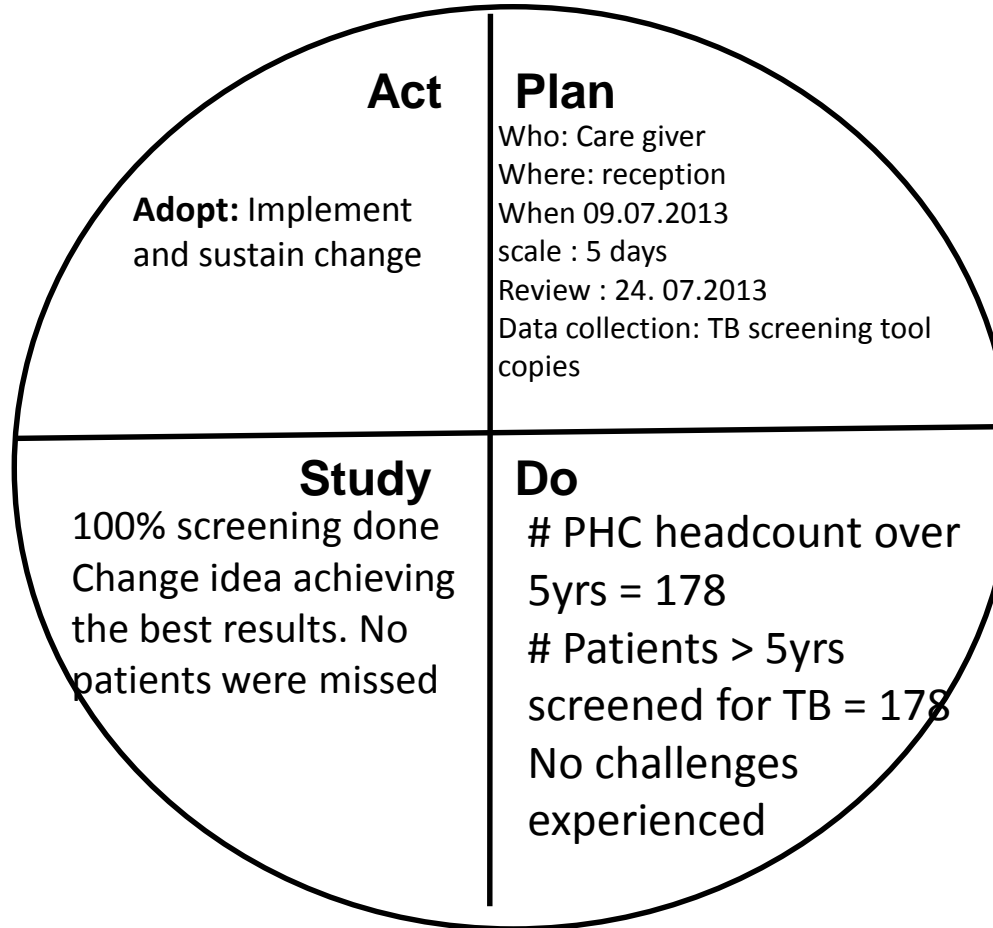


Overall Aim: To improve TB screening for all patients > 5yrs from 3% to 100% by Sep 2013

PDSA Aim: To improve TB screening of all patients coming to the clinic from 3% to 100% in July 2013

The Change Idea:

TB screening of all patients over 5 years to be done at the reception using the TB screening tools



The Measures Outcome:

TB Screening rate

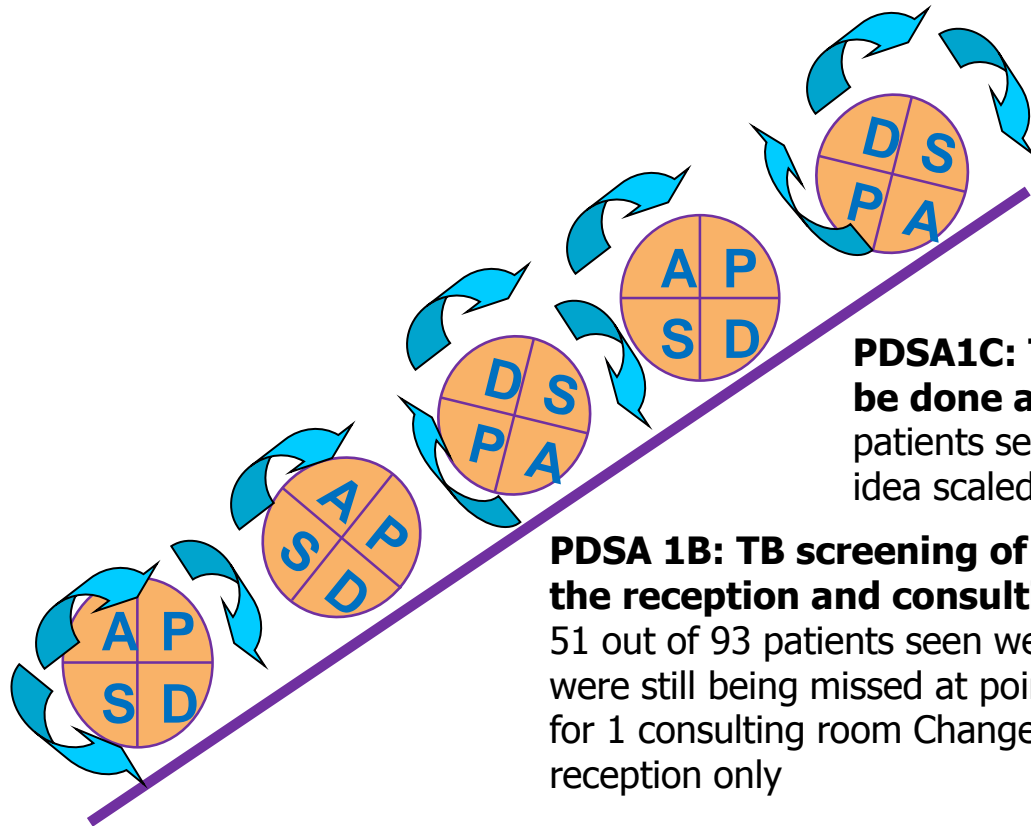
Process:

PHC headcount over 5yrs
Patients > 5yrs screened for TB (TB screening tool copies)

The Prediction: we think that all patients coming to the clinic will be screened for TB since we will now start screening all of them and not just the HIV positive patients

Ramp Aim:

To improve TB screening for all patients > 5yrs from 3% to 100% by Sep 2013



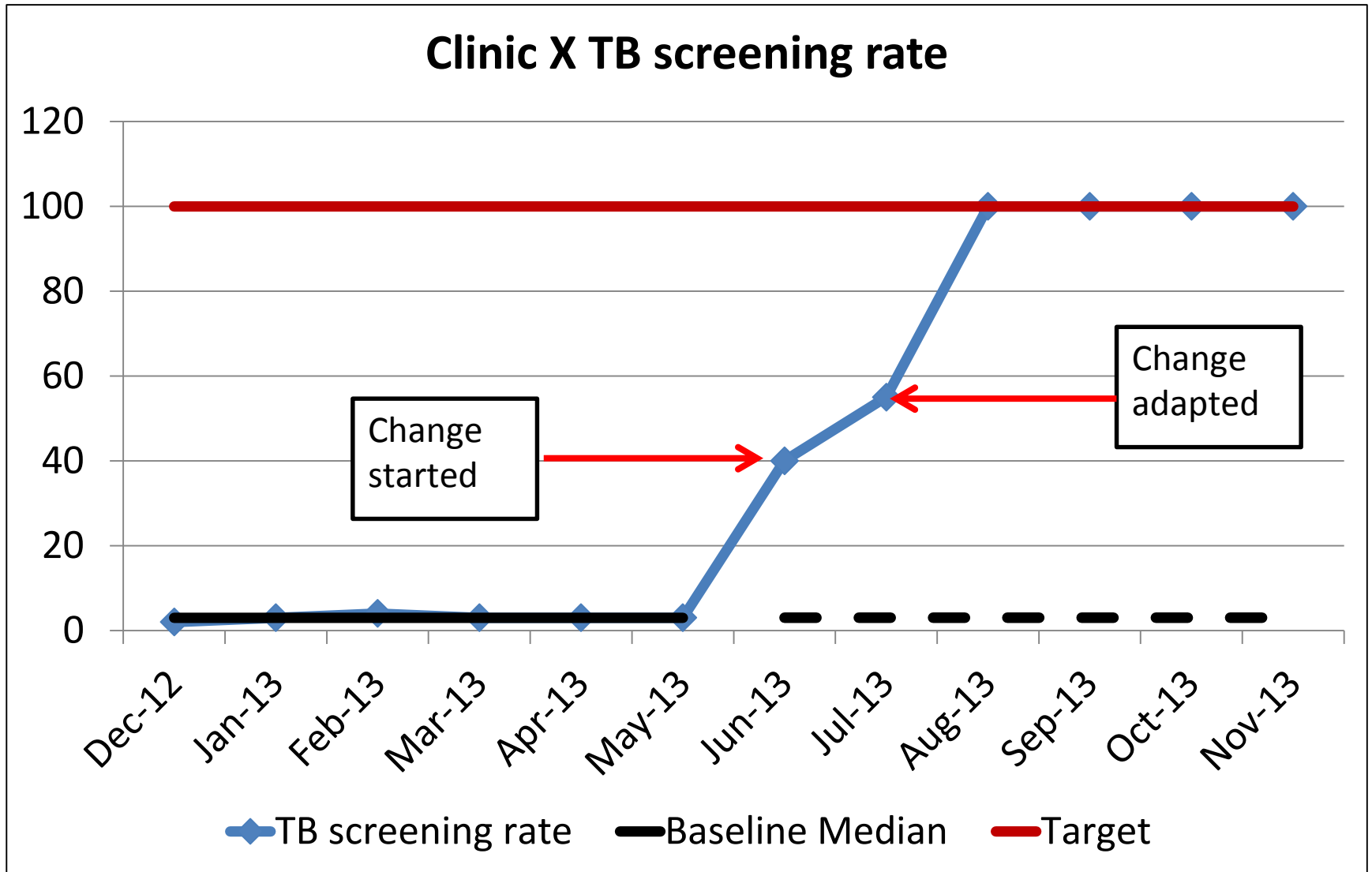
PDSA1D: TB screening of all patients to be done at the reception. 178 out of 178 patients seen were screened for TB. Change idea adopted and implemented

PDSA1C: TB screening of all patients to be done at the reception. 86 out of 86 patients seen were screened for TB. Change idea scaled up to 2 weeks

PDSA 1B: TB screening of all patients over 5 years to be done at the reception and consulting rooms using the TB screening tools. 51 out of 93 patients seen were screened for TB. This showed that patients were still being missed at points of screening. Data was also not recorded for 1 consulting room Change idea was adapted to provide TB screening at reception only

PDSA 1A: TB screening of all patients over 5 years to be done at the reception, HCT room and consulting rooms using the TB screening tools. 32 out of 80 patients seen were screened for TB. This showed that patients were being missed at all 3 points of screening. Change idea was adapted to provide TB screening at reception and consulting rooms

Run chart showing improvement of outcome measure: TB Screening Rate



i can ngingakhona



i can
ngingakhona



i can

change the world.

**Could it really be that simple? We
think so.**

HOW DO I DO IT?

- 1. PLEDGE**
- 2. SHARE**
- 3. DO and**
- 4. INSPIRE!**

PLEDGE

- Your pledge is your personal commitment to making things better in your own environment!
- Be specific
- Make sure you can share the impact of your pledge i.e. data, stories
- It doesn't matter, simply Make your pledge and tell the world: i can change the world

SHARE

- Make your commitment known
- Share the excitement and increase your commitment
- Share the results

i can change the world.

Could it really be that simple? We think so.

Out of this philosophy comes the concept of 'i can - ngingakhona': a grassroots movement where we ask you to join us in committing to making small changes in the way we approach our work in health care – not just for one day but every day.

It's simple. Just think of ONE thing you can do differently in every day practice, and then make it official by writing it down on a pledge leaf. Take a 'selfie', post it on Facebook and put the pledge leaf on the pledge tree in your facility or department.

Your pledge is your personal commitment to making things better!

Whether you pledge to smile more no matter how long and bring your day tea beer, or pledge to complete all records accurately and promptly, all that matters is that you PLEDGE, SHARE, DO and INSPIRE!

Make your pledge and tell the world:



Make your pledge on facebook



tweet your pledge #icanpledge or simply scan the QR code >



**i can make a pledge and
change the world...**

i can
ngingakhona



**This pledge tree is nurtured
by the staff at:**

your business or your staff's organizations

.....
.....
.....

i can
ngingakhona



DO

- “What you do speaks so loudly that I cannot hear what you are saying” – Ralf Waldo Emerson
- By doing something about your commitment within 7 days, you are more likely to do something about it

INSPIRE

- NHS had 900 000 pledges this year
- This campaign is a result of my pledge
- “when we focus our energy towards constructing a passionate meaningful life, we are tossing a pebble into the world, creating a beautiful ripple effect of inspiration. When one person follows a dream, tries something few or takes a dearing leap, everyone near by feels that energy and before too long they are making their own daring leaps and inspiring yet another circle.” – Christine Mason Miller