Title:  Quality Improvement of Maternal and Neonatal Care

Purposes:

1. To strengthen the quality improvement mechanism at facility level.
2. To build institutional capacity for supervision and monitoring of quality and quality improvement activities.
3. To provide a guide for continuous quality improvement in maternal and neonatal care areas.
4. To define and update tools utilized in monitoring and evaluating maternal and neonatal care.
5. To define and update a monitoring system of quality standards and indicators for maternal and neonatal care.
6. To improve compliance with established protocols, norms, standards for maternal and neonatal care.
7. To provide support for performance reviews among employees in respective health region.
8. To establish a structure that will allow for proper reporting, supervision and decision-making at the health facility level.
9. To establish a mechanism for user feedback on perception of the quality of services received.

Applicability:

This policy applies to Technical Advisers (MCH and L&A) at Ministry of Health, Chief Executive Officer [CEO] – KHMH, Regional Health Managers, and Deputy Regional Health Managers, Chiefs of Staffs, Medical Officers, Specialists and License Nurses, Support Staff [Technical and Administrative].
Policy:

1. All health care providers employed in the public sector are to comply with established protocols, norms, standards and respective clinical forms for maternal and neonatal care.

2. Regional Health Managers and CEO – KHMH are to ensure Quality Improvement Coaches are identified and have the appropriate support to implement quality improvement activities at the health facility level for maternal and neonatal care.

3. Regional Health Managers and CEO – KHMH are to ensure that the quality improvement strategy is complied with by health care providers under their span of control.

Quality Improvement Activities

1. Health facilities are to identify Quality Improvement Coaches [primary care and hospital based services] for the respective health district.

2. Regional Health Managers and CEO – KHMH, Hospital Administrators / Clinic Administrators are to ensure that all health care providers assigned to the critical path are sensitized on the Quality Improvement (QI) strategy through in-service educational sessions prior to commencement of quality improvement activities.

3. Quality improvement tools are to in-serviced and shared with all health care providers involved in maternal and neonatal care.

4. Health care providers are to be informed of clinical conditions and respective forms that will be used during monitoring activities.

5. Clinical cases that meet the definition criteria in the QI standards must be defined and documented on a daily basis during handling over reports.

6. Medical Records are audited month by month by the QI Coach and team retrospectively and prospectively utilizing QI Tools.

7. QI Teams identify from QI Tools, the criteria with lowest scores and include in the action plan for the following month.

8. Rapid Improvement Cycle:

8.1 Share the findings of the assessment with relevant stakeholders e.g., management team; discuss possible causes for criteria with lowest scores; plan and conduct activities with the relevant stakeholders; document the process on specified matrix.

8.2 Monitor compliance with agreed actions.

10. Submit completed QI tools to the heads of respective institutions as well as MOH HQ within the first ten days of the following month. Heads of institution need information for planning and decision making.
Quality Improvement Coaches

Coaching - is a method of directing, instructing and training a person or group of people, with the aim to achieve some goal or develop specific skills.

Types of QI Coach:
- Coaches at MOH HQ
- Coaches at District and Regional Level
- Coaches at Health Facilities

Responsibilities of Coaches at Ministry of Health:

- Leads the QI team at national level.
- Provide technical support and empower leadership of coaches at their respective institutions.
- Accompany the persons in charge of QI in the field visits to share good experiences of other facilities complying with standards and indicators.
- Accompany coaches from institutions to verify the accurateness of data collected at health facilities.
- Organizes two sessions per year with the Quality improvement teams for sharing of knowledge and experiences and best practices
- Disseminate quality improvement results from and among hospitals virtually [emails]

The national QI Coaches at MOH HQ has the responsibility to monitor the results of the monitoring and planning sessions at each hospital. The visits are to be conducted no later than the first ten days in the month to allow time for implementation of agreed activities to improve lowest criteria identified.

Activities to be conducted during each visit:

- Review the census of the obstetric and neonatal complications
- Review results of medical records monitored
- Review five medical records among those audited to re-check scoring. In cases where there was over scoring, the QI team needs to repeat the auditing exercise.
- The QI teams must inform completion rate of the work plan from the previous month and share the activities for the following month.
- Review the documentation on processes followed and results obtained.
Responsibilities of Coaches at Institutional level [Medical Chief of Staff]:

- Provide technical support and empower leadership of coaches at health facilities.
- Supports the administration and procedures to assure the minimal supplies to carry out the work in the operative level.
- Accompany persons in charge of QI in the field visits at local level.

The Regional and Deputy Regional Health Managers has the following responsibilities:

a. Provide oversight of this QI strategy

b. Ensure the resources for implementation of health care improvement for maternal and neonatal health services

c. Participate in analysis sessions conducted at institutional level on a monthly basis

d. Ensure the results are reviewed by a multidisciplinary team [clinicians and support services] and

e. Ensure that medical officers conduct the monitoring of compliance with the management of complicated obstetric and neonatal patients.

Responsibilities of Coaches at Health Facility level:

- Ensure new staff are informed of this policy and trained on how to monitor compliance with established standards.
- Conform a quality improvement team to monitor compliance with this policy and compliance with the standards for maternal and neonatal care
- Analyze the compliance of standards and indicators identifying the gaps and develop Rapid Improvement Cycles to close the gaps in achieving the ideal performance (Standard).
- Communicates results of the monitoring to the QI team.
- Organizes Learning Sessions for staff.
- Ensure and monitor the quality of data entry at local level
- Carry a journal to safeguard documentation of the processes followed [census of cases per month, activities, participants, positive and negative outcomes, lessons learned, among others].

The staff at the health facility level has the responsibility to meet on a monthly basis to review the past month PDSA and evaluate implementation rate; to review reports submitted by facility level QI teams; and prioritize criteria from each monitoring tool which will guide the plan for the following month. The following staff are key stakeholders that needs to participate in the QI sessions: Hospital / Clinic / PCP
Administrator, Chief Medical Staff, Matron / Sister in Charge, QI Coach from Primary and Secondary care facilities, other support staff.

The QI Coaches has the responsibility to submit reports to MOH HQ.

The QI Coaches at facility level has the responsibility to meet with QI Teams and assessed the completion of planned activities during the previous month and develop a new plan for the following month, addressing lowest criteria identified in each of the monitoring tools.

**Data Collection and Reports Submission**

QI Coaches at facility level are responsible to coordinate the data collection at Community/Regional/National Hospital and Clinic/PCP facility.

Data should be collected on a daily basis, after hospital discharge or after transfer to a higher level of resolution. Staff providing care should know how to identify cases to be monitored and ensure forms are completely filled.

During the first week of any given month the report is finalized.

During the second week of any given month the report is submitted to MOH HQ by fax, or emailed.

**Standards and Indicators:**

1. Standards and Quality Indicators for Processes of Maternal Care
2. Standards and Quality Indicators for Processes of Neonatal Care

**Monitoring Tools:** Attached

**Signatures:**

Reviewed by: ___________________________ Date: 28/04/2014

Dr. Natalia Largaespada, Maternal and Child Health TA

Reviewed by: ___________________________ Date: 51/05/2014

Dr. Ramon Figueroa, Director Policy Analysis and Planning Unit

Approved by: ___________________________ Date: 51/5/2014

Dr. Michael Pitts, Director of Health Services