



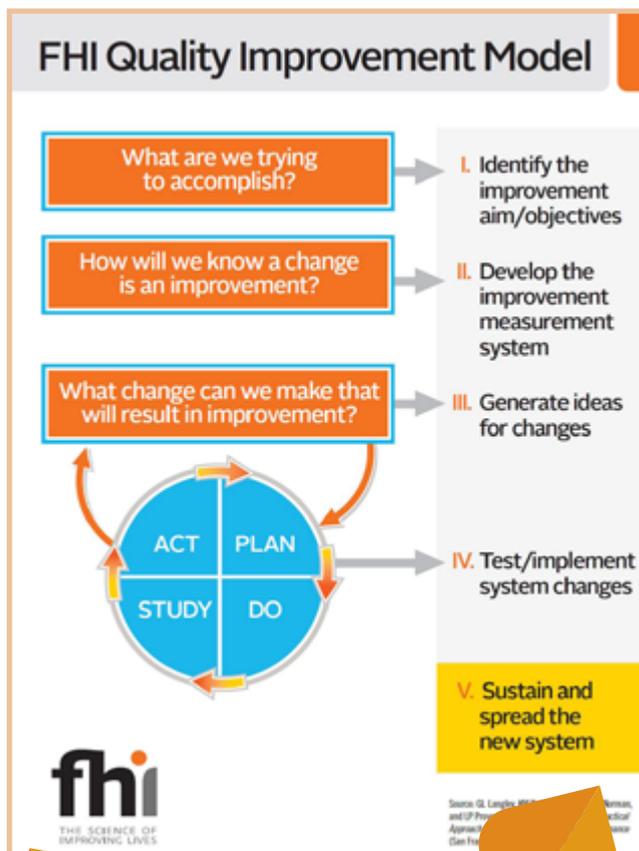
RESPOND Quality Improvement Brief

Quality Improvement

Quality improvement (QI) consists of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups. QI combines a ‘change’ (improvement) and a ‘method’ (an approach or specific tools) to attain a better outcome for the patients and the health care system itself^{1,2}. Once learned and implemented, QI methodology is an effective approach to institutionalize the ability of a health system to continuously improve the services that it delivers.

The QI component of RESPOND aims to strengthen the system of HIV/AIDS care for key populations. RESPOND staff and local QI teams (please see definitions bar) use a QI model to guide teams of service providers and managers to analyze the cascade of HIV testing, care and treatment processes at the oblast or region level³; brainstorm and test potential changes to the components of the system of care such as the healthcare delivery protocols, delivery processes, staffing, and other resources; and finalize an effective package of changes to scale up and institutionalize throughout the oblasts.

RESPOND’s QI Work



RESPOND (June 2012-June 2017) uses the FHI360 QI model to support 21 multi-disciplinary teams in four oblasts (Odesa, Lviv, Zaporizhzhya and Poltava).

The RESPOND adaptation of this model focuses on demonstrating improvements on a small scale (a few service delivery sites); replicating these changes on a larger scale (an entire oblast) and then sustaining the improvements through changes in policies and the institutionalization of a QI dynamic at the central level.



Definitions:

QI Charter – is a document that includes the problem statement, changes to be tested and helps the QI teams to manage expectations for the improvement.

QI Coaches – are selected by QI teams as credible experts in the QI project focus area. They are local champions trained by RESPOND who support teams in implementing the QI methodology, analyzing data and addressing challenges.

QI Mentors – are selected to coordinate improvement efforts at the regional level; serve as liaison between the teams and RESPOND; and support the QI teams and their coaches to achieve goals, review progress, assist in institutionalization of change package and regularly report to the RESPOND QI team.

QI Teams – are multidisciplinary teams of service providers (doctors, nurses, social workers, others), management staff at healthcare facilities, data analysts and other staff representing stakeholders involved in the system of care.

Learning Session – is a quarterly community of practice that brings together teams, coaches, and mentors to monitor progress, exchange ideas and jointly problem solve across sites.

Change Package – is a listing of the essential changes needed to obtain the desired results. It can include standards, a measurement system, and evidence-based ideas for improvement. The package is validated through testing by the team, regular measurements and documenting results.

Aims identified by the RESPOND-supported QI teams include:

- Increase uptake of HIV counseling and testing (HCT) for clients at TB dispensaries;
- Increase HCT uptake for key populations by improving motivational counseling services for HCT;
- Decrease the loss to follow up between HIV counseling, first and second confirmatory tests and ensure enrollment in care;
- Improve the continuity of HIV care for prisoners;
- Increase the quality and use of HCT among identified vulnerable populations at primary care centers.

Each multidisciplinary team has developed a *QI charter* as a roadmap that includes a problem statement, improvement aim, potential changes to be tested, and improvement measures and is agreed to and signed by the multidisciplinary team to formalize their commitment. Each team regularly meets with a *QI mentor and coaches* to review their progress in accordance with the *plan, do, study, act* (PDSA) cycle (please see *FHI Quality Improvement Model on page 1*). Progress review, data analysis, and joint problem solving to address common challenges across sites takes place during quarterly *Learning Sessions* held at each participating oblast after 3 to 6 months of implementation.

To date:

- Twenty one QI teams were established in four oblasts, bringing together a range of stakeholders to address gaps and challenges within HCT and HIV care and treatment service delivery for key populations;
 - A total of 276 health care providers, regional AIDS Center management staff and other health care managers have been sensitized on RESPOND's QI methodology;
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- RESPOND has developed capacity of 54 coaches in the four oblasts and hired 4 mentors;
 - Thirteen on the job trainings were provided by coaches, mentors and HIV experts on HCT standards to build healthcare providers skills in pre and post-test counseling.
 - RESPOND has supported five learning sessions. Given the political unrest in Ukraine, some learning sessions were cancelled or postponed.
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Achievements

RESPOND's QI efforts have resulted in positive changes in health-related behaviors, awareness of QI and improved services for patients. Some highlights demonstrated through QI teams data include:

- **In Zaporizhzhya**, from June-August 2014, primary care providers in Orehov and Vasilyev district polyclinics, increased coverage of HIV counseling from zero to 22% of the key populations identified at the catchment area (N=592). Of these, almost 90% have been tested for HIV. To accomplish this, the teams adapted an HCT protocol; introduced a risk assessment questionnaire and purchased rapid tests using their own budgets. Region's health leaders are impressed by these results and issued a prikaz to scale up HCT services among more primary care centers of the oblast.
- **In Lviv**, the team's goal in Chervonograd TB clinic is to ensure that patients with clinical signs of TB receive HCT and are enrolled in care if found positive. The coverage level of counseling improved to 80% (July 2013-July 2014) from 56% (April-June 2013). Testing started at 35% on average (April-July 2013) and increased to 67% (August 2013 - July 2014). This team developed a change package that included an HCT protocol; an algorithm for HIV counseling and referral; and regular communication and coordinated data collection between the TB clinic and the testing location (trust office). The change package is now rolled out to TB dispensaries in four districts in Lviv.
- **Odesa**: Over one year, two detention centers in Odesa and Izmail increased the coverage of HIV counseling services for detainees from 44% (January-April 2013) to nearly 70% (May 2013-March 2014). The coverage of HIV testing increased on average from 32% (January-August 2013) to 70% (September 2013-March 2014). This is due to the changes introduced by the teams including development of a local HIV counseling and testing (HCT) protocol and a prikaz (a local order) that requires conducting HIV counseling for all new detainees and enables task shifting of some tasks from doctors to nurses.
- **In Poltava**, quality improvement efforts have just started, and three newly formed teams of health providers have developed QI Charters.

Please refer to the QI briefs posted on RESPOND website for additional information and data.

"RESPOND's QI team helps us identify the issue ourselves. Then we can apply the QI methodology to systematically solve it,"

– Irina Soroka, Deputy Head of Odesa Regional AIDS Center

Main Challenges

As for any intervention that requires system changes, the QI component of RESPOND has documented some challenges:

- **Lack of critical mass in QI:** As QI is a new concept for the Ukrainian health system, government health officials need continuous sensitization on the nature and benefits of QI and how it builds upon Ukraine's quality assurance systems already in place. To facilitate a decentralized empowered local team, RESPOND has provided sensitization through meetings, briefings and presentations to key government officials.
- **Unconfirmed political will:** Support of key oblast-level decision makers within healthcare delivery institutions and health departments is critical to facilitate changes that are not under the control of local QI teams and to rollout improvements across multiple sites. This support varies across oblasts and RESPOND is addressing this issue through communication of results during the learning sessions and advocacy through the QI enthusiasts.

Sustainability

RESPOND looks at the sustainability of both the QI approach itself and the changes implemented within each oblast.

- At the regional level, once demonstration sites have developed and tested the change package, these changes are shared during the oblast-level learning sessions and a roll-out strategy is designed to cover new sites. For example, in Lviv, a change package has been rolled out to five additional sites and will continue to be rolled-out until all sites have adopted the changes. In Zaporizhzhya, initially only selected primary care doctors from 4 polyclinics agreed to be part of the QI effort. Now now after seeing results and due to the regional prikaz (see above), more primary care doctors are offering HCT to representatives of key population.
- To institutionalize the QI methodology at the national level, RESPOND is working with the Ukrainian Center for Disease Control (UCDC) Technical Working Group on Quality Improvement to develop their strategy. Such a strategy will build on results and lessons learned during the demonstration phase and will address issues such as: 1) building the QI capacity of providers and managers through the development of a training curriculum in post-graduate education; 2) developing a formal and comprehensive quality management strategy that includes elements of quality assurance an improvement; and 3) developing a monitoring and evaluation framework to measure the success of the policy.

RESPOND: Quality of Services - Network and Organizational Strengthening - Data for Decision Making

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¹ Quality Improvement Made Simple. The Health Foundation Inspiring Movement. UK.

² 2011, Health Resources Services Administration. What is Quality Improvement?
<http://www.hrsa.gov/quality/toolbox/methodology/qualityimprovement/>

³ Oblasts are administrative units or political subdivisions within Ukraine