



IMPROVING HIV/AIDS  
SERVICES IN  
**CENTRAL AMERICA**  
THROUGH INTRAHEALTH'S  
OPTIMIZING PERFORMANCE  
AND QUALITY METHODOLOGY

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## INTRODUCTION

Health facilities in the Central American region face significant challenges to delivering quality comprehensive HIV and AIDS care and treatment to people living with HIV (PLHIV) and other key populations at higher risk. IntraHealth International is implementing its Optimizing Performance and Quality (OPQ) methodology in this region to systematically analyze the performance of health workers, organizations, and systems. OPQ analysis contributes to appropriate interventions that improve health service performance and quality and builds on program strengths and successes.

The HIV epidemic in Central America is concentrated in key populations at higher risk, such as sex workers and men who have sex with men. Against the backdrop of widespread homophobia, stigma, and discrimination, these hidden HIV epidemics continue and threaten to spread into the general population through well-established bridges with these subgroups. There is an urgent need to expand outreach and comprehensive clinical and social interventions to make essential services accessible for at-risk subpopulations. IntraHealth has been tasked with helping to strengthen the capacity of human resources for health (HRH) in the region to deliver high-quality and comprehensive HIV and AIDS care and treatment services. Focusing on the key groups at higher risk for HIV, IntraHealth's approach is based primarily on decreasing the stigma around PLHIV and removing barriers to care and treatment.

Since September 2009, IntraHealth has been developing comprehensive care and treatment services for PLHIV in five countries (Belize, Costa Rica, El Salvador, Guatemala, and Panama) through the USAID|Central America Capacity Project. IntraHealth implements this multiyear project by working with ministries of health (MOH), social security institutes (SSI), universities, public and private institutions, multi-sector networks, and community organizations in all five countries. Among other related mandates, IntraHealth works with these regional entities to improve HIV and AIDS provider performance and integrate treatment and care with community-based support, ensuring the promotion of complementary prevention.

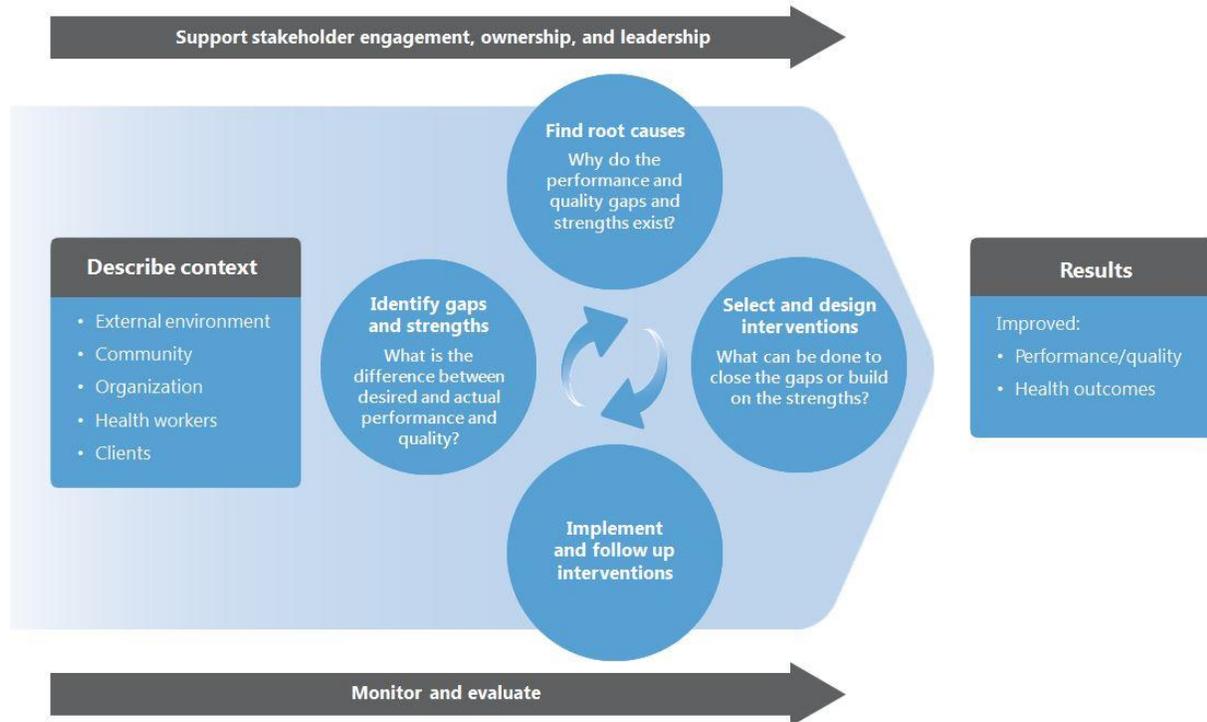
IntraHealth is accomplishing its aims through its OPQ performance improvement methodology. Using the methodology, IntraHealth has empowered regional counterparts in the MOH and SSI to analyze workplace problems and take appropriate steps to improve worker performance and enhance service quality. As a marker of success, national authorities in several countries are now beginning to formally institutionalize the OPQ methodology at both the central and local levels.

## OPTIMIZING PERFORMANCE AND QUALITY

IntraHealth developed OPQ as a methodology to analyze the performance of health workers, organizations, and systems and set up interventions to improve performance and quality or build on strengths and successes (see Figure 1). It is a systematic and continuous process in which stakeholders, taking context into account, identify performance or quality gaps and

strengths by comparing the difference between actual and desired performance. Once stakeholders identify these gaps or strengths, they can ascertain their root causes.

**Figure 1: The Optimizing Performance and Quality Framework**



Based on the root causes identified, IntraHealth supports stakeholders in selecting viable solutions or interventions to address deficits and build on accomplishments, with the aim of continually improving the quality of health services and ultimately improving health outcomes. Throughout the process, stakeholders monitor and evaluate workplace performance to measure any changes in the performance gaps or expansion of the high-performing areas that result from the interventions. Stakeholders carry out monitoring at every stage so that changes can be made as needed during implementation or at the next cyclic phase.

## OPQ IN CENTRAL AMERICA

IntraHealth has been working through the USAID|Central America Capacity Project to institutionalize the OPQ methodology to establish systematic processes that contribute to improving quality of care in health services. To date, the project has implemented OPQ activities in 57 hospitals in the region. IntraHealth is also applying OPQ in 50 health centers in Guatemala and in 27 multisector community-based continuum of care (CoC) for HIV networks. The CoC is a group of services for PLHIVs, at-risk groups and the general population, delivered through empowered local multi-sector networks, including community groups. At the community level, the OPQ methodology brings various actors together to apply OPQ to organizing, improving, and monitoring a coherent response to HIV prevention, care, and follow-up.

In 2010, IntraHealth began to transfer the OPQ methodology to local counterparts to foster sustainability and help ensure its institutionalization into national quality policies and norms. In each country, IntraHealth held an initial workshop to build local capacity to implement the methodology. Workshop participants included central-level officials, technical officers of national HIV/AIDS/STI programs (NAPs), and representatives of quality control departments of selected hospitals. In 2011 and 2012, IntraHealth certified 306 MOH and SSI personnel as competent in implementing the methodology.

Each country customizes and validates the OPQ instruments annually in accordance with their national context. The instruments include an average of more than 300 performance standards across 18 service areas (see text box). Examples of performance standards include:

- “The health care provider ensures privacy throughout the entire process.”
- “The health care provider checks and registers the medical history of the user.”

Beginning in 2010, OPQ teams in the five countries used the tools to conduct baseline performance assessments to determine compliance with OPQ performance standards. (The assessments typically take two to three days to conduct, depending on hospital size.) Each hospital then develops an action plan to address the performance gaps identified via the assessment. By 2012, 58 facilities across the five countries had initiated the OPQ methodology, however only 57 continue to participate.

<b>OPQ Service Areas</b>
1. Outpatient
2. Emergency
3. Surgery
4. OB/GYN
5. Internal medicine
6. Pediatrics
7. Intensive care
8. Diagnostic imaging
9. Nutrition
10. Counseling
11. Biosafety
12. Waste management
13. Laboratory
14. Blood bank
15. Pharmacy
16. Laundry
17. Morgue
18. Management

Overall, the average national baseline performance score for hospitals ranged from 41% of compliance with performance standards in Guatemala to 75% in Costa Rica. Using the results of the baseline performance assessment, each hospital developed an action plan to address the identified performance gaps. With the support of local and central-level authorities, multidisciplinary facility teams developed gap-closing intervention plans delineating specific activities to be conducted (see Table 1), along with the names of those responsible and their deadlines.

**Table 1: Baseline Assessment Gaps and Corresponding Intervention Plan Activities**

<b>Gaps</b>	<b>Sample Intervention Activities</b>
Lack of sufficient physical space and essential hospital equipment	Use data to leverage resources from stakeholders, private organizations, and community funds
Insufficient personnel	Develop motivational interventions to improve performance and increase retention (e.g., conflict resolution, team-building, communication, leadership skills)
Need for specific skills training	Offer training workshops on specific topics
Lack of access to national care policies, norms, and protocols	Upgrade dissemination and analysis of policies and protocols

## RESULTS

Under OPQ, MOH and SSI stakeholders decided the overall performance score for each health facility should reach at least 85% within five years of the baseline performance measurement. Quarterly follow-up support and monitoring site visits document progress and areas that continue to need improvement. At each visit, the facility is expected to improve its performance compliance score by a predetermined percentage, although the methodology accounts for the fact that facilities vary in the degree to which improvements are needed. For example, if a facility receives a score of 85% to 100% on the previous measurement, its goal should simply be to maintain or improve that score. On the other hand, a facility with a prior score of 60-84% should try to increase its score by a minimum of 10%, and a measurement of 0-59% should prompt a facility to improve by at least 20%.

In the five Central America Capacity Project countries, few facilities achieved baseline scores of over 60%. In Belize, only one of five participating health facilities had a score of 60% at the first measurement. In El Salvador, six of the seven health facilities had baseline scores between 30%-58%; one hospital scored a little over 60%. Health facilities in Guatemala fared similarly: 11 hospitals received scores ranging between 35% and 55%, while only one hospital achieved a score just over 60%. None of the seven health facilities in Panama reached 60% on their baseline score. The best-performing country was Costa Rica, where all five participating health facilities had a baseline score of at least 70% or above; one hospital received a baseline performance score of over 85%.



**Nursing technician Manfredo Bonilla takes a client's blood to test for HIV at Escuintla Hospital in Guatemala.**

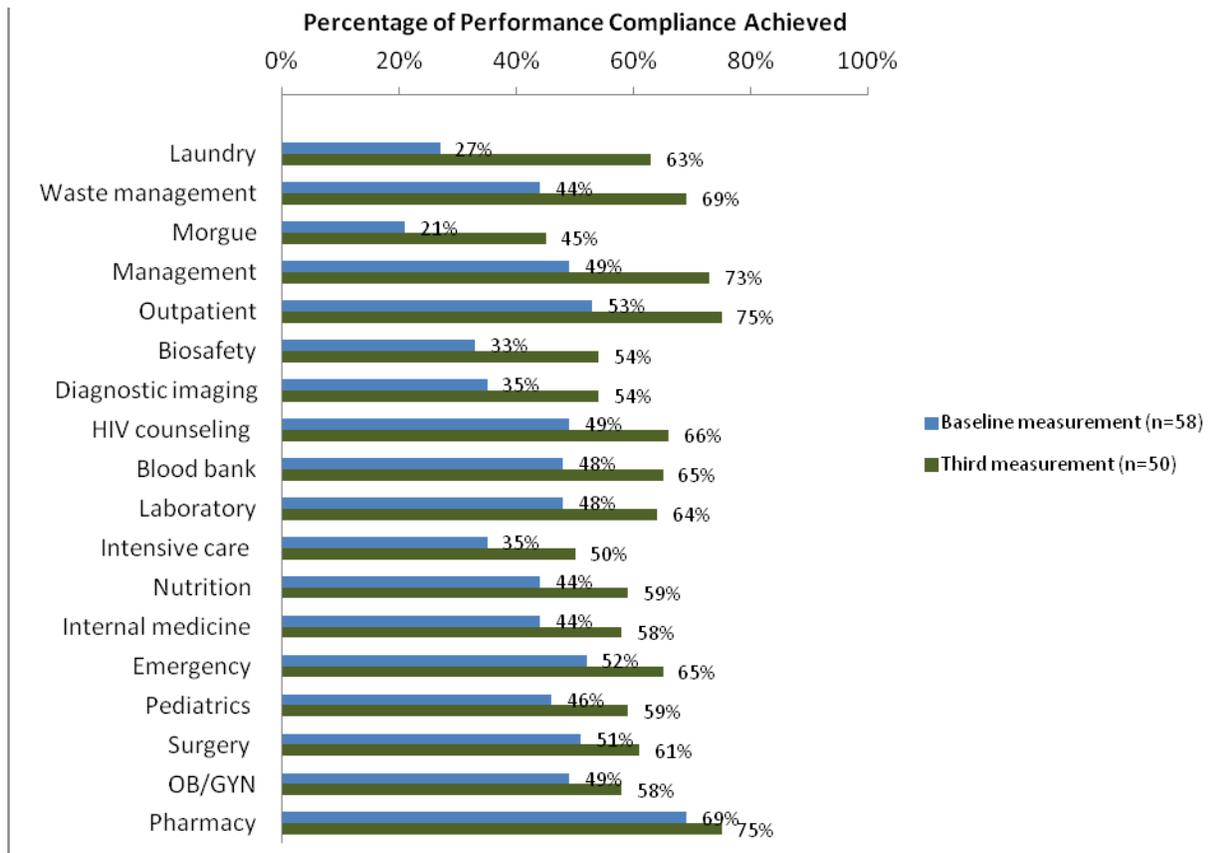
*"The project has given us the tools to achieve attitude and organizational changes at work. Now the staff feels empowered and ... seeks to implement the (OPQ) methodology every day."*

Dr. Frank Medina, Head of Pediatrics Unit, Aquilino Tejeira Regional Hospital, Panama

As of the project's fourth year of implementation in June 2013, all hospitals had completed their first (baseline) and second measurements, 88% (50 of 57) had undergone their third measurement, and 49% (28 of 57) had obtained their fourth measurement. Figure 2 shows the average overall results for the first and third performance measurements of 50 hospitals for each of the 18 OPQ service areas. All of these areas showed marked improvements in comparison with the first measurement, ranging from a 6 percentage point

increase (pharmacies) to a 36 percentage point in laundry services. The most improved areas—with over 20 percentage point increases for each—were laundry, waste management, morgue, management, outpatient, and biosafety. All other areas showed increases ranging from 6 to 19 percentage points.

**Figure 2: OPQ Results by Service Area for Baseline and Third Measurements in Hospitals, 2010–2013**



Source: USAID|Central America Capacity Project Monitoring and Evaluation Unit

The OPQ methodology has resulted in many tangible improvements at the facilities where it is being implemented. These improvements are due to the commitment and effort of the local multidisciplinary OPQ teams together with the technical, material, financial, and logistical support provided by IntraHealth. For instance, performance gap-closing efforts have resulted in project-funded equipment donations for health facilities through collaborations with government and other stakeholders. In Guatemala, the blood bank in the Japan Friendship Hospital achieved 100% compliance of performance standards and, along with the laboratory, leveraged an investment of equipment, supplies, and human resources totaling half a million quetzals (approximately US\$65,000). To achieve this end, the hospital collaborated and partnered with the Ministry of Health, the World Health Organization, and the Japan International Cooperation Agency with technical and financial support from the USAID|Central America Capacity Project.



**“Currently,” recounts Ms. Alexandra Arriola, head of the blood bank unit, “my clients have told me they are happy with the service, which is now clean, spacious, and private, and has clean bathroom facilities.”**

In addition, facilities have hosted a substantial amount of training to reduce performance gaps. During the past three years IntraHealth trained 4,109 health personnel in areas such as biosafety; stigma and discrimination; HIV counseling and

testing; nutrition; institutional strengthening; and assertive communication skills. Cadres participating in training have included 658 doctors, 1,600 nurses, and 1,851 other health personnel such as nutritionists, administrative staff, and cleaning personnel. Through the IntraHealth-developed Learning for Performance methodology, the project has also encouraged local health workers to design their own competency-based trainings on the topics needed to close their identified performance gaps.

## INSTITUTIONALIZATION AND SUSTAINABILITY



**New outpatient facilities at the Escuintla National Hospital exist as a result of advocacy with local mayors and the private sector. The cost of the facilities was about \$325,000.**

The project recognizes the need for the OPQ methodology to be formally institutionalized within national health policy frameworks in order to produce sustainable improvement. For this reason, IntraHealth is putting in place an institutionalization plan in the five countries. During the past year, the governments of Guatemala and Panama have taken concrete steps to

formally adopt the methodology. In countries, the central-level NAP and directorates of health services (and Vice Ministry of Hospitals in Guatemala) have led the OPQ process. Both Guatemala and Panama have an

institutionalization plan within the MOH quality improvement framework. The Guatemala and El Salvador ministries of health have formally requested expansion of OPQ to an additional 15 hospitals each in order to have national coverage, and Panama is requesting expansion to more hospitals and health centers. IntraHealth is working with the Costa Rica government to write up a Memorandum of Understanding to define the steps toward institutionalization. In Belize, OPQ is well-positioned and implemented in four of the country's five health areas, and the central-level MOH Accreditation Unit is using the OPQ tools to monitor all hospital laboratories. IntraHealth also assists health facilities in leveraging outside financial support for closing performance gaps; Guatemala's Escuintla Hospital raised funds from the MOH, surrounding municipalities, the private sector (local sugar producers) and the Japan International Cooperation Agency. Ultimately, the goal is for MOHs to assume financial responsibility for the annual performance measurements and then use data about gaps identified during the measurements to leverage funds from the government, civil society, other donors, etc. to implement intervention plans.

## CHALLENGES AND SOLUTIONS

While the OPQ methodology has engendered many successes in Central America, challenges remain. In many cases, when county teams have identified performance gaps, a lack of funding has hampered plans to address them. In some instances, staff have also had limited availability to resolve the gaps. These financial and logistic barriers need to be addressed in future OPQ activities to maximize results and sustainability.

Another common challenge faced by the project, particularly in Guatemala, is the high turnover of MOH/SSI authorities at both the central and local levels. Institutionalization efforts will help combat the challenge of maintaining the OPQ methodology despite the frequent rotation of key decision-making personnel. IntraHealth has also taken measures to keep new staff apprised of the intervention. Because facility and department-level staff find the OPQ methodology empowering, it has continued across numerous changes of government, notwithstanding the general tendency in the region for each new authority to implement its own methodologies.

In addition to political and administrative changes, a series of unplanned events—including disease alerts, labor strikes, and even earthquakes in Guatemala and Costa Rica—resulted in delays in follow-up and necessitated new negotiations and trainings. In spite of these challenges, the project has been able to satisfactorily achieve its proposed targets. A lesson learned is that flexibility is crucial when working with government counterparts; project staff needs to be able to quickly and effectively reprogram activities and enter into renegotiations with government agencies and universities when needed.

## NEXT STEPS

To further OPQ institutionalization and systematize the methodology, the project has conducted hospital “champions’ forums” to compile information and collectively identify next steps. Guatemala and El Salvador each conducted a forum to share experiences and lessons that the multidisciplinary teams learned while implementing the OPQ methodology and working toward institutionalization. IntraHealth is supporting Guatemala MOH’s strategic plan for quality care and its formation of an interagency group (including PAHO, World Bank and USAID) to define a Quality Management System for hospitals, based on the performance management framework. IntraHealth is incorporating Guatemala’s successful experiences into a systematic OPQ manual that it will disseminate to all stakeholders. In El Salvador, the champions’ forum confirmed that OPQ has resulted in improvements in service delivery areas. IntraHealth is negotiating the development of a monitoring plan for the central and regional levels with government authorities.

In addition to holding more champions’ meetings and other cross-site visits, next steps for institutionalization include further strengthening of MOH and SSI personnel’s ability to continue implementing OPQ at the central level. This will be done in conjunction with delivering the OPQ manual, disseminating lessons learned and success stories in each country, and integrating with and strengthening national supportive supervision systems. Another next step will be to expand the monitoring and evaluation system to measure linkages between OPQ and outcomes such as patient satisfaction, reduction of infections, and adherence to antiretroviral therapy. IntraHealth will partner with the five countries to develop and adopt national policies for quality improvement of health services focused on these results.

## REFERENCE

Soto, R.J., A.E. Ghee, C.A. Nunez, R. Mayorga, K.A. Tapia, S.G. Astete, J.P. Hughes, A.L. Buffardi, S.E. Holte, K.K. Holmes, Estudio Multicentrico Study Team. 2007. “Sentinel surveillance of sexually transmitted infections/HIV and risk behaviors in vulnerable populations in 5 Central American countries.” *Journal of Acquired Immune Deficiency Syndromes* 46: 101-111.