

# **Hospital Performance and Quality Improvement Using a Standards-based Management Approach: Implementation Strategy for Afghanistan**

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**USAID/REACH**  
**RURAL EXPANSION OF AFGHANISTAN'S COMMUNITY-BASED HEALTHCARE**

**HOSPITAL PERFORMANCE AND QUALITY IMPROVEMENT**  
**USING A**  
**STANDARDS-BASED MANAGEMENT APPROACH**

*Implementation Strategy*

**Objective:**

To improve the performance and quality of service delivery in selected hospitals that will serve as clinical training sites for midwives and referral centers for facilities providing basic obstetric care, using a standards-based management approach.

**Description of the approach:**

Standards-based Management (SBM) is a practical management approach for improving the performance and quality of health services. It consists of the systematic use of standards of care as the basis for the organization and functioning of health service delivery, continuous measurement to guide the improvement process towards these standards, and recognition mechanisms for the achievement of standards by health workers and facilities. SBM is just “doing the right things right through the consistent utilization of standards of care” and is particularly suitable for situations in which health services are poorly organized and where availability of external support is limited.

SBM has the following characteristics:

- **It is built upon the evidence-based standardization of care.** SBM “translates” scientific and technical reference materials such as guidelines and protocols into operational tools containing performance standards that can be used as job-aids by front-line providers and managers in their daily work. Providers and managers are empowered to make improvements in their facilities by the explicit guidance provided by the assessment tools.
- SBM adopts a strategy in which those involved in the process **develop change management skills gradually**; the methodology has built-in challenges of different levels of complexity and implementers are encouraged to put emphasis on action and achievement of some early results (reaching the “low hanging fruit” first) to create momentum for further change.
- **Continuous measurement** is used as a mechanism to guide the process, inform managerial decisions, and reinforce the momentum for change. Assessment and

- measurement are undertaken at the self (individual), internal (within the facility), and external levels creating a system of multiple checks and sources of support for the process, emphasizing local empowerment and bottom up action.
- **The motivational element is considered essential** for the success of the process and therefore, strengthening of motivation and recognition of achievements in service delivery improvement are key elements of SBM.
  - SBM does not focus on isolated aspects or issues of service delivery but addresses a minimum set of components and processes that are relevant for the delivery of health services. SBM develops and strengthens **integrated and sustainable platforms for service delivery**.
  - The SBM approach considers that improving the performance of health services and achieving quality is not just a task that concerns health providers. The active and knowledgeable **participation of those who are the subjects of care: clients and communities, is therefore essential**. In SBM, clients and communities are considered not only recipients of health activities but, more important, partners in the production of these activities and their inputs are incorporated starting with the development of the operational performance standards.
  - **SBM is conceived to being fully incorporated in the day-to-day management and provision of healthcare**. SBM is not a quality and performance improvement methodology that can be implemented only by specialized quality experts or units, but it is directly built into the normal managerial and service delivery processes making quality a regular function of the organization and an on-going responsibility and task of health workers. SBM minimizes the need for constant external follow-up of local health facilities.

The SBM approach follows four basic steps:

- *Setting of standards of performance*: in which consensus is achieved on an assessment tool that contains the operational performance standards to be implemented
- *Implementation of the standards*: using a streamlined sequential process that consists of the implementation of the tool at the facility level to determine actual levels of performance, identification of performance gaps, systemic analysis of causes of gaps and the selection and implementation of interventions to close these gaps.
- *Continuous measurement of progress*: achieved through the periodic implementation of assessments (basically internal assessments). Work in networks of facilities and benchmarking of best practices are encouraged during this phase.
- *Recognition of achievements*: in which different types of rewards such as feedback and social and material recognition are used to enhance motivation and continuous improvement.

**Potential for sustainability:**

Quality improvement efforts can be very complex and sophisticated. Frequently, quality is introduced as a discreet, specialized if not complicated activity in health facilities. Thus, quality efforts become an additional burden on health providers and are not “naturally” integrated into their day-to-day service delivery or managerial duties. SBM offers a very practical, step-by-step operational model that can be implemented with relatively minor external assistance and produce rapid visible improvements that increase provider motivation and create momentum for change. The SBM process is based on the utilization of user-friendly tools that serve as job aids that tell workers what to do and how to perform their task. Experiences using this approach in several countries have shown that the model can be quickly replicated and scaled-up.

**Consistency with REACH’s general strategy and synergies with other related interventions:**

One of REACH’s main goals is to develop human resources for health, with a focus on the delivery of safe motherhood services. The training of midwives, key human resources for the provision of maternal services, requires the strengthening and standardization of service provision processes in clinical practice settings. The SBM process will contribute to this objective improving the quality of service delivery in selected hospitals of the country identified as training sites.

REACH is also actively working on strengthening the MOH’s system and services management capacity. SBM contributes to this objective by improving the management capacity for health service delivery at the local and facility levels. In this regard, SBM is complementary to two other quality improvement/assurance strategies being implemented by REACH: the accreditation of primary care services and the development of “fully functional service delivery points” (FFSDP). The service accreditation strategy uses a similar standards-based approach for quality assurance at the primary care services level. SBM implemented in selected referral services will complement the accreditation efforts to create a more systemic and integrated network of services. The FFSDP strategy involves the identification and implementation of basic service quality criteria to make a facility able to effectively respond to clients needs. This strategy will be implemented in basic health services (health centers) and first line referral hospitals. FFSDP standards do not cover clinical processes while SBM standards do. For the infrastructure and management areas, the content of the SBM performance standards is basically consistent with those of FFSDP. To further ensure synergies among these strategies it will be necessary to continuously maintain communication and provide mutual inputs on the standards being utilized at the operational levels.

SBM focuses on direct clinical processes of service delivery and selected support functions. In this way, SBM can complement, and benefit from, the more macro-level managerial interventions implemented by REACH (e.g.: developing of hospital financing schemes and incentive mechanisms, strengthening of logistic and information systems, etc.).

SBM can also contribute to REACH's efforts to strengthen local management capacity. SBM, clearly stating the inputs needed for the provision of care, the processes to be followed, and the outputs to be achieved, provides a tool for increasing the supervisory capabilities of local and facility managers and for raising the prominence of quality of care concerns and mobilizing resources at the local level.

As the participating hospitals move through the PQI process they will naturally reach a point where they need to examine and address broader systemic management issues within their facilities. This need for the essential hospital management skills can be satisfied, at the exact time when it is needed, by participation in purpose-directed hospital management training, such as that being developed and implemented by other elements of the USAID/REACH program, such as the hospital management team. These inputs would complement the SBM approach by giving the hospital teams the needed skills for addressing the broader issues of resource utilization, human resource mobilization and management and logistical management.

### **Proposed implementation plan:**

#### *Coverage:*

The SMB process would be started initially in six hospitals of the country (Malalai Maternity and Rabia Balkhi Hospitals in Kabul, and the provincial hospitals in Jalalabad, Herat, Mazar-I-Sharif and Kandahar). It is suggested to work in a group of hospitals from the beginning because experience shows that working in networks of facilities helps to accelerate the process of change.

#### *Scope:*

The process should initially focus on the improvement of safe motherhood services, but will also address some cross cutting hospital functions such as infection prevention and support services (e.g.: laboratory, blood bank). The SBM approach to performance and quality improvement can be applied to other types of health services (e.g.: child health services, infectious disease services, etc.) but it would be advisable to expand gradually to new areas, after the effectiveness of the approach in the local Afghan context is tested.

#### *Process and steps:*

The process consists of the implementation of four workshops (modules) ideally conducted every three to four months over a period of 12 to 16 months, plus periodic monitoring by the local team. The purpose of the workshops or modules is to develop teams of coaches that are able to spearhead and support the process at the hospital level. In addition, technical staff from the MOH central and provincial levels are also included in this training with the purpose of enabling them to take increasing responsibility in the conduction of the process. The total number of participants per module is between 20 and 25.

*Content of the modules and timeline:*

**Initial activities:** Stakeholder orientation, development and field-testing of tools (operational performance standards) and baseline assessments. Duration: 2 weeks, with additional time for conducting all baselines. Time: June 2004

**Module One:** Guidelines for baseline assessments, giving feedback and development of action plans. Participants: selected teams from the participating hospitals and provincial/central MOH representatives, representatives from partner Safe Motherhood agencies and REACH (FFSDP, Service Accreditation). Duration: 5 days. Proposed date: October 2004

**Module Two:** Cause analysis and intervention identification, change management process, internal measurement and monitoring, benchmarking. Participants: Same as previous module. Duration: 2 to 3 days. Proposed date: February 2005

**Module Three:** Resistant gaps and intervention identification and design, resource mobilization. Participants: Same as previous module. Duration: 2 to 3 days. Proposed date: July 2005

**Module Four:** Institutionalization of the process. Participants: same as previous module. Duration: 2 to 3 days. Proposed date: October 2005

In addition to the modules it is necessary to provide periodic (every six to eight weeks) follow-up and support to the participating hospitals by members of the local REACH/Safe Motherhood team. This follow-up should be conducted together with the appropriate units of the MOH at the central and provincial levels. Gradually more responsibility for this follow-up should be transferred to these MOH units and staff.

**Technical assistance requirements:**

Each module requires facilitation by a team of two external consultants. This implies four visits during the implementation period of 12 to 16 months. During each visit the TA team will prepare and conduct the workshops plus conduct follow-up visits to the field and other related technical assistance as needed.

The local follow-up requires the support of a technical person, with expertise in Safe Motherhood and knowledge of the SBM approach and process. The estimated LOE for this task is approximately 30%.

**Role of other partners:**

As mentioned above, other Safe Motherhood partners such as UNICEF and JICA consider that the SBM approach is consistent with their strategies and are willing to work collaboratively. UNICEF can specifically contribute with training, provision of equipment, renovation/expansion of physical infrastructure, and follow-up. JICA: can

contribute with follow-up, technical assistance, and managerial strengthening at the hospital level.

**Planned results and indicators of success:**

It is expected that the hospital performance levels, as measured by the performance assessment tool, will clearly improve as a result of the implementation of the SBM process. The expected improvements, in quantitative terms are:

After module three: 50% or more of achievement of standards

After module four: 70% or more of achievement of standards

In addition, key Safe Motherhood output or process indicators (e.g.: active management of third stage of labor, neonatal complications and management, restrictive episiotomy, etc.) can be tracked to assess the effects of the SBM intervention.