

325: A COMPREHENSIVE APPROACH TO QUALITY AND PERFORMANCE IMPROVEMENT IN MATERNAL AND NEONATAL HEALTH

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Objective:

To implement a sustainable and comprehensive quality and performance improvement process to strengthen maternal and neonatal health services at six hospitals in Honduras.

Methods:

Performance gaps related to lack of current evidence based knowledge and standardized management, lack of basic materials and supplies for provision of adequate care, lack of motivation in maternal clinics and hospitals contribute to poor health outcomes for women and children in Honduras. To address these gaps, JHPIEGO (an affiliate of Johns Hopkins University), has developed an approach to improving quality of maternal and neonatal care, the Performance and Quality Improvement Process (PQI). PQI actively involves the Honduran Ministry of Health (MOH), cooperating agencies (QAP, PHR) and medical and nursing pre-service training schools. This USAID-funded Maternal and Neonatal Health program (MNH) is being implemented in six hospitals in Honduras in Health Regions 2 and 5, selected because they correspond with the highest maternal and neonatal mortality rates, most difficult access to health services and lowest per capita income.

The PQI approach of the MNH program emphasizes the following methods:

1. Define evidence-based criteria of quality maternal and newborn care compatible with the National Norms and Protocols
2. Develop tools to identify the level of performance based on the criteria
3. Use the instruments to conduct the baseline assessment
4. Train providers to improve competencies in Essential Maternal and Neonatal Care (EMNC)
5. Identify gaps in quality and performance at facilities and their causes
6. Facilitate collaborative teamwork to reduce gaps with the goal of accrediting services

Results:

Key personnel from the hospitals defined desired performance standards, and actual performance was measured against these standards. MNH/Honduras and MOH conducted baseline assessments at six hospitals. Results showed that the facilities met between 11.3% and 27% of the quality criteria in seven critical areas (management of complications during pregnancy, clinical management of complications during childbirth and labor, health promotion and communication, ancillary services, infection prevention, management systems and human and material resources).

Using information gathered by the baseline assessment, MOH "Quality Improvement Teams" were formed. These teams analyze weaknesses identified, and outline steps to resolving performance gaps in facility-specific action plans. These teams also receive training in the PQI process methodology.

To address the need for improved knowledge and skills, 84 skilled care providers (nurses, general practitioners, pediatricians and obstetricians) have been trained in EMNC (evidence-based practices in the management of normal and complicated labor, pregnancy and postpartum). In addition, 16 providers were trained in infection prevention, and later replicated the course information in in-service workshops for MOH colleagues to disseminate and implement the new practices. The training experience follows a competency-based approach and ensures the transfer of knowledge through modeling of conduct.

Preliminary results through self-assessment show that providers have implemented practices that contribute to quality of care. Such improvements include: free oral fluid intake during labor, freedom to choose the most comfortable position during labor and delivery, restrictive use of the episiotomy, active management of the third stage of labor, immediate care of the newborn, management of the newborn with asphyxia, hand washing, decontamination of gloves and sharps, use of plastic bags to segregate hospital waste, better communication between the hospital director and administrator to provide adequate supply of materials and instruments.

Conclusions:

Easy to use PQI process fosters facility self-assessment and provides methodology for improving performance gaps and knowledge, and contributes to the reduction in maternal and neonatal mortality and morbidity.