

139: CALIRED: A PERFORMANCE AND QUALITY IMPROVEMENT MODEL FOR MATERNAL AND NEONATAL HEALTH SERVICES IN GUATEMALA

Authors:

Necochea E., Ainslie R., Bossemeyer D., Cordon O., Garcia Colindres J., Metcalfe G., Peinado L., Poppe P.

Objective:

To improve the quality of maternal and neonatal health services using a performance improvement methodology in western Guatemala.

Methods:

The USAID-funded Maternal and Neonatal Health Program (managed by JHPIEGO, JHU-CCP, CEDPA and PATH), in collaboration with the Guatemalan Ministry of Health (MOH) has implemented a Performance and Quality Improvement (PQI) model for accreditation of MNH services in seven departments of western Guatemala.

The PQI model is based on objective standards for MNH care (including pregnancy, labor, delivery, and postpartum), and uses a step-by-step performance improvement methodology. In 2000, operational standards were developed to define the desired level of performance of MNH services in district hospitals, health centers and posts. The standards took into account the Guatemalan MOH policies and norms, international evidence-based guidelines (including the new WHO's Managing Complications of Pregnancy and Childbirth Manual) and client and health provider inputs. The standards address the areas of: clinical services (antenatal care, normal delivery, postpartum and neonatal care, complications), infection prevention, support services (laboratory, blood bank, pharmacy), IEC and demand promotion, human resources, physical plant, equipment, supplies and management systems.

Formative research was used to obtain information on beliefs and preferences of MNH services from clients, households and the community, including video-participatory sessions with the indigenous population, interviews with key community representatives and a survey of 1007 households. From March to August, 2001, baseline data, to identify the levels of actual performance, was collected in seven hospitals, 17 health centers, and 35 health posts in the seven departments. The baseline was conducted by trained quality improvement support teams, formed by technical and supervisory staff of the MOH central and departmental levels, and NGOs such as CARE, Project Hope, Arenys Solidari and Vivamos Mejor, working in the same geographical area. Baseline data showed that, hospitals achieved an average of 13 of 77 criteria (11%), health centers 8 of 58 criteria (14%) and health posts 7 of 44 criteria (15%). Based on this information, facility-based quality improvement teams analyzed the causes of the performance gaps in different areas (considering causes related to knowledge/skills, environmental barriers, and motivation) and started implementing changes, beginning with simple solutions to create momentum for change and increase staff's empowerment and motivation. Simultaneously, community education and mobilization activities were conducted to create or strengthen linkages between clients and services focusing on early identification of obstetric alarm signs, rapid decisions for seeking care at the appropriate level, and referral and transportation means.

Results:

A follow up internal assessment conducted in the 7 hospitals in December 2001, showed an average of 40% of compliance with the standards (a four-fold increase as compared to the baseline). Several hospitals introduced new practices promoted by WHO such as the active management of the third stage of labor (in more than 90% of deliveries) or non-routine episiotomy for primipara (approximately 50%). A second external assessment is scheduled for March 2002. The PQI process will lead to the accreditation of the facilities that achieve a high level of compliance with the quality standards by a multi-institutional committee. A community campaign will also be conducted to raise awareness of quality of care and reinforce feedback to the services.

Conclusions:

A step-by-step performance improvement methodology, based on objective operational standards and implemented through a change management strategy that emphasizes feedback, empowers direct providers, and involves the community, has been effective for achieving significant improvements in the quality of maternal and neonatal health services in Guatemala.