

425: PERFORMANCE IMPROVEMENT REVIEW: A TOOL AND PROCESS FOR IMPROVING SERVICES IN PRIMARY HEALTH CARE.

Authors:

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Objective:

To describe the results of the quality improvement process instituted at 21 health centers in the Hashemite Kingdom of Jordan.

Methods:

The steps followed in this approach to improving quality of services in MOH health centers throughout Jordan were as follows: 1) literature review; 2) baseline survey to identify major areas of deficiencies; 3) creating conceptual framework to provide focus for measuring progress on 6 elements and indicators; 4) testing and revision of the instrument; 5) creation of an organizational structure to support a quality improvement process; (note that the Performance Improve Review (PIR) tool and process were adapted from original work conducted by Initiatives Inc.) 6) appointment and training of MOH 43 Quality Assurance coordinators to lead QA teams at health centers in administering the PIR tool; 7) analysis of results from initial PIRs and development of action plans to address prioritized problems; 8) monitoring of QA health center teams to support problem-solving process and linkage of QA coordinators to governorate/health directorate level to mobilize resources; and 9) develop a system of documenting and disseminating the results following the administration of the PIR instrument.

Data collection tools include a facility review, client record review, observations of provider-client interactions, manager, provider and client interviews, and collection of health service utilization data. The Health Center QA team collects the data in one day using prepared and standardized instruments. The data are entered and analyzed using a computerized Excel program. The results of the data analysis yield a list of problems organized by indicator. The QA team discusses the problems and looks at the information gathered about how the problem occurred and then develops an action plan. Typically the QA team separates the problems into two groups – those that can be solved immediately and a second group of prioritized problems that require more problem analysis, time, and monitoring to resolve the problems. The QA Counterpart (representing the central level) and the QA coordinator (representing the health directorate) then visit the health center within 2-4 weeks to review with the QA team their progress in solving the prioritized problems. The time frame for the above study was 17 months (September 2000 through February 2002 and included as of February, 2002, twenty-one health centers. Using the same methodology, the number of the health centers is being expanded to include another 40 health centers by November 2002.

Results:

The following results were achieved and are reported on the first set of 21 health centers: increases were noted in all 6 elements of the conceptual framework; the magnitude of the increase is as follows: 41% in **environment and safety**; 35% in **community involvement and health education**; 28% increase in **technical competence**; 18% in **management systems**; 15% in **client care**; and 11% in **client satisfaction**. Using the paired t-test statistical test, the results were found to be statistically significant between pre and post-test scores at the .05 level in each of the 6 components. Examples of improvements focused on adherence to standard infection prevention practices, availability and use of standards for chronic illnesses, attention being paid to promoting the privacy of the client, and more attention to counseling the client about health education and use of community committees to increase collaboration with the health center staff.

Conclusions:

The authors conclude the following: 1) the process of improving performance among the health centers is possible in Jordan; 2) it is essential to involve health center staff in assessing their strengths and weaknesses in service delivery and developing a plan of action; 3) training must be part of an integrated strategy of improving service delivery; 4) mechanisms for monitoring health center performance, documentation and reporting must be developed and communicated at the outset; 5) incentives and recognition of health center staff's effort must be developed by the MOH in order to have a sustainable program; and 6) that top-down and bottom-up strategies must be pursued simultaneously.