

## **462: COMBINED EFFECTS OF A CQI PROGRAM AND HEALTH SECTOR REFORM AT THE LOCAL LEVEL**

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### **Objectives:**

Quality of care is a result of determinants that are present at different degrees in two dimensions of a health system: a) the macro organizational dimension, which refers to changes that in current times are called "health sector reform", and b) the micro organizational dimension, which refers to the internal processes of a health care organization. Quality of care will attain high levels when both dimensions of a health system have introduced "quality-prone" features. Conversely, "pro-quality" actions in just one of the two dimensions will obtain limited impact. The "Free Maternity" Program, instituted by the Government of Ecuador (GOE) in 2000, included quality-prone characteristics at the macro dimension, such as payment to hospitals based on production, decentralization, national technical norms, central funding of a basic package of maternal-child services, participation of users. In early 2001 the GOE and the Quality Assurance Project (QAP) started an Operations Research study introducing a Continuous Quality Improvement program at the micro organizational level of five intervention hospitals.

To test the combined effects of a CQI program plus macro organizational changes, as opposed to the effects of only macro changes, on: 1) Technical quality of clinical maternal and child primary health care services, 2) Levels of users' satisfaction, 3) Utilization of services.

### **Methods:**

- In each of five provinces, one intervention hospital and one control hospital were selected, matching their main characteristics. A CQI program was introduced in the intervention hospitals, while no intervention took place in the controls. The CQI program included: QI teams; setting of quality of care standards for basic maternal and child care processes; monthly monitoring of compliance with quality standards and problem solving; training in selected essential obstetrical procedures, as well as IMCI; strengthening of hospital leadership; solving deficits of basic supplies and equipment; solving deficits of most basic human resources.
- Indicators for quality of care, users' satisfaction and utilization of services were measured monthly and trends analyzed. Data was collected from clinical records, users' interviews and hospital registers.
- Information to assess extent of changes at the macro level were also collected, such as hospital payments flow, level of financing, degree of decentralization, degree of participation of users.
- Trends of indicators during sixteen months were analyzed comparing the group of intervention hospitals to the control group.

### **Results:**

- Most of the organizational changes expected to occur at all hospitals as a result of the macro level features of the "Free Maternity" Program (financing, payment tied to results, decentralization, users' participation), in fact did not occur or occurred at a very weak degree.
- Technical quality of clinical care processes increased markedly in the intervention hospitals, whereas it continued at low levels in control hospitals. IMCI care quality seemed more difficult to improve than obstetrical.
- In intervention hospitals, basic inputs for clinical care were easier to improve than clinical processes themselves. Control hospitals achieved improvements in basic inputs, although not in processes.
- Satisfaction of users was difficult to improve and showed modest changes.
- Utilization of services did not change significantly in either of the two groups.

### **Conclusions:**

The policy changes that would create an environment favorable to quality through the "Free Maternity" Program, were in fact implemented at a very limited level. Without a macro environment favorable to quality, a micro-organizational CQI intervention seems able to improve technical quality to important although not maximum levels, while it is more difficult to increase users' satisfaction and utilization. For a CQI program to obtain its maximum impact, the introduction of quality-prone policy changes at the operational level of a health system is critical. There may be a long distance between the Reform Programs as announced from the official central-level, and the reality of its implementation at the facilities.