Maternal, Neonatal & Reproductive Health Care:
Developing and Implementing an Integrated Quality Management System (IQMS) in Kenya

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Ministry of Health

Overview of presentation

• Important health information about Kenya
• Policy Direction
• Introduction/Rationale for the Integrated Quality Management System (IQMS)
• Process of development
• Preliminary results from pilot phase
• Strengths of an indicator-based approach
• Future perspectives

Kenya Quality Model for Health Care

• Evidence-based Medicine/Health
• Total Quality Management
• Patient Partnership

Introduction/Rationale for IQMS

• IQMS is multi-perspective indicator-based quality management system
• Developed to monitor the Kenyan Quality Model for Health Care (KQMH) effectively
• Need to institutionalize the monitoring of quality indicators at facility level (maternities, hospitals)
• The methodology used for its development was adapted from the European Practice Assessment (EPA)

Kenya: Important health information

Population: 40 million

• Key MDG health indicators improving but Maternal mortality rate (188/100,000) remains stagnant, HIV prevalence rate 5.6%
• Disparities in access to care both regionally and across wealth quintiles
• Quality of care remains a challenge to achieving better health outcomes
Process of Development I

Defining areas of focus

• In line with KQMH, the IQMS looks into systems-issues such as management and patient safety
• In addition, a clinical focus on maternal, neonatal & reproductive health was chosen because:
  • Kenya not on track to meet MDG 4 and 5 targets
  • These areas necessitate an assessment of inpatients services, outpatients services (where the majority of patient contacts occur) – and the interface between them

Process of Development II

Indicator review

• All national indicators for these focus areas compiled
• Sources included: KQMH, National Health Information System, Clinical guidelines/ Standard Operating Procedures eg. for family planning, antenatal care, obstetrics & gynecology, referral, pharmacy, laboratory, infection prevention guidelines etc
• Register elaborated that included: indicators, original source, level of care, whether the data was already routinely collected

Process of Development III

Panel process

• Panel of national 13 experts selected
• Representatives from Ministry of Health/ Dept. of Standards & Regulatory Services, Province/Council Health Managers, facility managers, nurses, midwives
• Indicators reviewed and rated using a modified RAND/UCLA appropriateness methodology
• Output – a short register of priority indicators clustered into 5 domains: People, Management, Clinical Care, Quality & Safety, Interface between Inpatients/Outpatients

Process of Development IV

• Next, data collection tools were developed to gather the information for each of the indicators
• Include: patient survey, staff surveys, self-assessment
• Process includes a facility assessment carried out by specially trained Quality Facilitators
• A checklist and facility management interview guide were prepared for their use
• Tools designed for triangulation of different perspectives (patients, clinical staff, managers, Quality Facilitator)

Piloting the IQMS

• 20 facilities selected via a competitive process
• Paper-based approach to data collection
• Patient and staff survey conducted first
• Data analysed using a software called Visotool® that was specially designed for EPA
• Results made available to Quality Facilitator
• Quality Facilitator then undertakes facility assessment and collects rest of data
• Remaining data uploaded via the internet. Visotool® software generates a real-time picture of where the facility stands for feedback to staff

Visualisation of results from one facility

• 5 Domains
• Each domain has several dimensions eg. in Quality & Safety these include: Critical Incident Reporting, Laboratory etc
• Each dimension has several indicators
• Data for each indicator collected via several questions triangulation
Results from domain “Quality & Safety”

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<th>Dimension</th>
<th>Year value</th>
<th>Mean value</th>
<th>Graph</th>
<th>Type</th>
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<td>95%</td>
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Dimension 6 „Laboratory“
• Result of the facility: 94%
• Mean result of all the other facilities which took part: 57%

Dimension 3 „Critical incident reporting“
• Result of the facility: 7%
• Mean result of all the other facilities which took part: 35%

Feedback/Discussion with team

• Priority areas for improvement identified jointly with teams and incorporated in facility quality improvement plans
• Needs for ongoing supervision, coaching and on-the-job training between assessments are also agreed [link to other QI Initiatives]

Future perspectives
• Renaming of IQMS to KQMH Indicator tool for greater alignment and clarity
• Identification of quality indicators for other clinical areas inline with tracer conditions prioritized by the Kenyan Health Policy 2012-2030
• Enacting legislation to enforce quality monitoring progress reports to the Ministry of Health
• Resource mobilization for further roll-out and to build capacity

Strengths of an Indicator-based Approach
• Highly inclusive - approach offers a way to integrate/combine different QM-initiatives
• Can be tailored to illuminate health systems aspects as well as clinical areas
• Focused approach facilitates allocation of resources in favor of high-impact targeted interventions
• Self-evaluative nature of assessment well received
• Allows for monitoring of each facility’s progress overtime – as well as benchmarking (to avoid low performers losing heart)
• Process of objective and repeatable assessments generates transparency - has potential to provide a basis for performance based financing approaches
• Lays a solid foundation for the introduction of accreditation

Thank you for your attention!