What are we trying to solve?

The “What”

Basic science → Proof of concept → Large scale efficacy Study

Guidelines, Training & Resources,

The “How”

Reliable “real-life” implementation

Adaptive Designs that are context sensitive

Scale-up to populations

Designs that can be scaled-up with the resources at hand
Quality Improvement: Bringing Together Two Types of Knowledge – (Deming)

Evidence Based Subject Matter
- Protocols/Guidelines,
- Physical resources,
- Clinical Training

the “what”

Implementation Knowledge
- Common view of the System
- Motivation/Leadership
- Accurate Reflective Data
- “Learning by Doing”

the “how”
Improvement: Bringing Together Two Types of Knowledge
Dr. Joseph M. Juran’s “Quality Trilogy”

QUALITY PLANNING

QUALITY IMPROVEMENT

QUALITY CONTROL
Juran Trilogy: All three elements are needed

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Juran Trilogy: All three elements are needed

Components of quality: structure, quality control and quality improvement

Quality Planning
- Policy, resources, coordination, accountability, mandates, etc.

Quality Control (Assurance)
- Standards/ Guidelines/ protocols
- Professional oversight
- Accreditation
- Checklists

Quality Improvement
- Rapid cycle improvement
- Motivation
- Building knowledge
- Continuous data
QA and “QI” confusion: both can/should use Model for Improvement

Quality Planning

Quality Control

Aims
Measures
Changes

PLAN
ACT
STUDY
TEST LOCAL KNOWLEGEC

Quality Improvement

Aims
Measures
Changes

PLAN
ACT
STUDY
TEST LOCAL KNOWLEGEC

IMPROVED OUTCOMES
QA Approach

Context & Local Knowledge

PROBLEM

SOLUTION
(DEVELOP STANDARDS)

IMPLEMENT STANDARDS

SYSTEM BARRIERS

Review
(Succeed/Fail)
QI Approach

PROBLEM

SYSTEM ANALYSIS

GREAT IDEAS

Context & Local Knowledge

Rapid Test System

IMPLEMENT

SUCCEED/FAIL

PLAN

ACT

DO

STUDY
Where do approaches fit on the QA/QI Spectrum

Where do approaches fit on the QA/QI Spectrum

QA  
Accreditation

Standards based approaches

SBM-R
1. Standards
2. Implement
3. Measure
4. Reward

IHI Breakthrough Series

QI
Preterm mortality ~60/1000 births
Theory of Change: Drivers of Maternal and Newborn Survival

- Decrease Maternal and newborn mortality by 50%
- Knowledgeable health workers ready to use their skills
- Immediate access to essential commodities
- Motivation for change
- Data systems in real time
- A Learning System

Supportive Supervision

- Drills, mentoring
- Decision support, checklists
- Key suppliers part of QI team
- Multi-level leaders promote change
- Progress celebrated, challenges supported
- Informed/activated patients & communities
- Data for improvement vs data for reporting
- Data “owned” at every level
- Cross-professional teams meet regularly, review data, test changes, report progress
Essential QI methods

Data-driven process improvement

% mothers receiving ACS

The Gap

100%
80%
60%
40%
20%
0%

SCREEN
TREAT
RELIABLE MEASURES

AVAILABLE DRUGS & SUPPLIES

Systems approach

Rapid cycle testing of local ideas
% eligible women received at least one dose of corticosteroids
% eligible women received at least one dose of corticosteroids
Essential QI methods

Local leadership

Collaborative Learning System

Context-sensitive learning systems

Phased Scale up methods
1. What is the problem we are trying to solve? Context-sensitive implementation and scale up, using adaptive designs

2. How do you change system performance? Deming – the “what” and the “how” (common systems, psychology/motivation, reflective data, learning while doing)

3. A balanced view of quality Juran Trilogy (planning, assurance/control, improvement)