



USING THE OPTIMIZING PERFORMANCE AND QUALITY APPROACH TO IMPROVE HUMAN RESOURCES FOR HEALTH IN MALI

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Oumou DIAKITE, National Hospital Evaluation Agency (ANEH), Jeanne TESSOUGUE, Ibrahim CISSE, Bougou COULIBALY, Dramane DIARRA, Benjamin DEMBELE, IntraHealth International/Mali; Sujata Bijou, IntraHealth International/US

BACKGROUND

The USAID/Mali Human Resources for Health (HRH) Strengthening Activity, implemented by IntraHealth International, supported seven hospitals to use IntraHealth's Optimizing Performance and Quality (**OPQ**) approach. OPQ is an innovative process for solving performance or quality issues or generating new types and levels of performance. Rather than assuming the causes of performance problems, hospitals are using the OPQ tools to examine all factors that influence performance holistically, including organizational systems, tools and equipment, and knowledge and skills.

The OPQ process (Figure 1) follows the following steps: 1) consider the context, 2) support stakeholder engagement, ownership, and leadership, 3) identify gaps and strengths, 4) identify root causes, 5) select and design

interventions, 6) implement interventions, and 7) monitor and evaluate.

In Mali, the approach has been used to improve infection prevention and control (IPC), epidemiological surveillance, and maternal and child health services.

APPROACHES

Overall approach

First, the USAID/HRH project trained 20 trainers on the OPQ approach at the national level. After the training of trainers, 124 health workers in the five regions supported by the project were trained. OPQ committees were then established in each of the seven hospitals and regional health directorates.

At the hospital level, each committee includes at least 11 members, including two representatives of the administration and one representative each



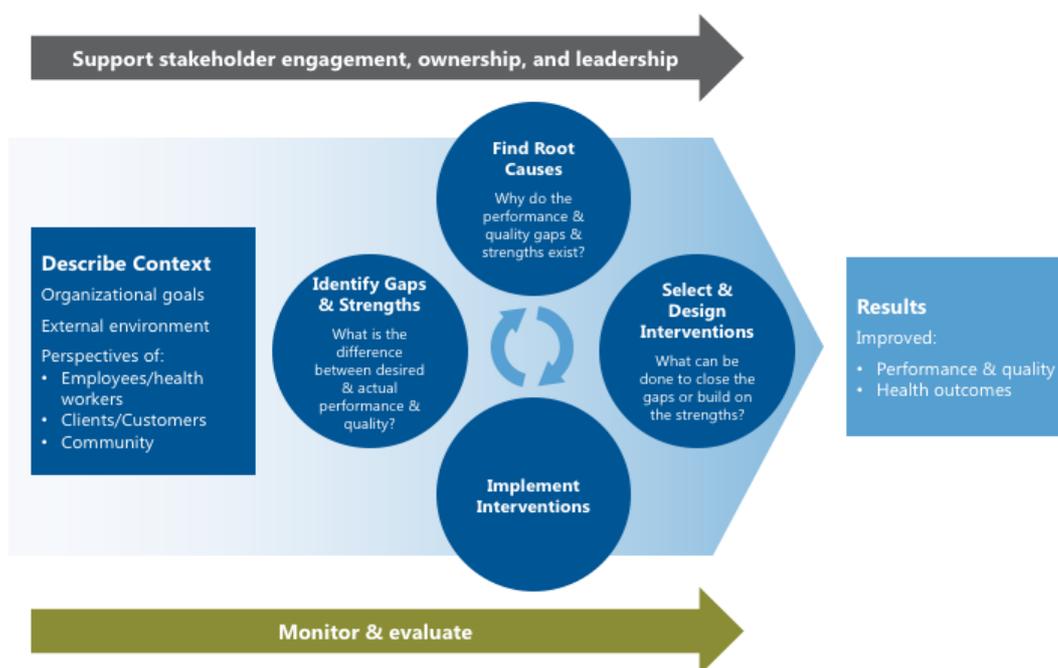
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Figure 1. The OPQ Process



from key departments (e.g., gynecology-obstetrics, pediatrics, medicine, laboratory, emergency, hygiene). In the regional health directorates, the committee is made up of members from the various divisions (e.g., health, planning, hygiene and sanitation). Each committee has a chair and a vice-chair.

Each hospital carried out assessments of quality and performance in five departments—general medicine, emergency, gynecology, pediatrics, and laboratory—in collaboration with the National Hospital Evaluation Agency (ANEH).

Performance problems identified from the assessments included:

- Insufficient number of trained doctors, nurses, and midwives on policies, norms and procedures in reproductive health; IPC; epidemiological surveillance; and management of acute malnutrition
- Insufficient materials and equipment in the five targeted departments
- Inadequate tools, guides, or directives on hygiene and epidemiological surveillance
- Insufficient management of biomedical waste (e.g., sorting of waste, use of color-coded trash cans).

Hospitals developed capacity-building plans to prioritize and address identified gaps, including through equipment allocation and tailored training for providers. The OPQ committees at each hospital monitored implementation of the plans quarterly.

IPC interventions

- Provided the seven hospitals with IPC equipment (color-coded waste bins, autoclave, soap dispenser, collective handwashing device).
- Strengthened the capacity of 63 health workers and 37 surface technicians on IPC.
- Raised awareness of 1,019 patient companions on the importance of limiting the number of companions for each patient and spreading hospitals' cleanliness slogan: "cleaning is good, not getting dirty is better."
- Trained 202 health school trainees on IPC measures prior to their arrival in care units.

Epidemiological surveillance interventions

- Trained 203 regional staff (district surveillance officers, service providers) on the content of

the revised National Epidemiological Surveillance Guide (SIMR).

- Distributed the SIMR and simplified epidemiological surveillance booklet to districts, regional health directorates, and hospitals.
- Conducted semi-annual review sessions on the quality of epidemiological surveillance data in each region.

Maternal and child health interventions

- Trained pediatric staff on the management of acute malnutrition.
- Provided the seven hospitals with the integrated protocol for the management of acute malnutrition (URENI Guide).
- Recruited two anesthetists for the gynecology unit in the Kati hospital.

RESULTS

The implementation level of OPQ capacity-building plans varied from hospital to hospital, ranging from 30% at Gabriel Touré Hospital to 87.5% at Gao Hospital.

At Gao Hospital, the cure rate for malnourished children increased from 90.8% in 2017 to 98% in 2019; the dropout rate decreased from 3.1% in 2017 to 1% in 2019; and the mortality rate dropped from 6.1% in 2017 to 2.3% in 2019.

The partial implementation of the OPQ plan at the Gabriel Touré referral hospital in Bamako focused on pediatric malnutrition, which contributed to an increased cure rate for malnourished children from 70% in 2017 to 84% in 2019; decreased dropout rate from 16% in 2017 to 14% in 2019; and drop in the mortality rate from 14% in 2017 to 10% in 2019.

Infection Prevention and Control

- Health workers used checklists to remind them how to sort waste in 34 departments of 7 hospitals in 2019, compared to only 15 in 2017.
- All 7 hospitals achieved a compliance rate above 48% and Sikasso Hospital performed the highest with a waste management compliance rate of 75% in 2018 (compared to a national average of 38%).
- Implementation of IPC measures using OPQ contributed to the designation of Sikasso Hospital as the best performing "CIWARA," a national award of excellence awarded by the National Hospital Evaluation Agency.

Epidemiological surveillance

Epidemiological surveillance data for diseases with epidemic potential in hospitals are now systematically captured in the district database that informs the regional health directorate, which can better respond to an outbreak. Between 2016 and 2018, the notification of cases of the eight priority diseases (meningitis, measles, neonatal tetanus, acute flaccid paralysis/polio, yellow fever, whooping cough, dengue fever, and rabies) increased to 100%.

Figure 1 (next page) shows the increase in notification of three priority diseases (measles, yellow fever, and acute flaccid paralysis) before (2016) and after (2018) the USAID/HRH project's intervention at seven hospitals.

The results also showed improvement in the completeness of epidemiological surveillance reports—from 75.2% in 2017 to 100% in 2018, for example, at Kayes Regional Health Directorate. Other regions achieved similar results.

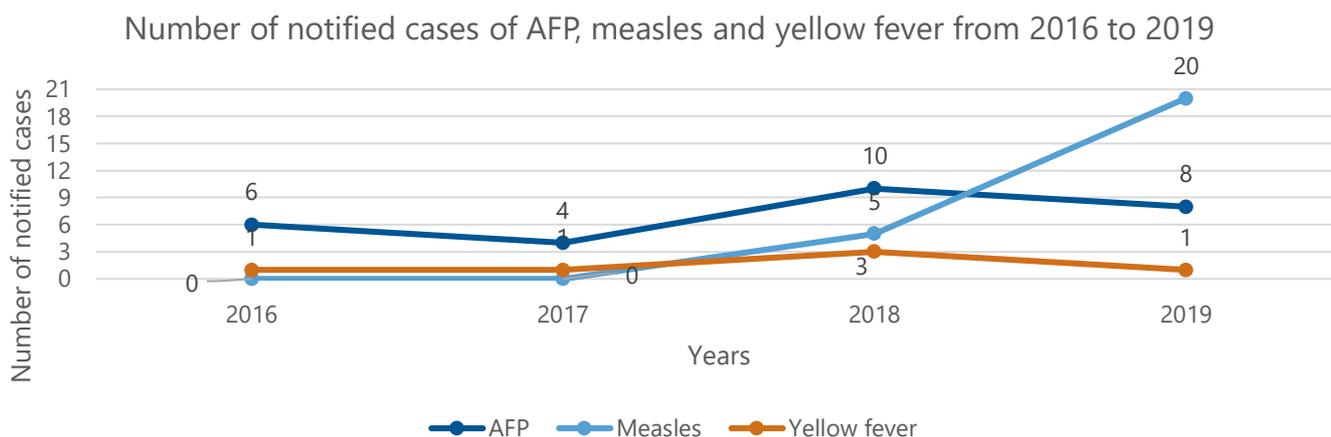


Figure 1. Trend in case notification for top three diseases with epidemic potential by hospitals supported by the project from 2016 to 2019.

LESSONS LEARNED

- The introduction of OPQ quality indicators among hospital performance assessment indicators requires advocacy with hospital management for board approval, which is often difficult to do.
- The creation of a budget line for the implementation of capacity-building plans and sustaining the motivation and commitment of OPQ committee members also present challenges.
- Accounting for the activities of OPQ committees in hospital operational plans requires commitment of hospital officials.
- Documentation and sharing of best practices resulting from the implementation of OPQ at the national level requires ongoing monitoring and evaluation of the OPQ approach.

CONCLUSION

The use of the OPQ approach has enabled hospitals to rapidly improve their performance in terms of infection prevention and control, epidemiological surveillance, and specific maternal and child health interventions. The key to the success of the approach is the firm commitment of the stakeholders—the providers and administrative managers of the hospital.

IntraHealth has made recommendations to hospital officials for continuing to support the OPQ committees that oversee the implementation of capacity-building plans. Additionally, advocacy has been conducted at the Ministry of Health level to integrate the OPQ approach in the evaluation process for hospital performance. The sustainability of continuously improving the quality of services at the hospitals will require institutionalization of hospital quality committees by incorporating them into the hospital-level performance evaluation criteria.

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CONTACT

Dr. Cheick Oumar Touré
Country Director, IntraHealth Mali
ctoure@intrahealth.org



www.intrahealth.org