



Project “Modernizing the Moldovan Perinatology System”

Component “Quality Management”

Technical Brief



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Programme	Modernizing the Moldovan Perinatology System
Duration	2006 – 2014
Donor	Swiss Agency for Development and Cooperation (SDC)
Partners	Ministry of Health of the Republic of Moldova
Geographical coverage	National
Implementation	Swiss Tropical and Public Health Institute, Association of Perinatal Medicine of the Republic of Moldova

Context

During its three implementation phases the “Modernizing the Moldova Perinatology System (MMPS)” project contributed significantly to the implementation and the success of the Moldovan National Program in Perinatal Care and its subsequent investment in medical technology, equipment and continuing medical education.

Improving quality of care was high on the program agenda since its beginning, mainly through capacity building of medical staff, modernizing medical equipment, improving managerial procedures among others. Additionally, the program achieved the use of international evidence in clinical care through the development of clinical practice guidelines (CPG). At the institutional level it developed a Quality Management (QM) approach specifically targeting self-assessment of quality gaps and developing continuous quality improvement processes.

In recent years a mechanism for continuous quality improvement at institutional level has been introduced and made functional by the project. It focuses on the institutional capacity to respond to quality demands by building and strengthening institutional quality teams to focus on the implementation of continuous quality improvement activities. Capacities were strengthened through training events (identifying quality gaps, quality cycle, process performance control, others) and practical implementation of institutional quality improvement projects. Meanwhile quality assurance of clinical care has been targeted for adaptation of national clinical practice guidelines into local protocols.

The project supported the efforts of the Ministry of Health (MoH) in building-up QM structures at facility level through the strengthening of institutional QM teams. The thematic Quality Management teams (Perinatal QM sub-committees/teams) have been created as sub-groups of the institutional quality board. A series of training workshops have been organised for the members of the quality teams and for representatives of the hospital management. This capacity building has been oriented towards principles and practical utilisation of continuous quality improvement methods. The QM teams sequentially planned and conducted local quality improvement projects by using quality assessment tools and the quality cycle (PDCA cycle).

Interventions

The QM component planned to put a mechanism for continuous quality improvement in place in all level II and III perinatal health facilities of the country. Based on an analysis of prior interventions (e.g. BABIES matrix and the Total Quality Management (TQM) approach developed with the assistance of Center for Disease Control, in Atlanta Georgia, USA in 2001), the program approach included

- **Capacity building for institutional QM teams** based on the International Standards Organisation (ISO) standards and focusing on continuous quality improvement strategies. Several workshops were organised starting with an initial workshop on an ISO certified hospital in Iasi, Romania. The initial workshop was followed by several local events and supervisory visits to level II centres in Moldova.
- **Develop and conduct local improvement project:** Trainees received support in conducting needs assessments, using data collection and evaluation tools, identifying quality gaps, develop and conduct local quality improvement projects. They were also trained in defining internal processes and building process indicators for performance measures and for internal auditing. Carrying out improvement projects was supervised by the project team.
- **Implementing national Clinical Practice Guidelines (CPG) through their translation into locally adapted procedures:** The adaptations led to auditable clinical processes. Local quality teams were also trained on clinical audits reflecting the adherence to internal procedures and their impact.
- **Develop a benchmarking system for level II facilities:** Monitoring internal processes can be used to identify quality gaps, leading to the identification of quality improvement projects. An additional way is to compare performance on selected indicators between peers – institutions working at the same level of care - to identify quality champions and potentials for mutual learning. The project developed a list of benchmarking indicators that are critical to quality, which were compared across all level II perinatal centres in the country and ranked according to overall performance and based on each indicator for each participating institution. The benchmarking aims to create friendly competition among centres to improve their quality management processes.

Results

The project initially started its capacity building measures on continuous quality improvement methodology at 3 level II perinatal centres and consecutively increased its number to cover all level II maternities in the country. In total 9 leading physicians and their team members were trained. Initial capacity building was complemented with additional inputs during expert coaching missions.

Capacity building on situation

The PDCA Cycle



analysis, strategy development and project design as well as monitoring and evaluation skills led to facility based assessments of quality gaps and the design of local quality improvement projects following the PDCA logic.

In total about 26 projects were locally implemented, lasting between 6 and 18 months. Typical projects dealt with the prevention of nosocomial infections, improving diagnostic procedures, interface issues between obstetrical and neonatal services, improving diagnostic procedures and others. Most projects were implemented with very low budgets based on locally available resources.

Examples are detailed here:

Prophylaxis of nosocomial infections; Balti Perinatal Centre quality team

Activities:

- Five courses (theory and practice) for medical staff (2 for doctors and 3 for nurses and midwives) were conducted on nosocomial infections.
- Infrastructure was upgraded at delivery rooms, new-born units and operational theatre: 5 electric boilers and 17 new taps;
- Posters on hand-washing procedures and available disinfection solution;
- Protocol including staff responsibilities and flow of materials and supplies;
- Assure single use consumables and cleaning materials.

Results:

Nosocomial infections rate decreased from 9 cases in 2009 to 0 cases in 2013

Practical courses for an improved hospital hygiene; Municipal hospital No.1 quality team

Activities:

- 3 short practical courses for hygiene;
- 1 poster for hygiene measures.



Reduce newborn asphyxia through early detection and better delivery management; Cahul Perinatal Centre quality team

Activities:

- Two courses for medical staff (all obstetricians and midwives of the centre) on the utilisation of Cardiotocography (CTG);
- Development and implementation of institutional protocol "Use of CTG";
- M&E of the practical implementation of the institutional protocol.

Results:

The incidence rate of newborn asphyxia decreased from 7,67% in 2009 to 0,95% in 2013

Throughout the implementation period the perinatal health teams from Edinet, Hancesti, Soroca, Ungheni and all other level II centres have developed about 270 institutional protocols/procedures for obstetricians, neonatologists and nurses/midwives – and implemented them in their respective facilities. The protocols facilitate the collaboration of physician/nurse teams, the introduction and application of new diagnostic tools and medical procedures at the local facility level and improved quality of care.

Benchmarking indicators were developed jointly based on the Donabedian criteria of quality in health care, namely structural and process and outcome criteria. Indicators were grouped as clinical indicators; indicators for patient safety; motivation/ability for improvement; structural quality; preventive care; patient satisfaction; purchasing; and planning and programming. Collected data was anonymised and ranked according to overall performance and for each indicator. Results were presented at a benchmarking conference where each participating institution was able to identify its position in the ranking and to find the best performer in the specific category. The conference offered the platform for the participants to lift their anonymity and to engage in peer exchange on best practices.

Lessons learnt and recommendations

Capacity building measures and the practical work on quality assessments and conducting quality improvement projects have led to a deeper understanding and ability to deal with local problems locally. Building institutional quality teams and making them operational has significantly improved interdisciplinary communication and collaboration. The fact that small interventions showed practical positive results has motivated the quality teams to engage in additional and new projects.

Coaching activities of the experts and the identification of very practical approaches has frequently led to a better understanding of the stakeholder environment of level II centres. This in turn has, in many cases, significantly improved the interaction between clients, stakeholders and service providers. The many meetings and workshops conducted throughout project implementation have improved communication and exchange between peer institutions and provided a well appreciated environment for learning from each other.

The utilisation of electronic media for professional exchange was quite new for many quality teams. The project arranged for the use of these platforms (e.g. the i-path platform and the organisation of video conferences (Skype)) during the development of quality improvement projects. All their use increased significantly and was highly valued.

Performance measurements outside of clinical indicators are still very new for the quality teams and many project participants found it difficult to build non-clinical indicators for performance control. The benchmarking exercise provided a very practical method to engage in targeted communication on best practices, which could be applied in similar institutional context (level II perinatal centres in this case). However, it also showed that technical communication on performance is frequently limited by different understanding of the indicators selected for comparison and the number of comparable institutions in Moldova is relatively small. More needs to be done in terms of peer communication and common understanding of performance indicators to control and continuously improve client and stakeholder orientation of health care providers.

Declining birth rates, the free choice of services and the fee for service based remuneration structure is however a challenge for many small to medium size facilities outside of Chisinau. Continuous quality improvement measures for services, stronger client orientation and better consideration of stakeholder expectations may be a way to increase facility attractiveness to future clients, which in turn can stabilise income and facilitate survival of facilities at least at the intermediate level of care.

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