

QUALITY IMPROVEMENT INITIATIVES: FOR A BETTER PRIMARY HEALTH CARE SERVICES



QUALITY IMPROVEMENT IMPLEMENTATION APPROACH

Strengthening Ethiopia's Urban Health Program (SEUHP) implemented a quality improvement model using a Plan, Do, Act and Study (PDAS) approach in line with FMOH's National Health Care Quality Strategy (2016-2020). The main strategy behind the quality improvement approach is the establishment of quality improvement teams in more than 70 health centers. The team is composed of health center staffs, urban health extension professionals, supervisors and other staff members including community representatives. The team members received trainings, guidelines and tools, and ongoing onsite technical support on how to identify key challenges/gaps related to the implementation of the health extension program, identify and prioritize improvement objectives, conduct root causes analysis of identified, and plan and implement interventions and assess the progress and re-plan and implement in a continues manner.

The primary focus of the quality improvement work is to improve community based health services

implemented through the urban health extension professionals including interventions targeted to enhance demand for quality health care services through increasing health literacy and through facilitating active community engagement.

In summary the quality improvement process created a great opportunity for urban health extension professionals to effectively team-up with health center staffs and community members, and this helped to improve the overall implementation of the urban health extension program including improvements in coverage and quality of primary health care services. Based on this lesson SEUHP in partnership with FMOH and other stakeholders supported the development of a national community quality improvement guide to scale-up the practice to other health centers.

QUALITY IMPROVEMENT IN BUTAJIRA HEALTH CENTER IN SOUTHERN NATIONS NATIONALITIES AND PEOPLES REGION: A CASE STUDY



Butajira health center was established 40 years ago and it currently serves 50,290 population with 103 staff members. It is one of the health centers that participated in the quality improvement activity.

“Before participating in QI initiatives we pay little attention to quality in services we provide. The training helped us to establish a quality improvement team that worked actively to identify and solve major gaps,” explains Mohammed Kedir, Director of Butajira Health Center.

According to Mensur Reshid, coordinator of maternal and child health services, their participation in quality improvement initiatives helps staff members to work towards providing quality services.

Mensur said, “Before we participate in QI initiatives, there was loose integration among the various departments of the health center. But after we participated in the quality improvement, we learned about the key performance indicators and the need to work hand in hand to achieve our targets. We evaluate our performance based on those indicators. We also identified areas that need improvement such as; low performance in Tuberculosis defaulter tracing, HIV testing and maternal and child health services. Once we identified gaps; solutions were proposed to improve performance with monthly follow-up to track progress.”

One of the main complaints of clients of Butajira health center was the long queue patients had to take to get the service they require. “To reduce the queue and

waiting time for our clients, we increased the number of windows as well as daily cash collectors. We have prepared a designated cashier window to collect fee. This was done because we identify this as a challenge through the quality improvement process and we planned a solution to overcome it” said Mohammed,

Now the waiting time to pay for any kind of service at the health center is only 3 minutes. This in turn has resulted with increased in satisfaction of our clients.

“The increase in the number of our clients shows the progress in the quality of service we provide. As part of the quality improvement initiatives we also have a tool/ checklist to measure our client’s satisfaction. And we are learning that our clients’ satisfaction is improving overtime” said Mensur.

The quality improvement team also prepared three kinds of cards which is provided for patients during their arrival; red, yellow and green. “Critical patients will get the red card which means they will get services immediately. Patients who have cough will get a yellow card as they are seen separately. The green card with a ‘Q’ sign on it is provided other stable patients,” elaborated Mohammed.

Currently on average 4 to 5 mothers give birth at the health center every day Mohammed added, are also in a process to buy a Doppler Ultrasound and Fetal Doppler. We bought a complete blood count machine with a cost of 250,000 Birr and due to this our client flow has increased significantly. In addition we also bought a chemistry machine. Because of the increase in patient flow our income is also increasing which in turn will help us to invest more in the future.”

To facilitate communication among the staff, morning meeting is set-up to exchange information about patients since some of them work night shifts and some day time shifts. This was arranged based on the recommendation of the quality improvement team.

Mohammed, Director of Butajira health center, described quality improvement as the key to the success of his health center.

Like Butajira health center, other quality improvement implementing health centers have also demonstrated promising improvements.

For more information please contact:

Hibret Alemu (PhD)

Chief of Party

USAID’s Strengthening Ethiopia’s Urban Health Program (SEUHP)

John Snow, Inc.

Cell: +251-911-618497

Office: +251-11-470-0402

Email: hibret_tilahun@et.jsi.com

Skype: hibretalemu.tilahun

DISCLAIMER:

This document is made possible by the generous support of the American people through the United States Agency for International Development (USAID) through John Snow, Inc. (JSI) implemented Strengthening Ethiopia’s Urban Health Program under cooperative agreement number AID-663-A-13-00002. The contents are the responsibility of JSI and do not necessarily reflect the views of USAID or the United States Government.