Improving Quality of HIV and AIDS Health Services:

An opportunity to strengthen the health system?
Presentation Outline

- Background

- Assessment /QI initiatives Improving quality of HIV and AIDS health services in Tanzania:
  - The process
  - Achievements
  - Lessons learnt

- Using experience from QI efforts to strengthen health systems:
  A stepwise certification system and accreditation
  - What has been done
  - SafeCare Initiative, A pathfinder for stepwise certification
  - Key message
A paradigm shift in the national response to the HIV/AIDS epidemic occurred in 2003:

- Affordability of ARVs improved
- International community was willing to support highly affected country’s efforts to provide care and treatment

The MOHSW developed an ambitious National Care and Treatment Plan that was in line with the HSSHIV (2004-08)

- Enroll more than 450,000 under treatment by 2008
- Improve access to quality services
- 250 health facilities certified for quality service provision
Challenges to the Expanded Care and Treatment Services

- Overburdened health services on the background of chronic shortage of skilled health care workers been prevailing in the country

- HCWs have been asked to take on new and complex roles at a rapid pace while continuing to provide the comprehensive health care services to the populations they serve.

- Resources not always inadequate
  - Effective as well as rational use of resources

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Initiatives to Improve Quality of HIV and AIDS Services

MOHSW through NACP in collaboration with PharmAccess and other stakeholders made initiatives to improve quality of services particularly on HIV and AIDS services

- Developed assessment systems to establish availability of essential elements for provision of quality services

- Defined a framework and establish a system, for implementation and monitoring of QI activities for improvement of Quality of HIV and AIDS services at all levels of health services.
Assessment of Health Facilities: The first step in the QI process

- The first step in ensuring Quality of Care in a facility as it determines if:
  - essential elements for provision of quality services are available and operated to ensure quality
  - only those facilities meeting preset minimum criteria in terms of infrastructure and process were to be allowed to provide service

- For countrywide coverage of assessment, NACP/PAI collaborated to establish a decentralized system of assessment
Addressing the Quality Gaps

- MOH with stakeholders developed a systematic Quality Improvement approach to address quality gaps identified
  - National QI Guidelines, training package
  - Supportive supervision and mentoring linked to QI
- Implemented QI using the decentralized approach and linked to assessment

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Achievements: Assessment

- Effective Assessment Teams formed at regional level country-wide since 2008 and have carried out assessments
  - Gaps identified and work plan for improvement at regional and district level

- Reports on assessment made and disseminated
  - Assessment database to be formatted to web-based to allow easy sharing of information
Achievements QI

- QI teams in 38 health facilities during the first phase of implementation of QI initiative in 4 regions.
  - Teams have undergone a series of trainings on QI, work plans to address QI gaps developed and implemented
  - NACP and Stakeholders have provided quarterly supportive supervision focusing on enabling teams to use data in monitoring improvements
  - A collaborative approach to QI allowed teams to learn from each other and share best practices

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**Achievements QI (ii)**

**Indicator 3:** % of HIV exposed infants receiving ARV prophylaxis per month

**Numerator:** # of HIV exposed infants who received ARV prophylaxis per month  
**Data Source/Sampling:**

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<th>Median</th>
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Using the experience from HIV and AIDS to strengthen the health system

Lessons learnt during Assessment/QI
- Linking assessment/QI showed that Quality of care can be improved
- Capacity has been build at different levels of health system for systematic QI, Linking assessment to QI improvement provides the opportunity to:

Using the lessons from QI initiative to strengthen health system
Link the QI/Assessment efforts to a stepwise certification system
- Recognize facilities that undertake efforts to improve quality of services
- Provide motivation to facilities to continually engage activities to improve quality of services
- Allows for rational allocation of resources on basis of identified gaps
Linking Assessment with QI in a Stepwise Certification to strengthen the health system

Minimum and Maximum complexity for bundles of services at each level to be determined:

- Primary health facilities
- District and regional Hospitals
- Referral Hospitals

Facility not ready for to provide services

Excellent services and improved outcomes among Clients

Support to achieve minimum requirements (Level 1)

Support to address quality gaps identified during Assessments

Support Higher level of compliance to standards and capability to provide quality of services (Level II)

Support to level III of compliance to standards

Pre accreditation (4)

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Establishing a stepwise certification system: the political climate

  - QI one of crosscutting issues in the Plan with an overall objective to provide the quality of health services
  - Calls for the establishment of an accreditation system that recognizes facilities providing quality services

- TQIF
  - Provides framework for QI and facilitates establishment of system for recognition of facilities meeting agreed standards of quality

- Structures and experiences for Assessments/QI implementation: what works well and what does not
What has been done towards making stepwise certification a reality

- NACP/HSIU/PharmAccess have jointly developed a concept note on stepwise certification outlining following key steps:-:
  - Sensitization and advocacy for buy in and ownership
  - Establish and capacitate formal system/structures for certification
  - Development of standards of quality in healthcare service delivery
  - Facilitate the process by building capacity at facility level
  - Link to the national HIMS for sustainable monitoring
Anticipated Challenges

- Availability of resources directed at facility level
- A reward mechanism that encourages voluntary participation to sustain the efforts e.g.
  - Health care financing liked to measurable QI
    - P4P?
  - Service level agreement liked to level of certification?
  - Provision of services and type of services to Health Insurance clients linked to level of certification?
Safe Care Initiative: Pathfinder to Stepwise certification in Tanzania

- In March 2011 Safe Care initiative inaugurated in Cape Town, SA (http://www.safe-care.org)
  - Joint effort: PAI, JCI (USA) and COHSASA (SA)
  - Basic health care standards achievable in resource constrained settings yet of international standards
  - Encourage countries, NGOS/projects to adopt the standards (http://www.safe-care.org/index.php?page=standards)
  - A data base linked to facility assessment for easy of development of reports and measuring improvements
  - Stepwise recognition (Level I- V)
6.2 Facilities and equipment

6.2.1 Standard

The required furniture and equipment are available and functioning appropriately.

**Standard Intent:** In order to provide safe patient care, each unit requires adequate resources. The building is appropriate for a healthcare facility in terms of size and layout. There is a separate room for the handover between shifts, writing of reports and nurse meetings. An assessment is made as to whether the facility has the required furniture and equipment. Facilities will be required to complete an inventory of their furniture and equipment based on the standard lists and to report the percentage of total items they have in stock relative to the total recommended.

The physical facilities required include adequate office accommodation for the personnel. Cleaning equipment is safely stored in a room or cupboard, used expressly for this purpose. Toilet facilities are adequate for the patients and the personnel. Lighting and ventilation are adequate.

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<td>Compliance</td>
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<td>NA NC PC C</td>
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<td>The lay-out of the facility allows for effective flow of patient care.</td>
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MCF/HIF/ APHTA Collaboration and Stepwise certification in Tanzania

- PAI through MCF and HIF projects is working with APHTA to improve quality of health services in private health facilities

- Facilities under this projects must have a QI program under the SafeCare Framework

- PAI/APHTA supports a facilitated stepwise recognition program by providing technical assistance and financial loans to facilities

- Periodic assessment on progress made through structured assessment on compliance to SafeCare standards

- Close collaboration with facilities as they embark in their journey towards level V and afterwards accreditation

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Stepwise certification: Will it work in Tanzanian primary health facilities?

Departmental Service Scores

Services

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Stepwise certification: Will it work in Tanzanian hospitals?

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Take home message

- Resources that have been availed AND initiatives made to improve the quality of care for PLHIV can be used as platform to strengthen health system in general

- Devise initiatives that can be implemented using the already established structures and processes in order to obtain synergy of efforts

- Stepwise certification feasible and can objectively be used to improve Quality of health services
  - Address critical area for patient safety and effectiveness of care
  - Linked to international standards
  - Are workable and achievable in resource constrained settings