

Quality improvement efforts in Nigerian public health facilities

A presentation of FHI Nigeria at the maiden conference of the
Society for Quality Healthcare in Nigeria

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**ADVANCING
EXCELLENCE**



FHI Nigeria program development

1988 – 1997

Sexual and reproductive health programs (SRH)

1998 – 2004

HIV/AIDS and SRH

2005 – 2007

Global Health Initiatives:

- HIV/AIDS
- TB
- SRH
- Malaria

2008 - 2009

Health systems strengthening and integration of global health initiatives



Single disease program

Multiple disease programs

Global Health Initiatives (GHI)s

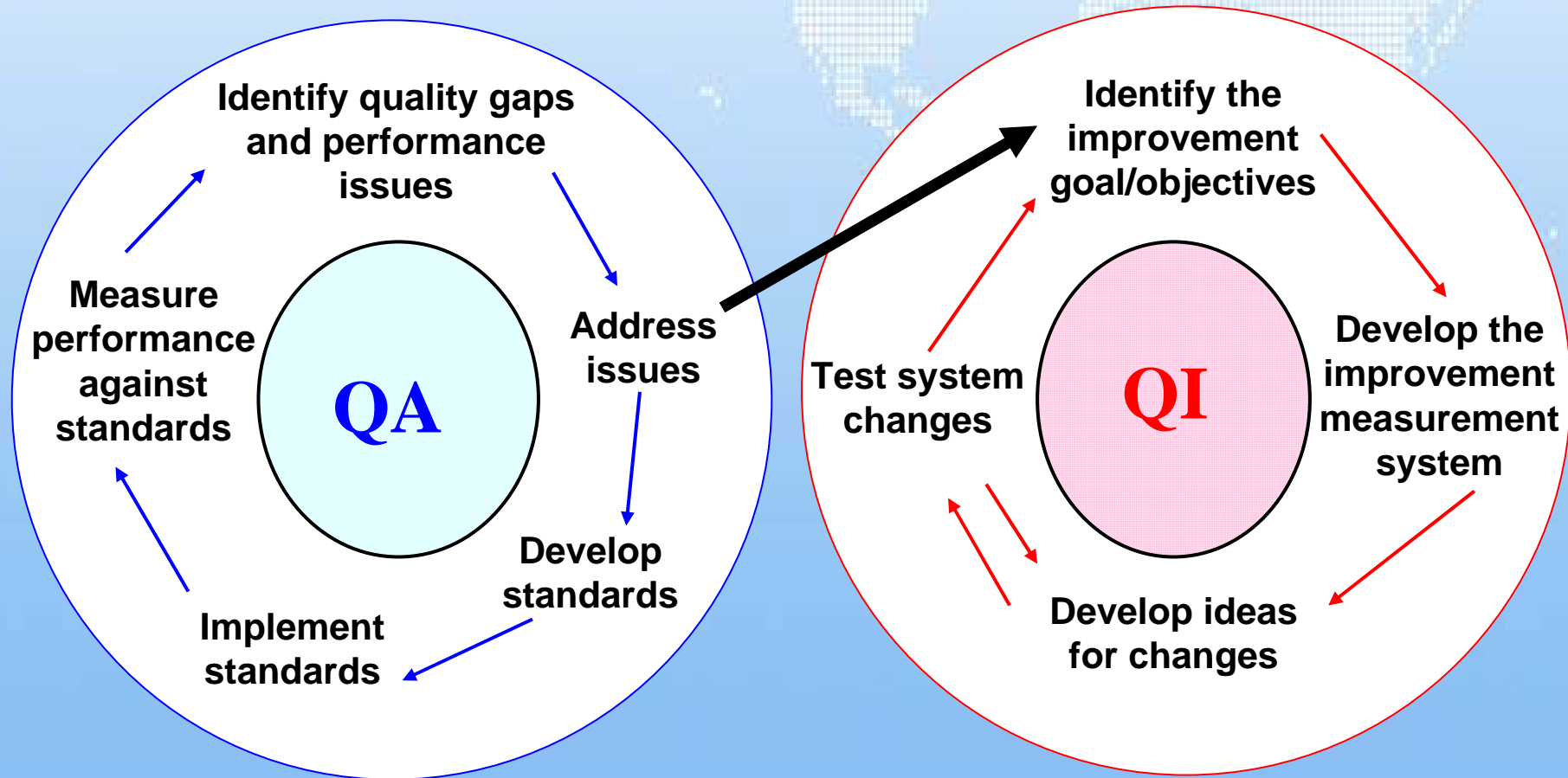
Health systems and integrated GHIs

What Quality Improvement is

- **Concerted efforts to improve the quality of medical care**
- **“... the degree to which health services for individuals and population increases the likelihood of desired health outcomes and are consistent with current professional knowledge”**

— *The Institute of Medicine*

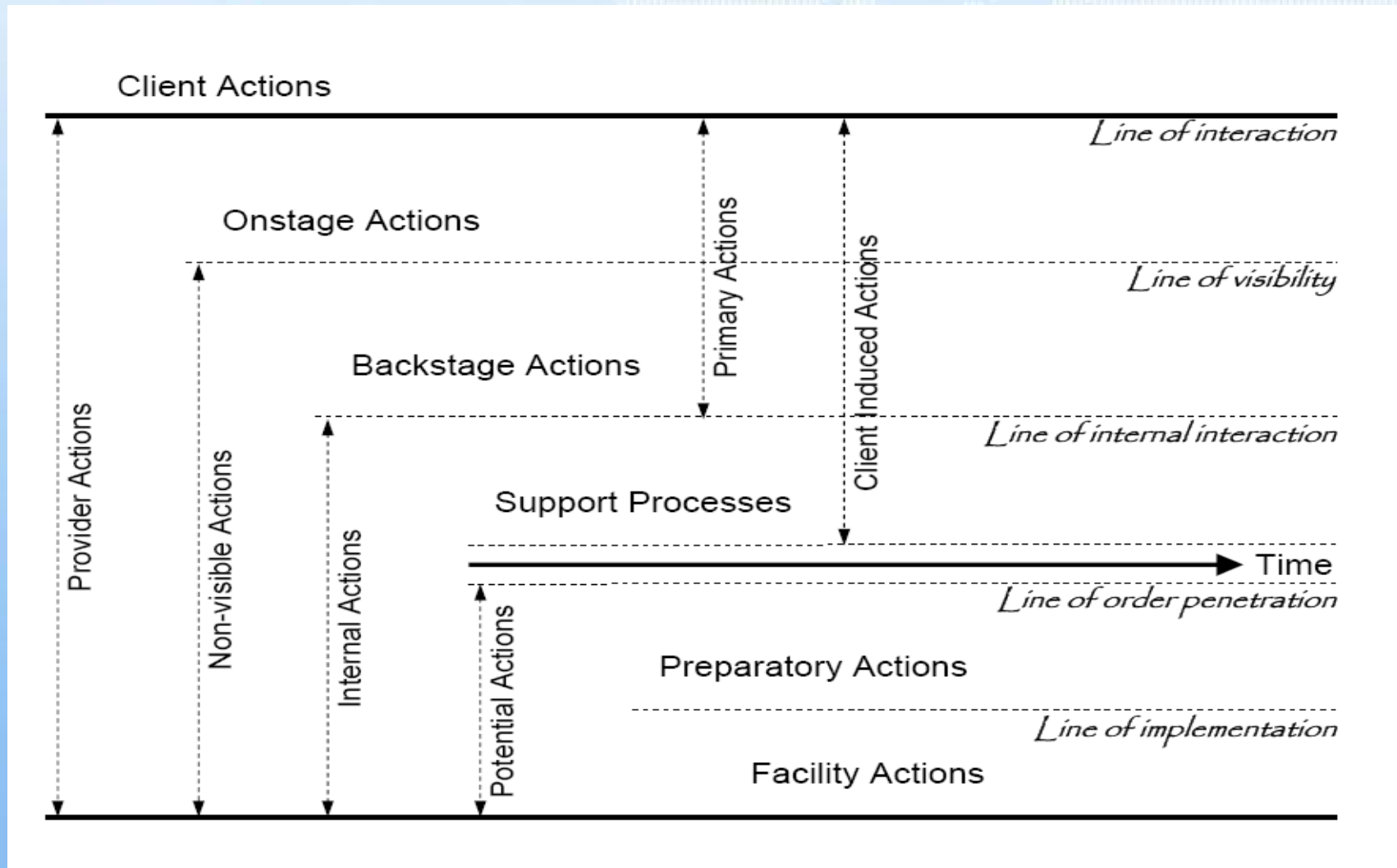
FHI Quality Assurance Quality Improvement guiding principles



What aspect of quality improvement does FHI Nigeria target?

QI Framework	FHI specific interventions at public health facilities
Structure	<ul style="list-style-type: none">• Institute facility-led QI initiatives• Entrench quality improvement culture• Establish Electronic Medical Record (LAMIS) for longitudinal patients monitoring & management• Establish system-wide leadership for development through Quality Improvement Project (QIP) team and Multicenter LAMIS Evaluation Group (MLEG)
Process	<ul style="list-style-type: none">• Improve systems for delivering quality healthcare services• Enhancing the methods for quality assurance and quality controls in service delivery• Performance measurements
Outcome	<ul style="list-style-type: none">• Improve quality of clinical outcomes and public health interventions using evidence-based practices

Generic service blueprint



Three good QI examples

PMTCT

Improvement of ARV prophylaxis uptake

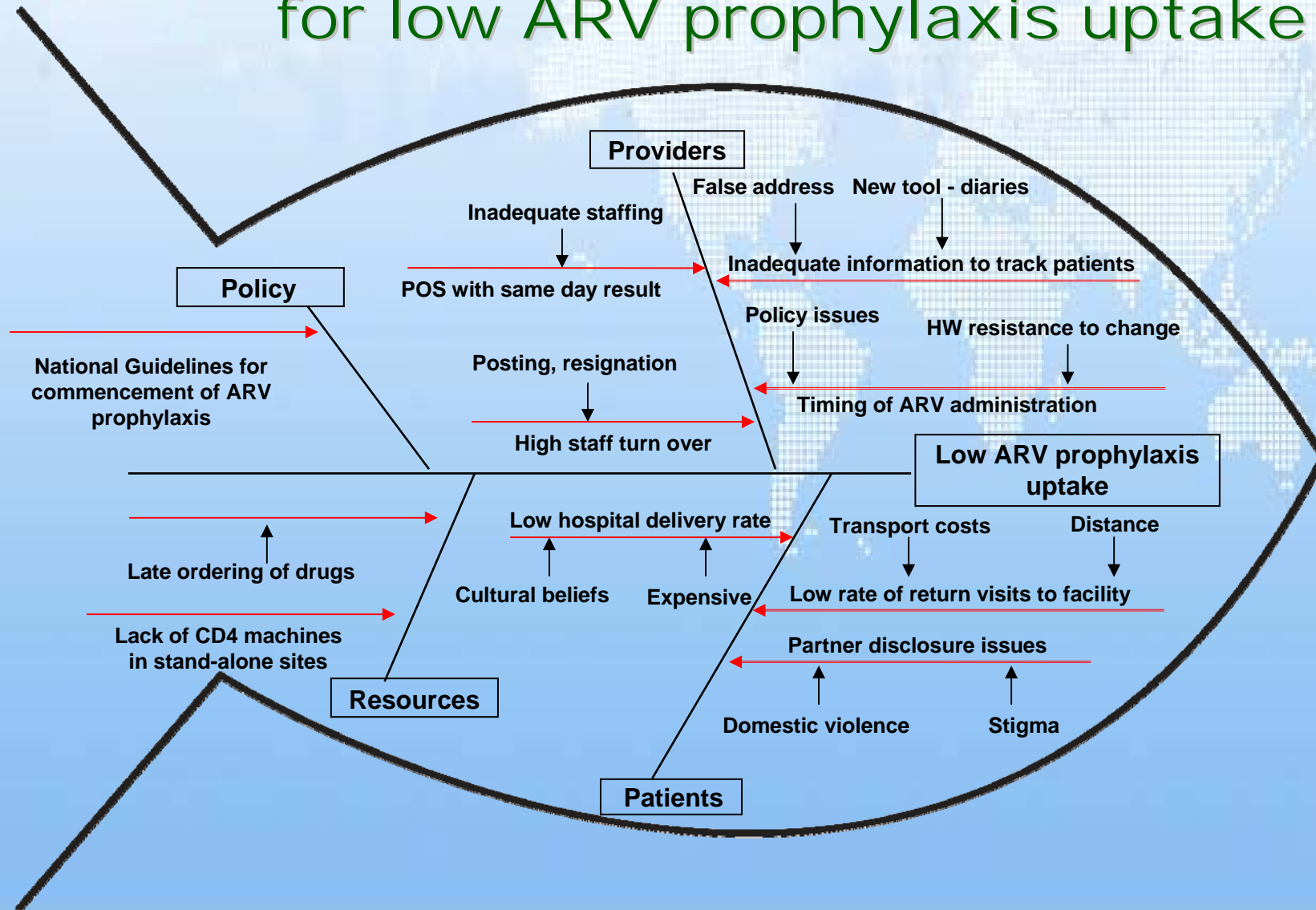
TB/HIV

Improvement of case detection of TB/HIV co-infection

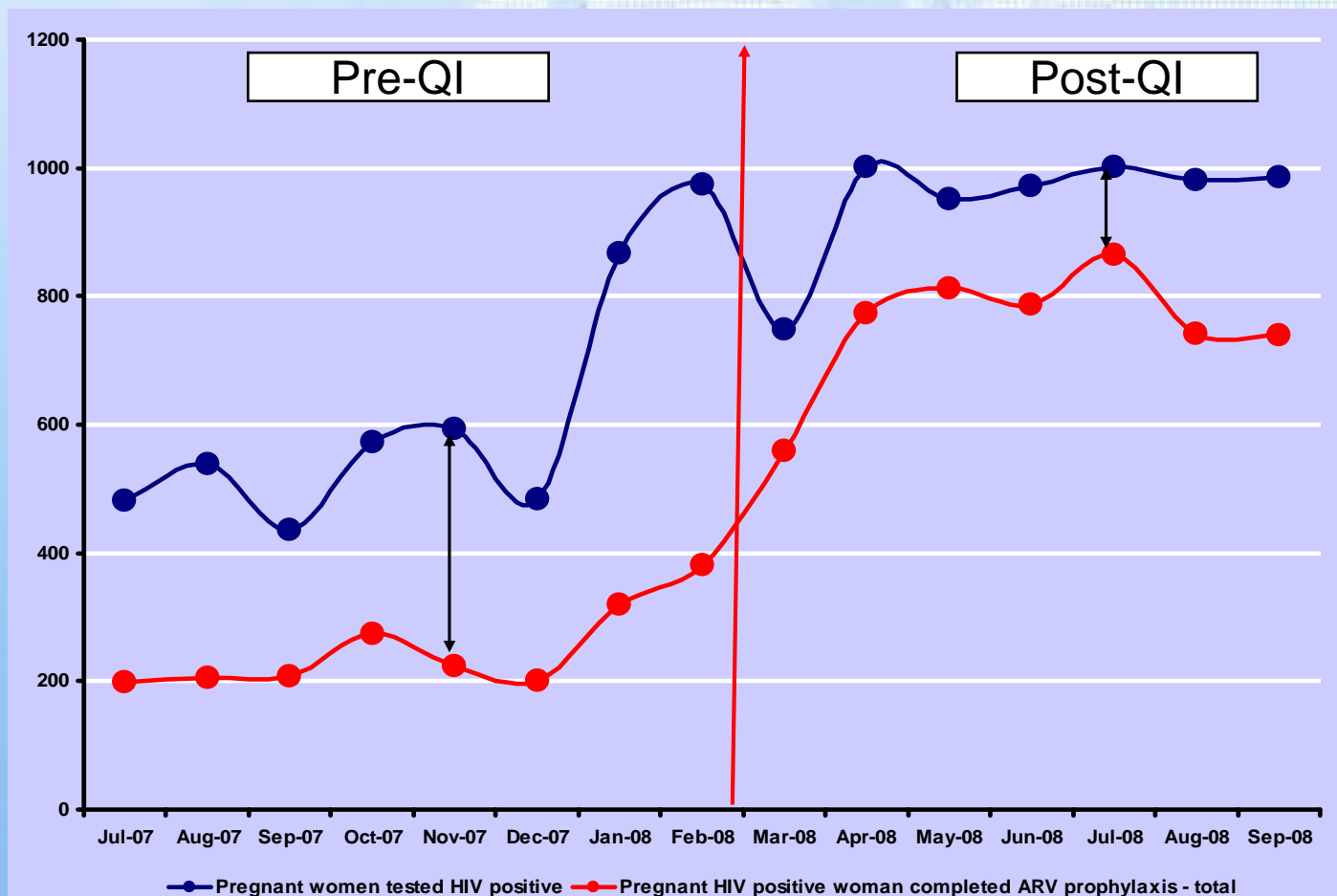
ART

Improvement of switching to 2nd line ARVs

Fishbone diagram: root-causes for low ARV prophylaxis uptake

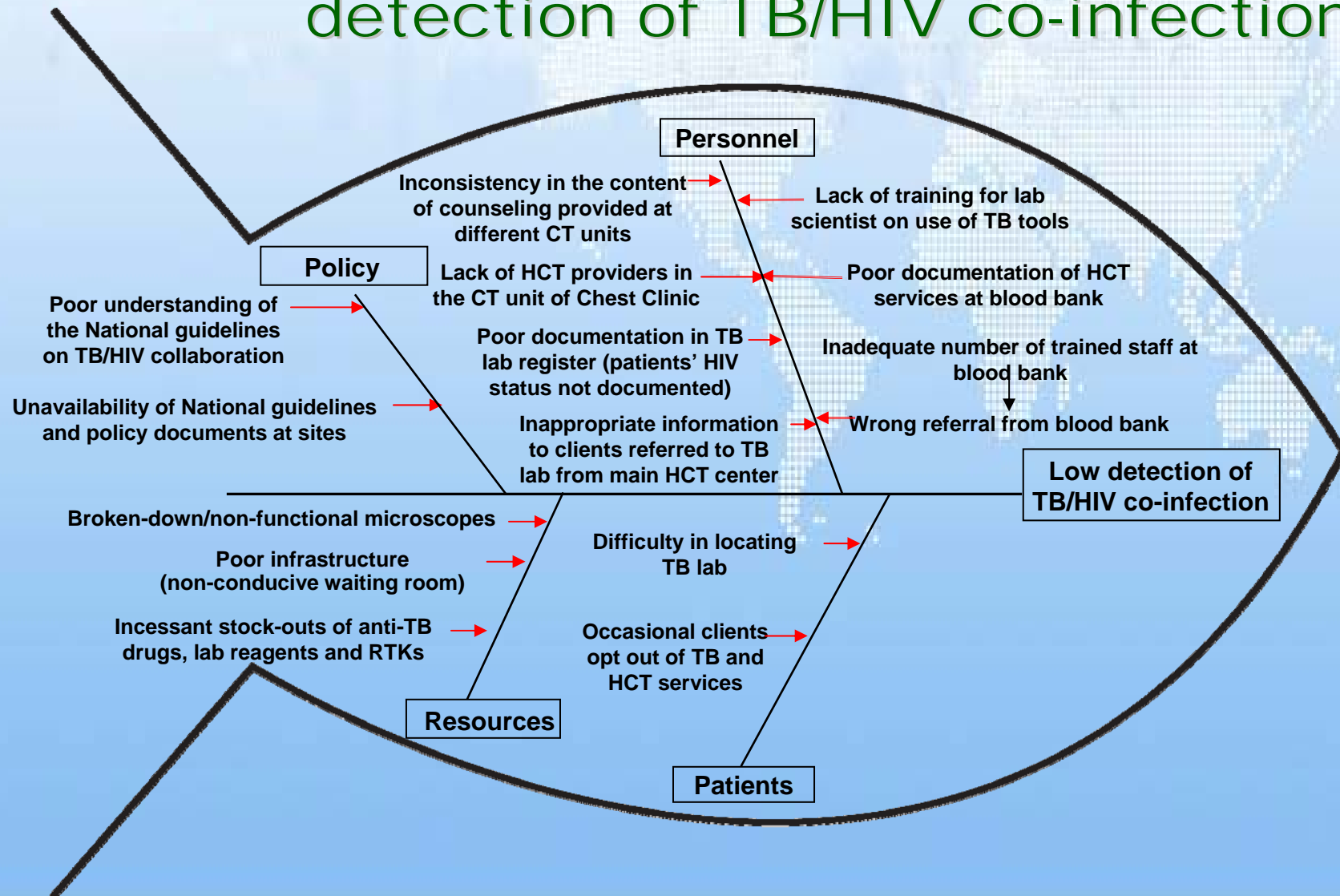


Impact on HIV testing and ARV uptake

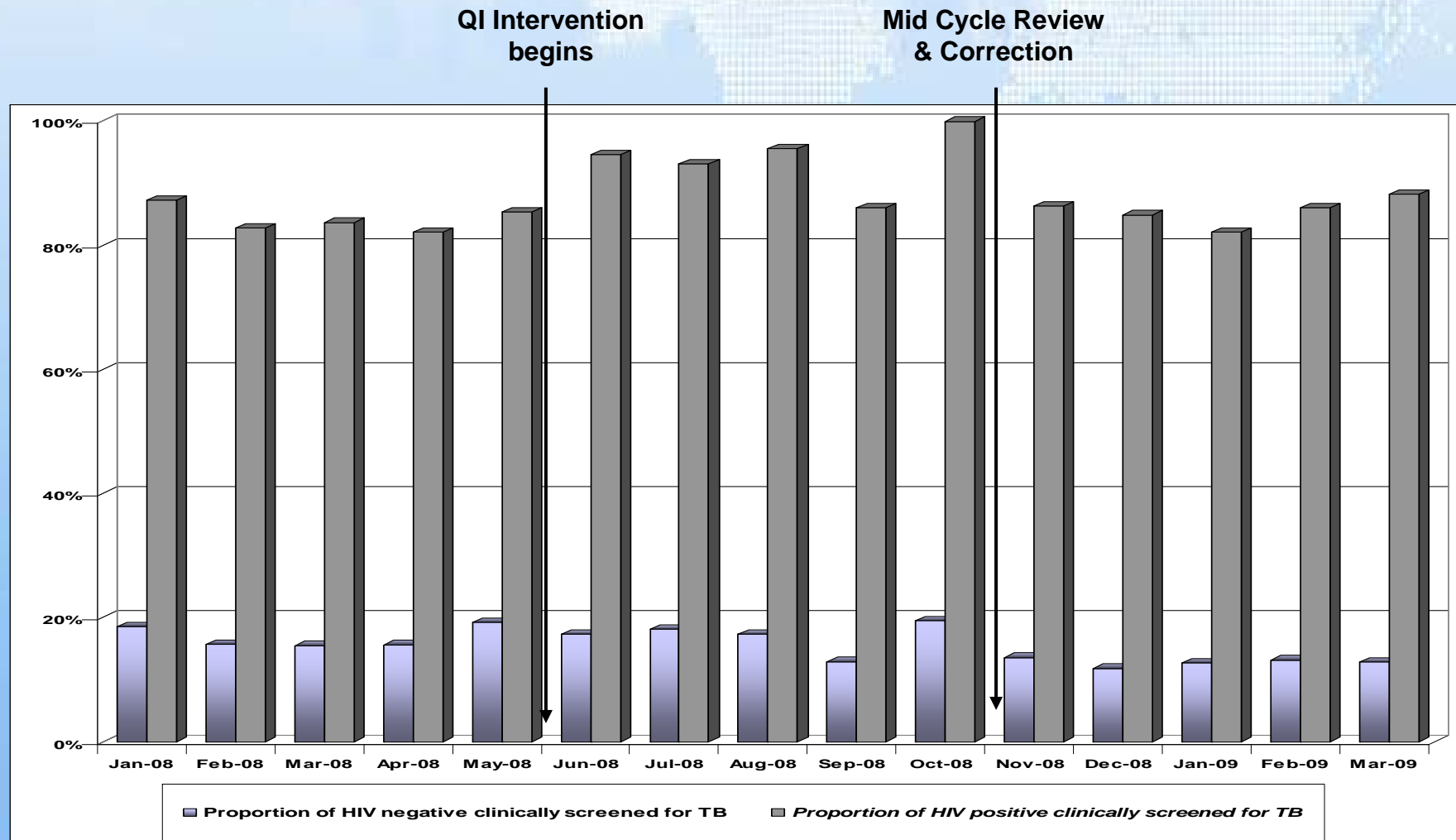


Total number of public health facilities involved in PMTCT QI intervention = 62

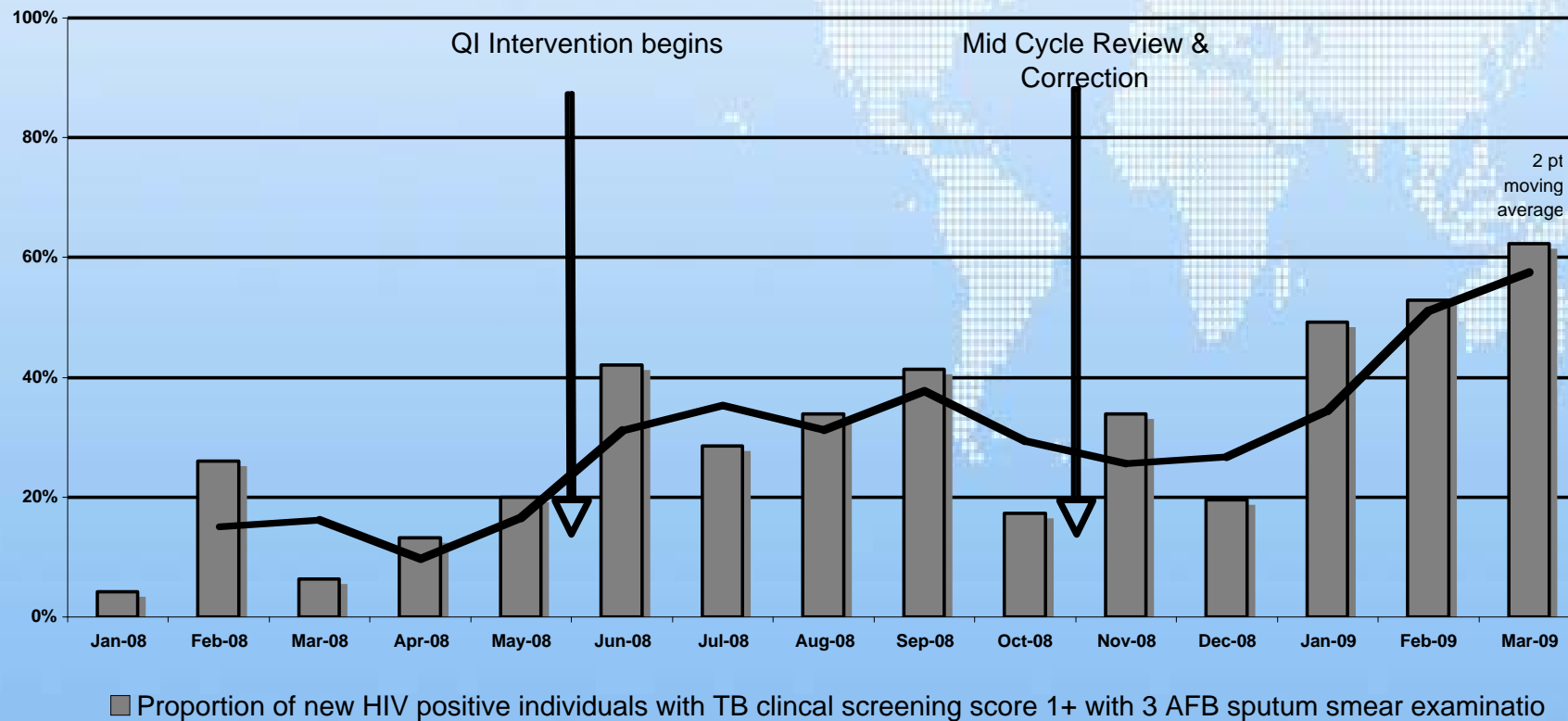
Root-cause analysis for low case detection of TB/HIV co-infection



Clinical TB screening profile at HIV service delivery points

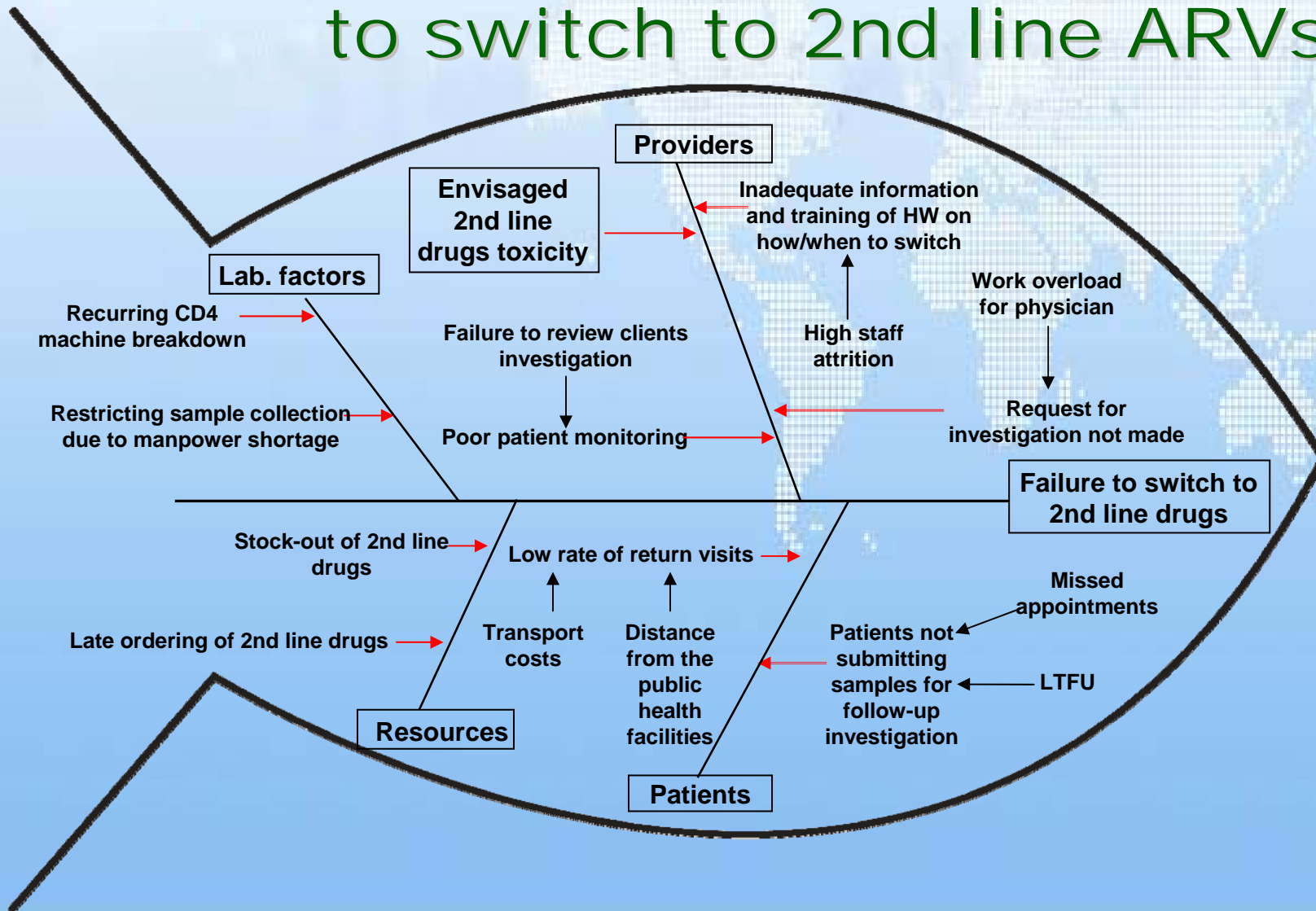


Impact on TB diagnosis amongst HIV positive individuals



- This chart presents results of TB/HIV QI intervention in 1 pilot site in Nigeria
- The key system changes/intervention that led to significant quality improvement is being tested in 42 sites in Nigeria

Root-cause analysis for failure to switch to 2nd line ARVs

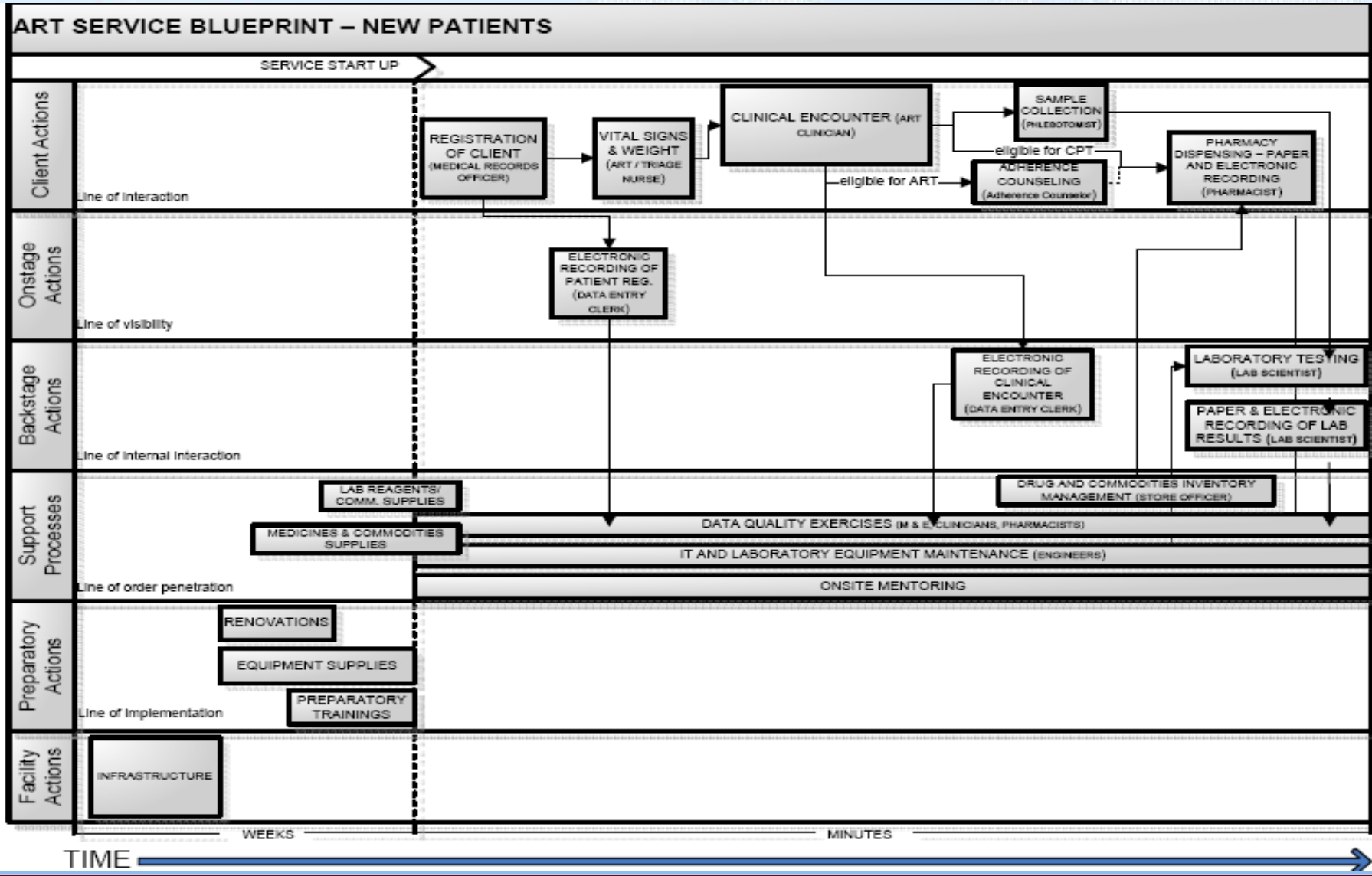


Antiretroviral treatment QI

- Enhanced QA/QI using FHI's EMR, LAMIS
- Automatically generated performance indicators
- Multicentre LAMIS Evaluation Group acts as the QA/QI team



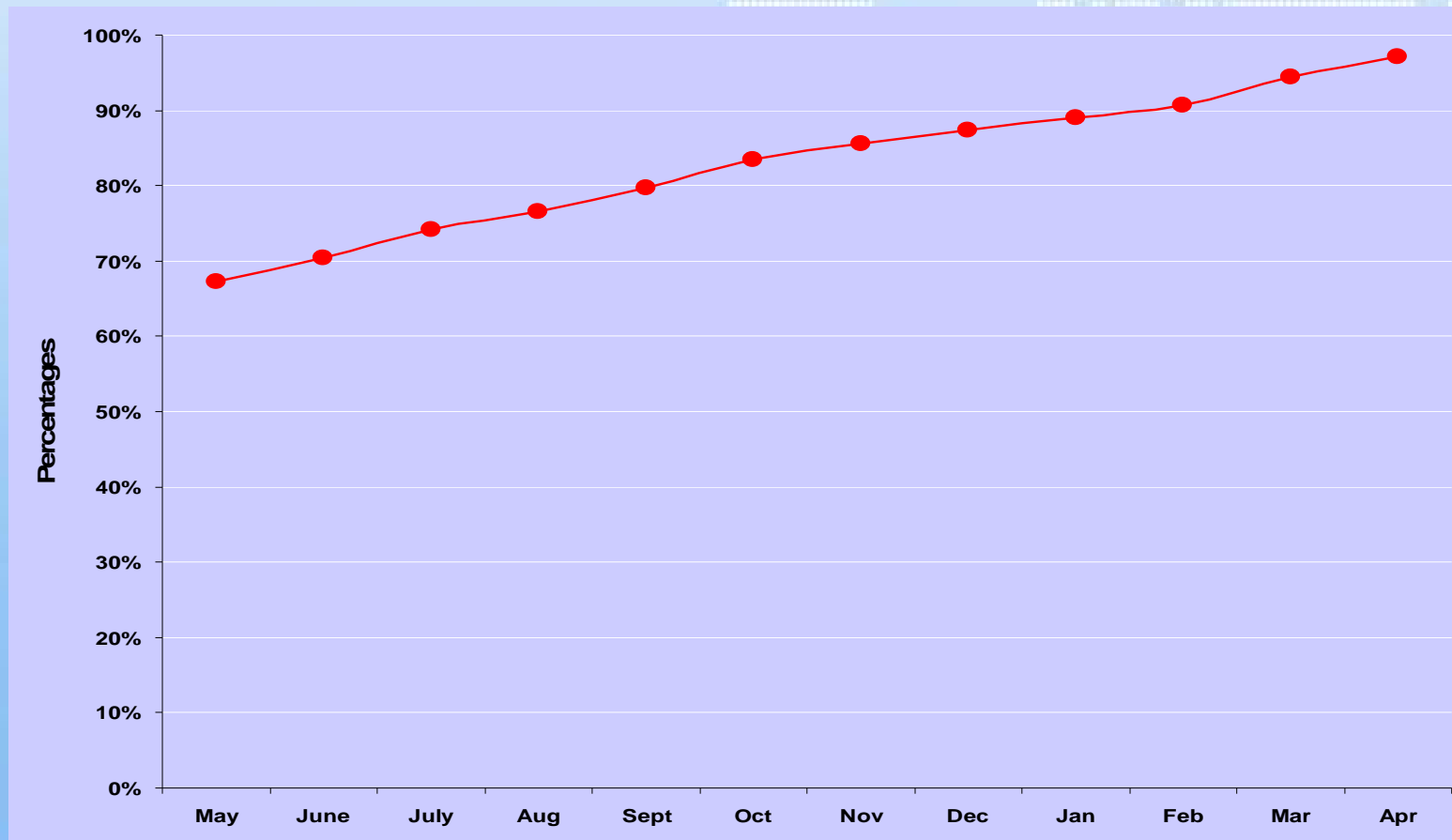
ART



LAMIS: Performance indicator data dictionary

SERVICE QUALITY / PERFORMANCE INDICATOR DICTIONARY							
S/N	INDICATOR	DENOMINATOR	DATA SOURCE FOR DENOMINATOR	NUMERATOR	DATA SOURCE FOR NUMERATOR	DEFINITIONS	
3	Proportion of current ART patients who have had at least one clinical visit in the last 6 months	Number of current ART patients who have been on treatment for at least 6 months prior to the reporting date.	LAMIS	Number of current ART patients with at least one clinical visit within the last 6 months	LAMIS	A clinical visit is defined as a visit to the ART clinician for HIV medical care. A current ART patient at is any one whose status is either ART start, ART transfer in or ART restart as at the reporting date.	M
4	Proportion of patients newly initiated on ART who were prescribed a standard first line regimen	Number of patients newly initiated on ART within the reporting period.	A. ART Register: Count the number of patients in the ART register who started ART within the reporting period. B. LAMIS	Number of newly initiated ART patients who started ART within the reporting period who had a standard first line regimen prescribed.	A. ART Register: For each patient in the denominator, check whether the patient has had a standard first line regimen prescribed. B. LAMIS	The standard first line regimen is a combination of 2 NRTIs and 1 NNRTI or 3NRTIs.	M
5	Proportion of documented clinic visits in the last month that had a documentation of TB Status.	Number of documented clinic visits within the reporting period.	LAMIS	Number of documented clinic visits within the reporting period with a documentation of TB Status.	LAMIS	A TB Status documentation is any TB status score 1 - 4 recorded in the ART Card for any recorded clinical visit in the last one month.	M
			a. ART Cards/LAMIS: Get				

Proportion of current ART patients who had a clinical staging done at last clinical visit prior to the reporting date in Massey Street Children hospital, Lagos (N= 663)



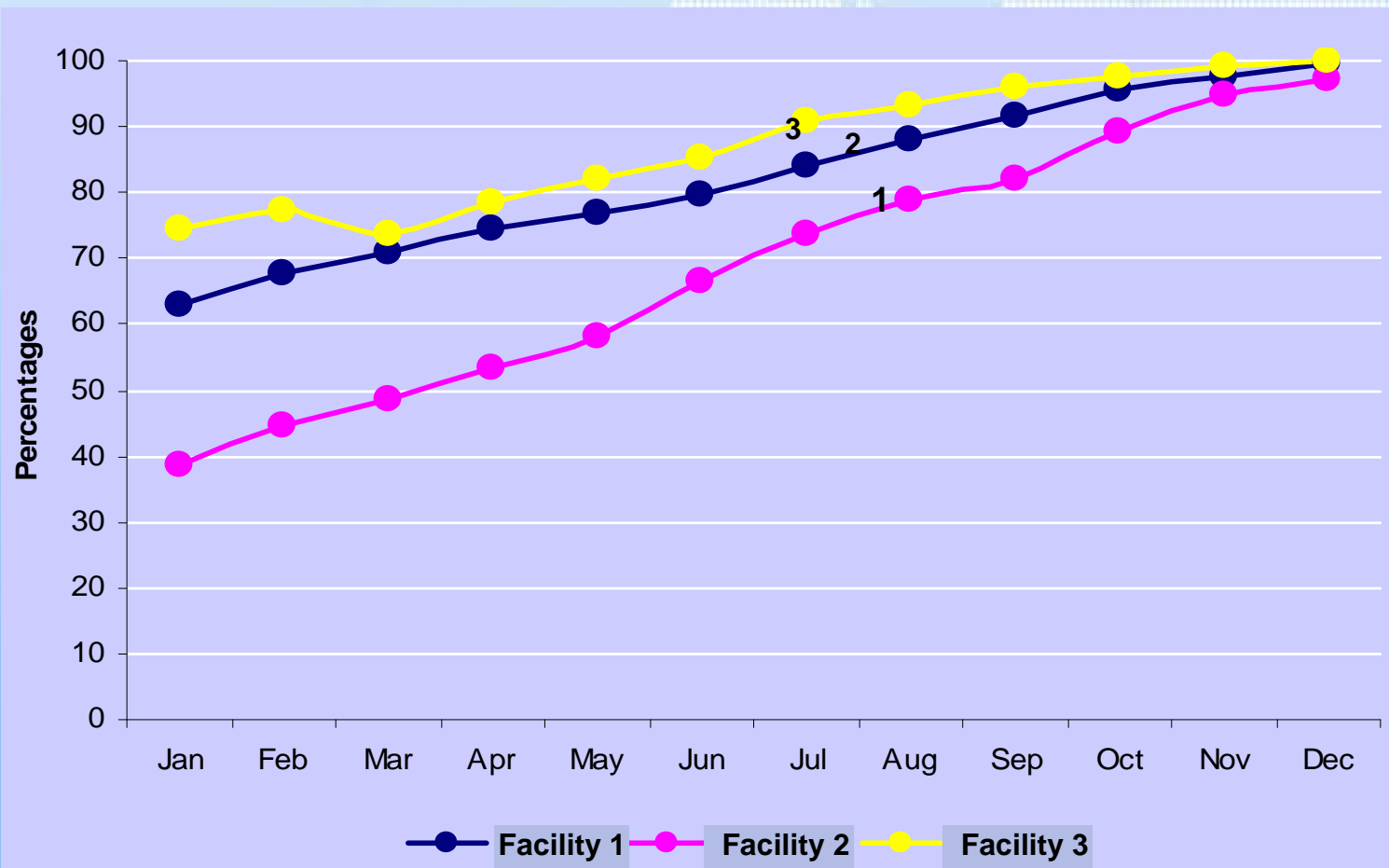
LAMIS: Scoring system

Facility Performance Ranking

Reporting Period-> Month: January Year: 2009

S/No.	I N D I C A T O R S	Infectious Disease Hospital, Kano	Mainland Hospital, Yaba	Maitama District Hospital
1	Proportion of HIV positive patients <= 5 years initiating cotrimoxazole prophylaxis in the last 6 months	4	7	8
2	Proportion of HIV positive patients > 5 years initiating cotrimoxazole prophylaxis in the last 6 months	2	8	7
3	Proportion of clinical visits during the reporting period that had a documentation of TB status	6	8	7
4	Proportion of clinical visits during the reporting period that had a documentation of functional status	1	5	3

Comparative rankings for facility improvements on percentage of current ART patients who had a clinical staging done prior to the reporting date



Conclusions

Facility-led QI efforts for public health services supported by TA organization are feasible and successful in lifting quality of services at public health facilities in Nigeria





Thanks for listening!