



Project Fives Alive! GHANA

Rapid Scale Up of High Impact Interventions for Improved Child Survival in Ghana

–The story of 202 Public Hospitals

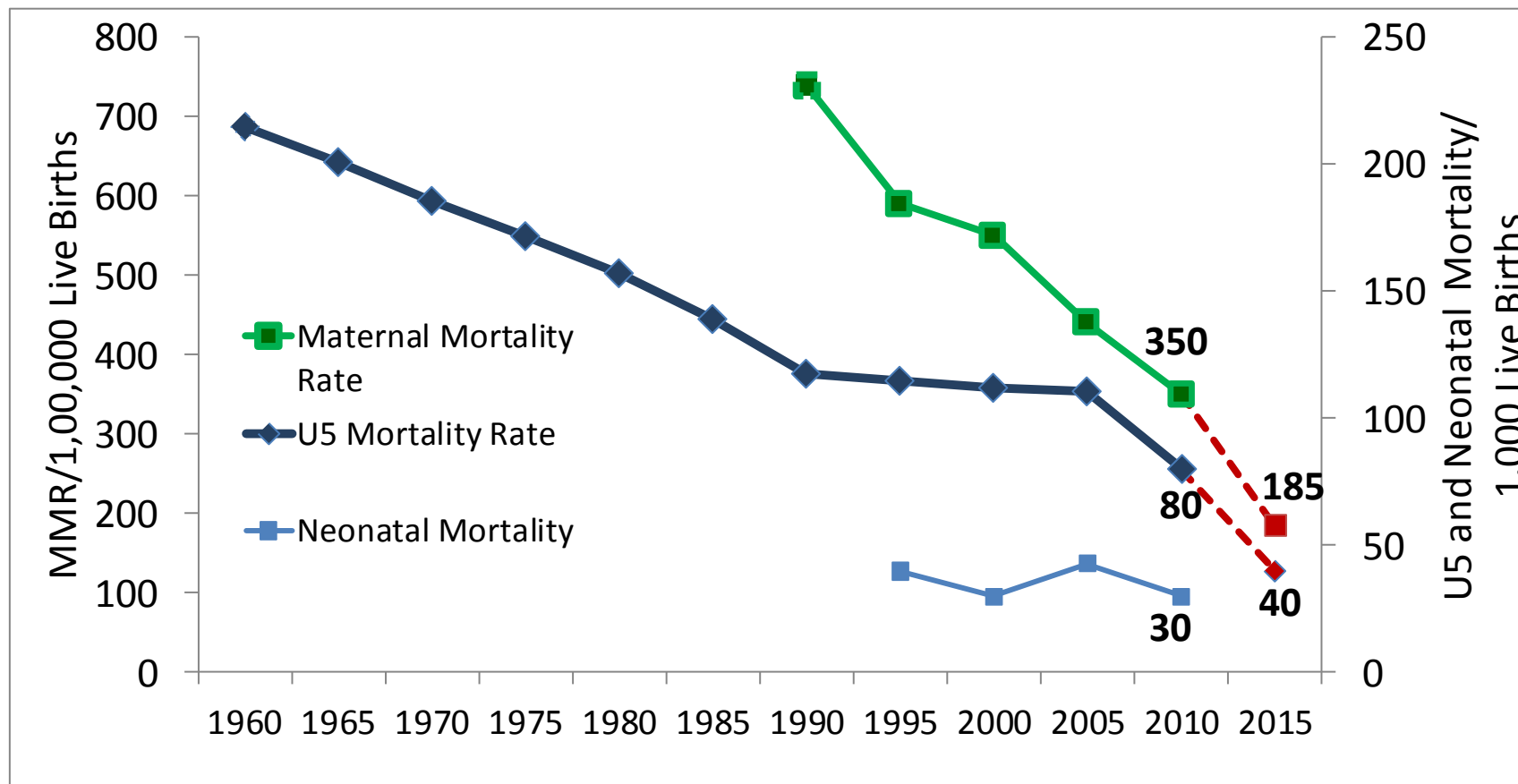
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Director, PFA!
IOM CONFERENCE, ACCRA

April 28th 2015

Outline

- Introduction
- Design
- The 9 Hospital Prototype
- Results – Prototype – Scale
- Sustainability & Conclusion

Ghana: MCH profile



Source: World Bank <http://data.worldbank.org/indicator/SH.STA.MMRT> (1990 figure is from UNDP <http://www.undp-gha.org/mainpages.php?page=MDG%20Progress>)



Project Fives Alive!

AIM:

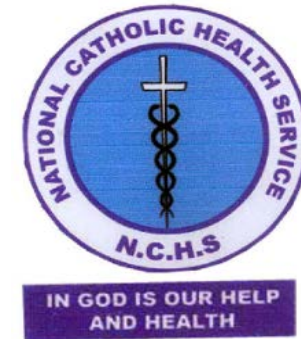
Assist and accelerate Ghana's efforts to achieve

Millennium Development Goal 4 (66% reduction in Under-5 mortality to 40/1000 live births by 2015)

through the application of **quality improvement methods**

- Ambitious Aims
- Systems View
- Core Metrics with Feedback
- Rapid Cycle Tests of local ideas

COLLABORATORS :



Funded by the Bill & Melinda Gates Foundation

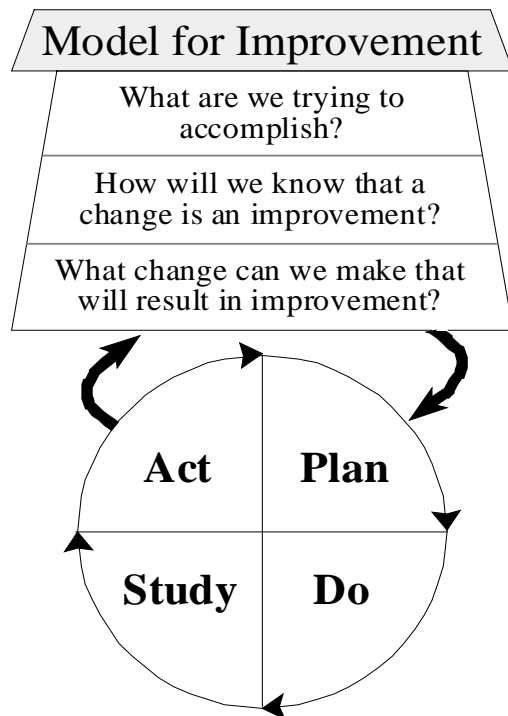


QI Team Members at a Meeting at OLGH, Asikuma

- Multidisciplinary

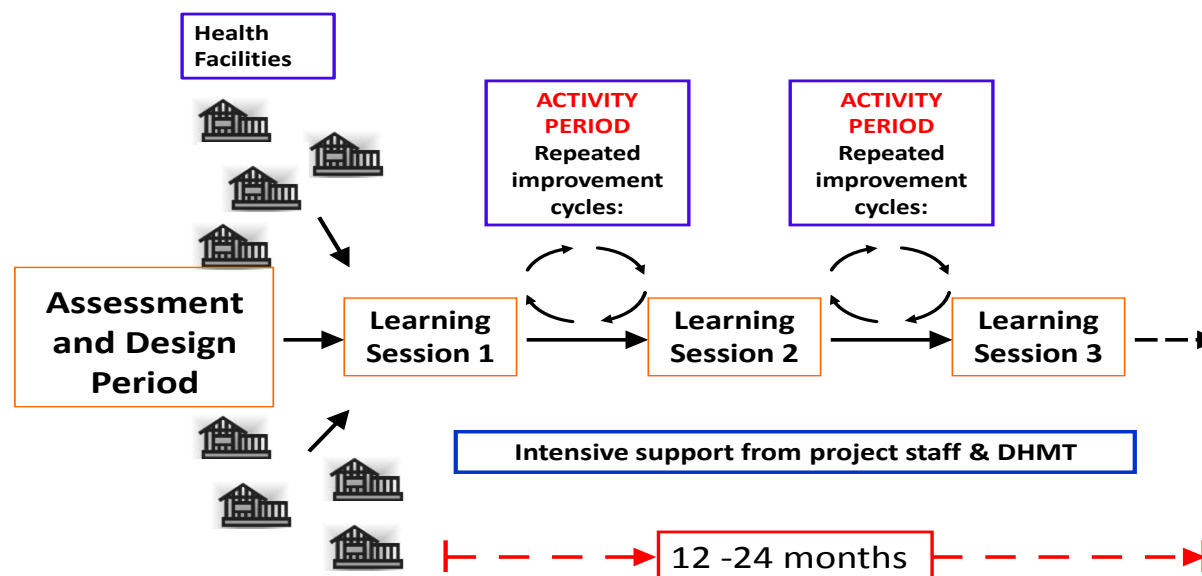


Methodology and Strategy



Source: Associates for Process Improvement

Improvement Collaborative Network



© Institute for Healthcare Improvement

Change package of process improvements that had been shown to be effective in similar contexts

We documented our theory of what leads to U5 deaths in hospitals -

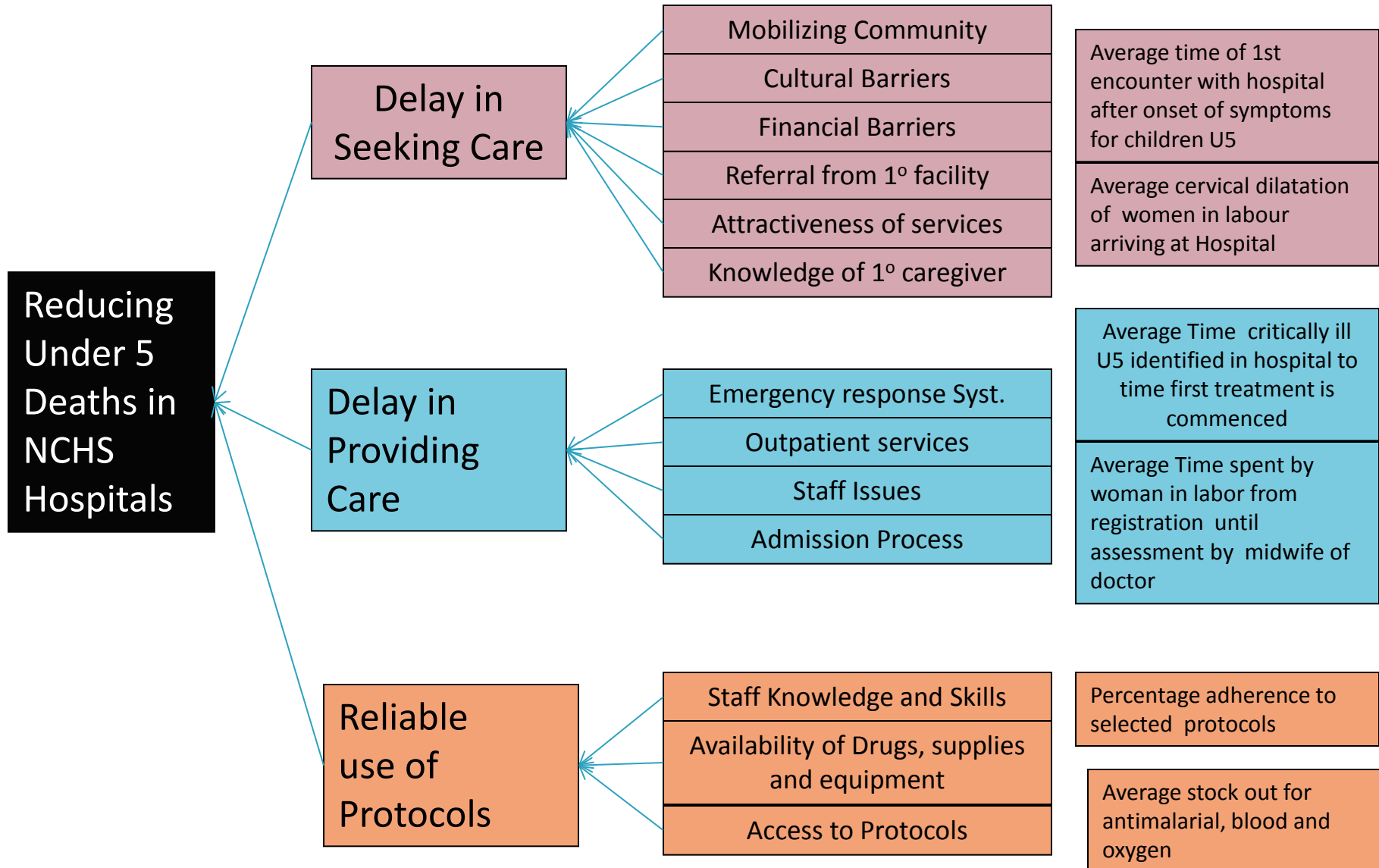
Driver Diagram

Outcome

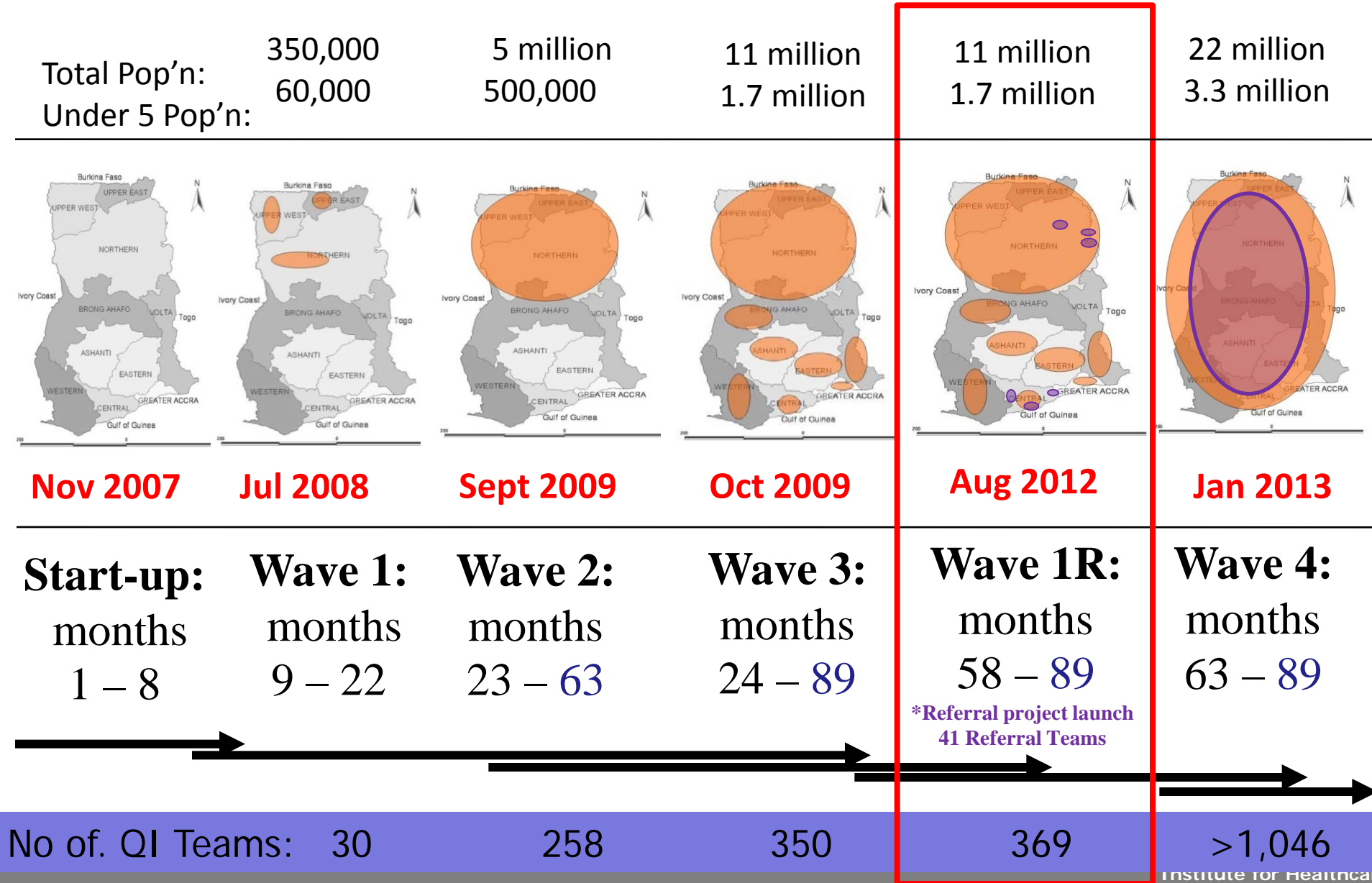
1° Drivers

2° Drivers

Process Measures

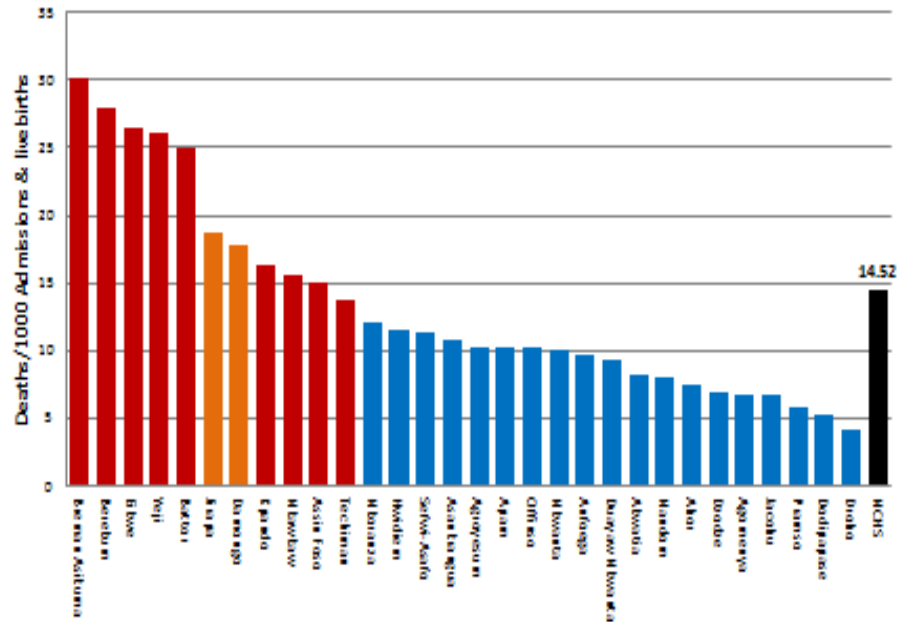


Start Small, Scale up Rapidly with Change Package



Selection of 9 Prototype Hospitals

NCHS Hospitals 2008 U5 Mortality Rate



- Pareto Principle
- Roughly 80% of the problems are caused by only 20% of the contributors

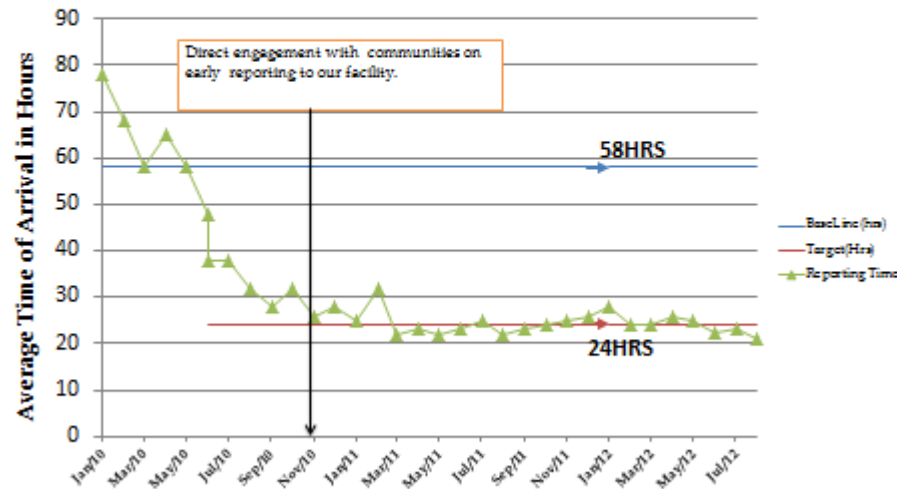
Results



Making Care Processes More Reliable –1

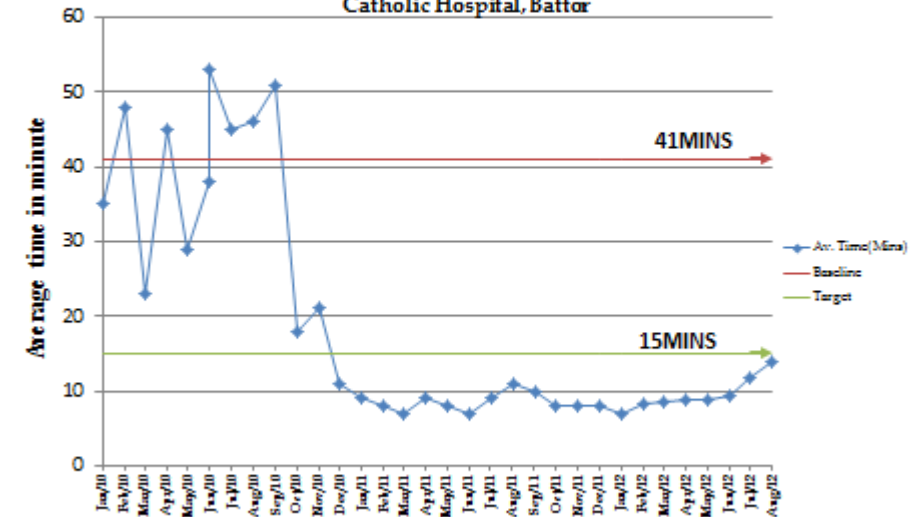
DELAY IN SEEKING CARE

Average Time of Onset of Illness to Arrival at hospital of Children U5 (Catholic Hospital, Battor)



DELAY IN PROVIDING CARE

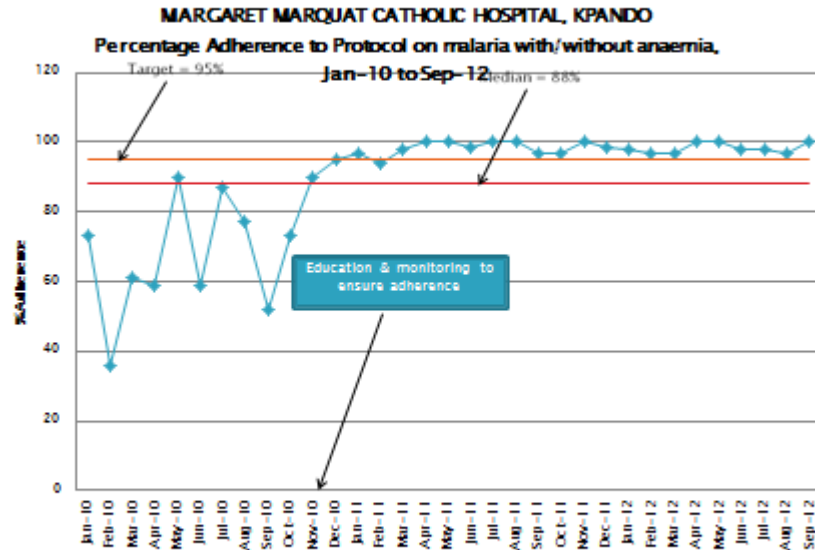
Average Time critically ill U5 is identified to time of first treatment- Catholic Hospital, Battor



Driver 1 – Promoting Early Care Seeking

Driver 2 – Providing Prompt Care

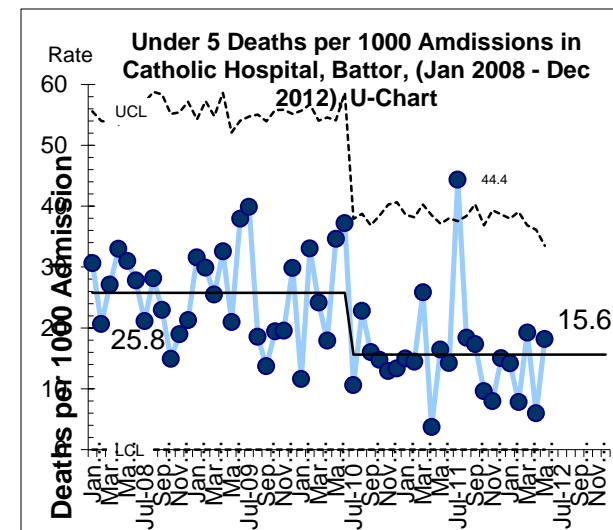
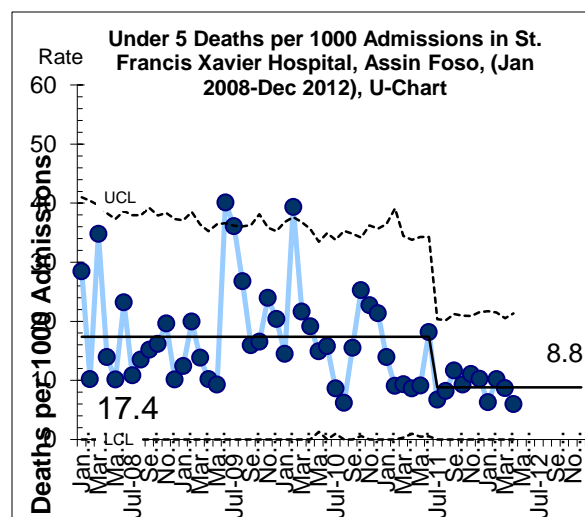
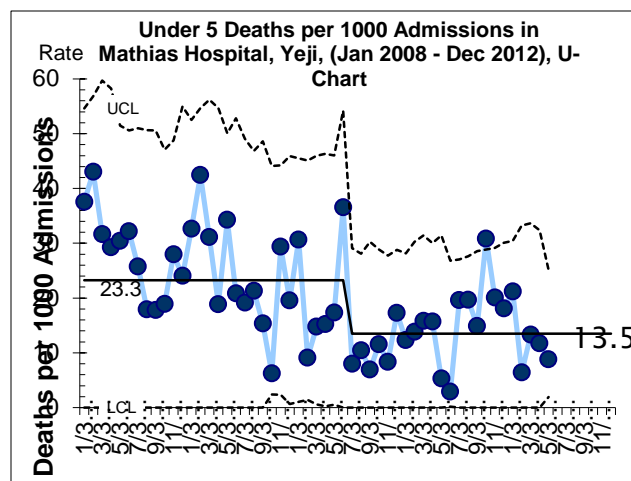
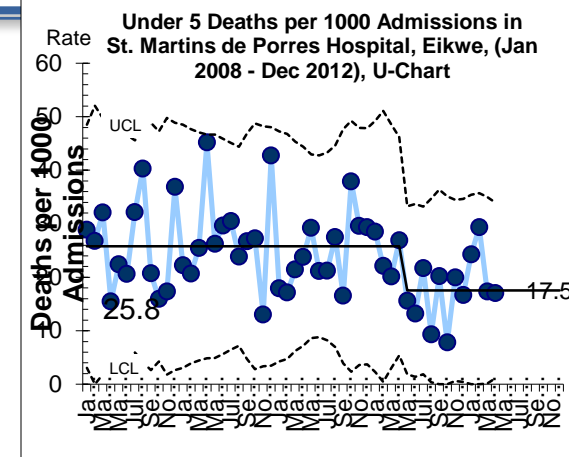
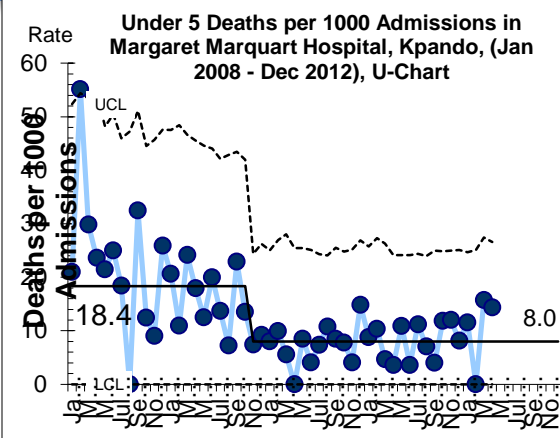
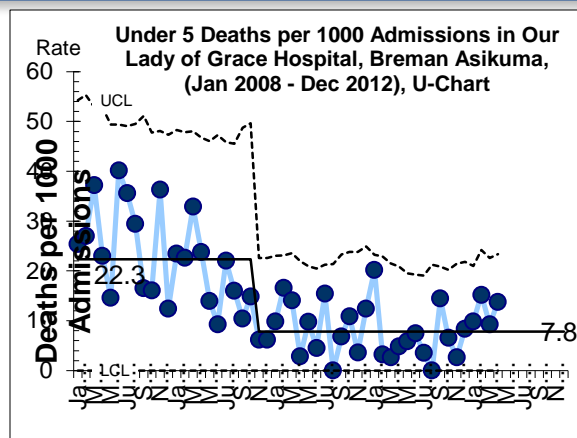
Making Care Processes More Reliable – 2



Driver 3 – Better Protocol Adherence

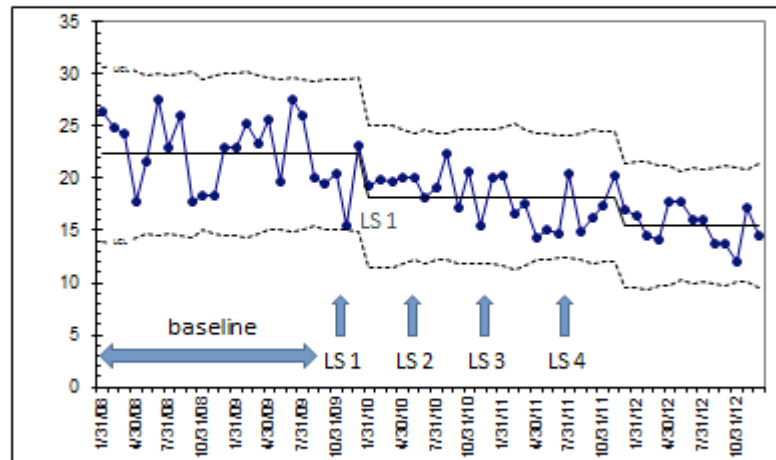
Using Bedside Teaching to Improve Protocol Adherence

Reduced U5 Deaths in Six Innovation Hospitals



Reduced Overall Under 5 Deaths

Under 5 Mortality in 9 innovation hospitals
(deaths/1000 admissions)



- Weak management support
- Poor team dynamics
- High Attrition of core QI team members
- Challenged reporting of process measures

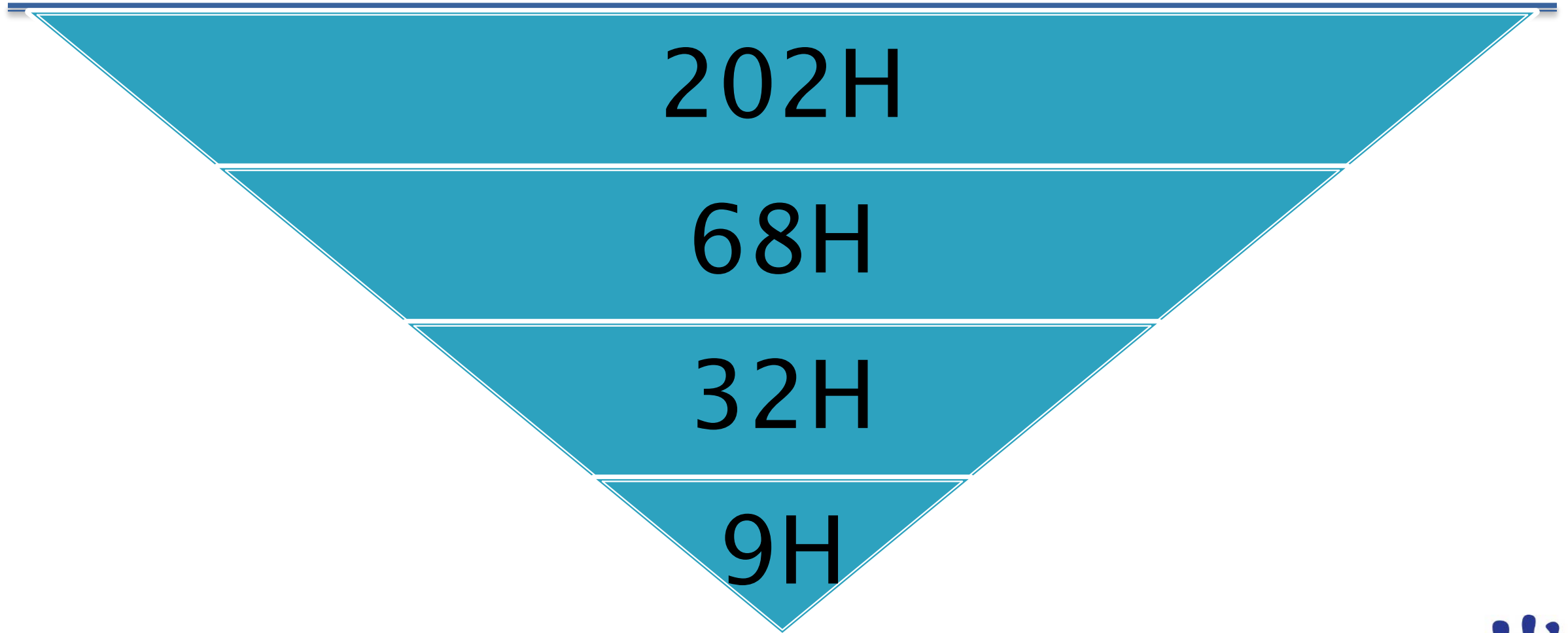
Overall Under 5 Deaths

Inhibiting factors

Hospital Change Package

Driver	Area of Clinical/Community Care	Change Concept	Package #	Description of Successful Change Ideas
Delay in Seeking Care	Care-seeking behaviour	Targeted health education	1A	<ul style="list-style-type: none"> Targeted health education on early care-seeking using interactive platforms
			1B	<ul style="list-style-type: none"> Community engagement and education via durbar or place of worship
	Referral	Engaging primary providers	1C	<ul style="list-style-type: none"> Engagement with health providers (both traditional and allopathic)
Delay in Providing Care	Prompt Diagnosis and Treatment	Triage	2A	<ul style="list-style-type: none"> Triage system for screening and emergency treatment of critically ill children Separate U5 OPD services from adult OPD service Prioritize U5 outpatient care Prioritize U5 inpatient care
		Fast Track		
Non-Adherence to Protocols	Adherence to Protocols	Training/Coaching/Mentoring	3A	<ul style="list-style-type: none"> Training staff on protocols followed by regular coaching and mentoring which include ad hoc testing on site with immediate feedback.
			3B	<ul style="list-style-type: none"> Training postpartum women and other care givers on hygienic cord care through demonstration, practice and immediate feedback. Midwives and nurses teach,
			3C	<ul style="list-style-type: none"> Mother-to-mother support group on food choices and frequency of feeding while on admission under mentoring of nurses.
		Task-shifting	3D	<ul style="list-style-type: none"> Empowering nurses to start acting on standard treatment protocols before doctor arrives

Scale Up of Hospital Change Package

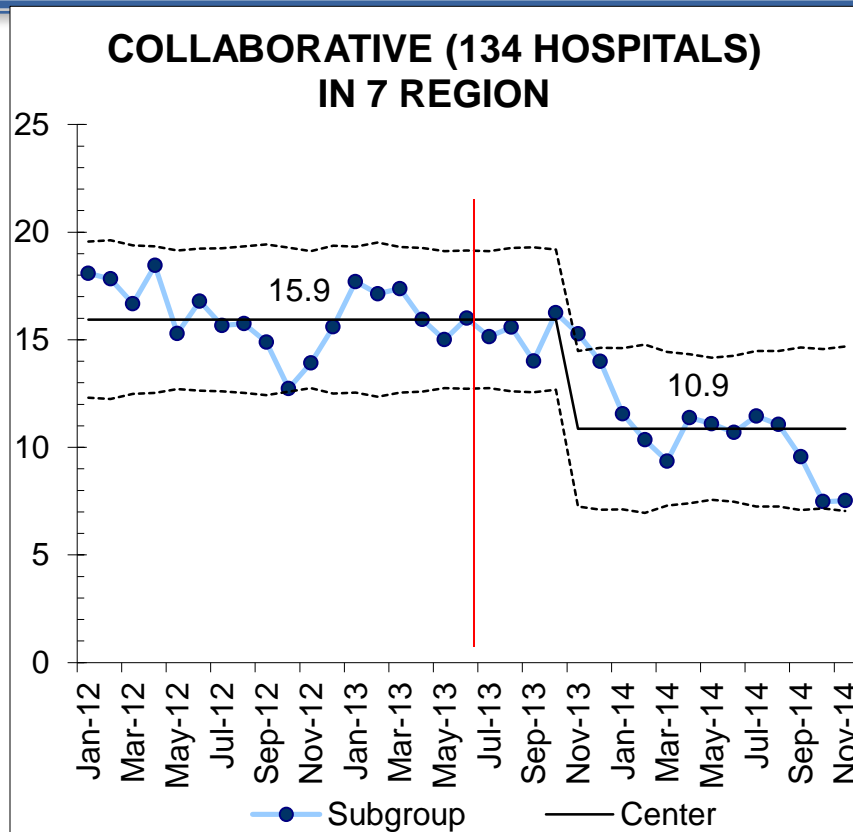


Hospital Change Package Adoption as at Oct. 2014

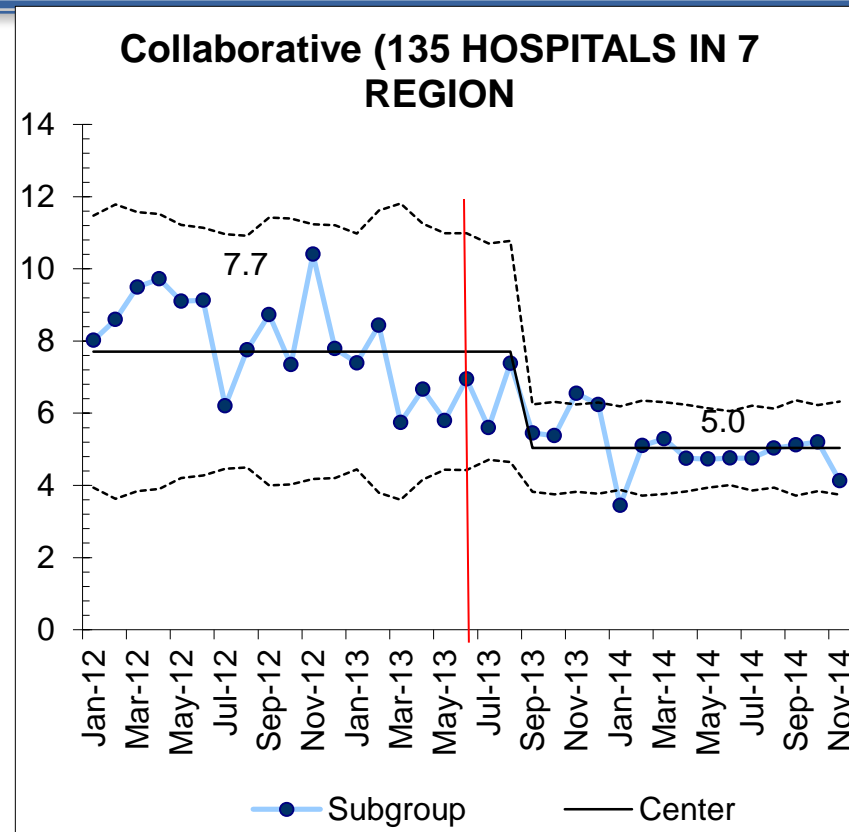
Drivers of Hospital Based Deaths	% of QI Teams Adopting at least one Change Idea (N=134)	Comments
Early Care Seeking	84.3	Three Change Ideas (H-1A, 1B, 1C)
Prompt Provision of Care	69.4	A Change bundle (H-2A)
Adherence to treatment protocols	69.4	Four Change Ideas (H-3A to 3D)

Change Idea	H -1A	H- 1B	H- 1C	H- 2A	H- 3A	H- 3B	H- 3C	H- 3D
Proportion of teams testing this change Idea	58.2	23.1	3.0	69.4	43.3	1.5	2.2	22.4

Results at National Scale 1



**Reduced Overall U5 Mortality Rate
~ 31%**



Reduced Malaria CFR ~ 35%

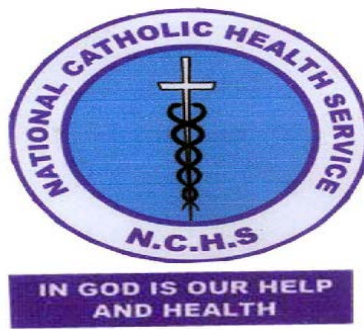
~ 350 Improvement Coaches Trained in Health System

10 Regional
Quality
Advisors

~ 3000 Site
Visits

~ 4000
frontline
workers
trained in LSs





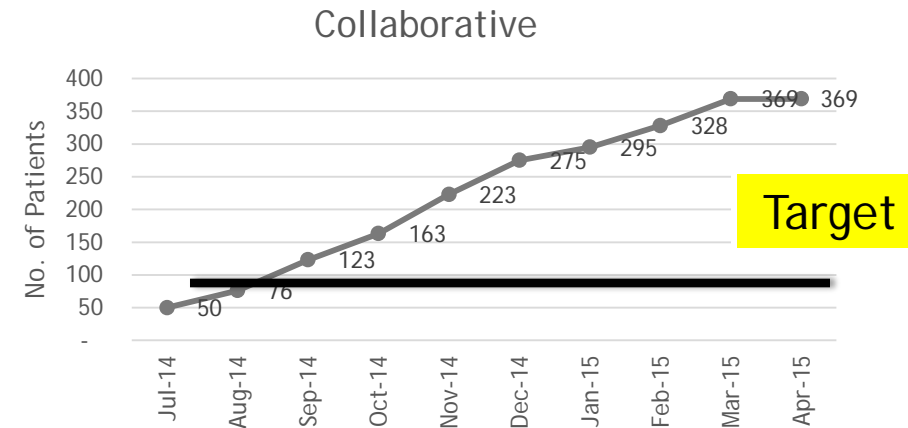
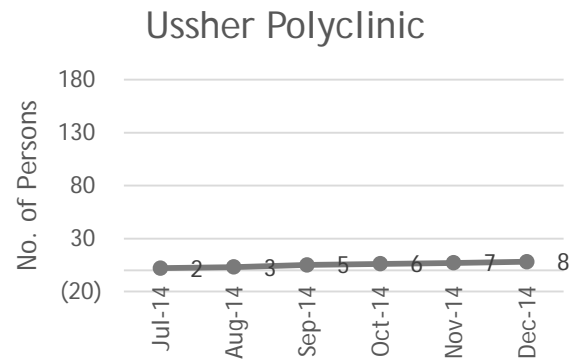
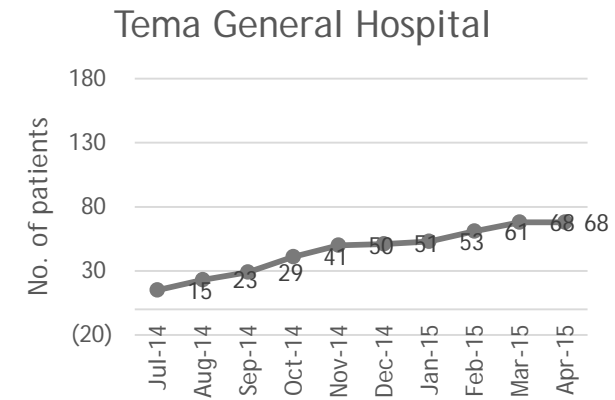
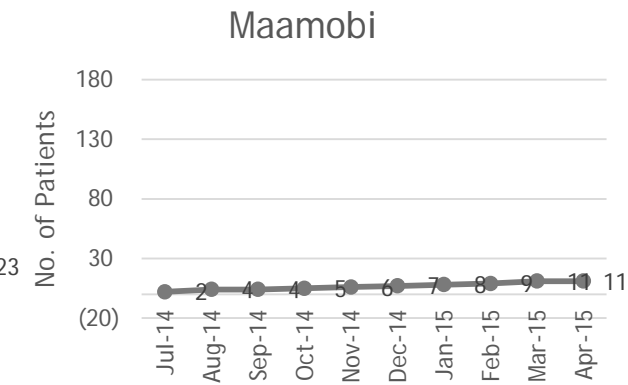
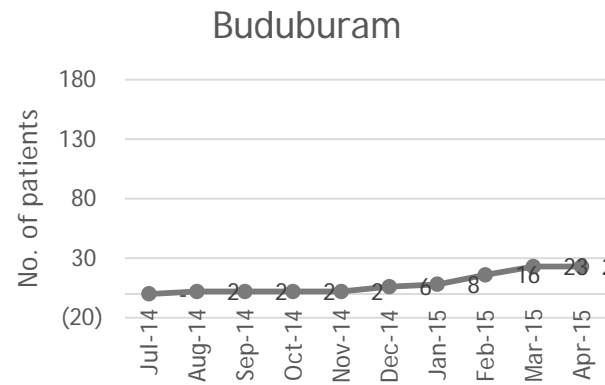
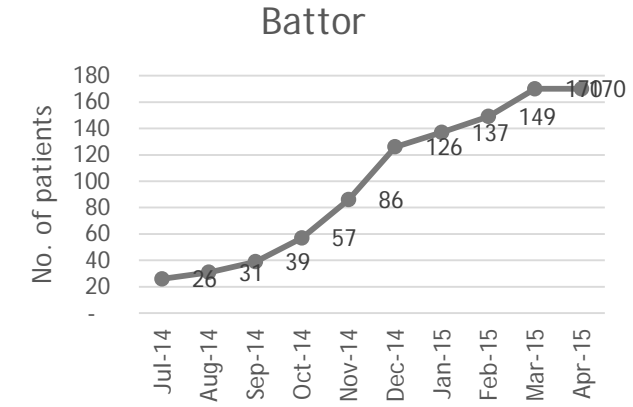
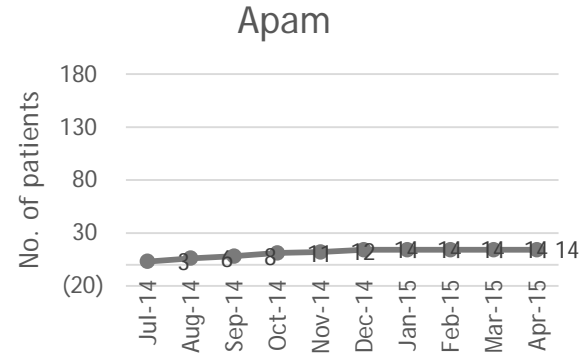
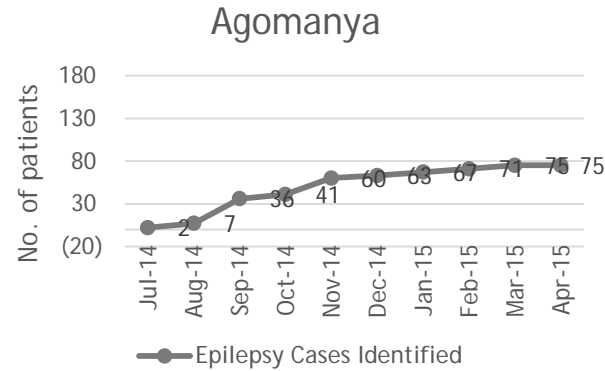
MENTAL HEALTH PROJECT COLLABORATIVE LEARNING SESSION 3

AFRICANA CONFERENCE CENTER, NORTH-
LEGON

15TH - 16TH APRIL, 2015



7 INNOVATION TEAMS - EPILEPSY - CASES IDENTIFIED



OPPORTUNITIES FOR SCALE UP

- INTEGRATION OF MH INTO PRIMARY CARE
 - ✓ Availability of drugs beyond 3 psychiatric hospitals
 - ✓ Stock out of essential medicines
 - ✓ Integrating screening for MD into ANC – involve conversation with reproductive health
 - ✓ Standardization of treatment guidelines
 - ✓ Addressing data quality gaps

In Summary

- Rapid tests of change help to determine what works quickly in a cost-effective manner
- Empowered teams adapting contextually-relevant changes can achieve rapid impact at scale
- It takes strategic alignment with health system structures/priorities and synergy between management and frontline workers to achieve impact at scale

Thank you

Discussion

