

Title: Implementing Quality Improvement Activities: The EGPAF's Project HEART experience in Cote d'Ivoire

Keys words: Quality Assessment; Quality improvement; HIV care and treatment

Presenting Author: M.N'Goran¹,

¹ Elizabeth Glaser pediatric Aids Foundation,

Background

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) has been providing, since 2004, technical assistance to the Ministry of Health to expand HIV prevention, care, support and treatment activities in Côte d'Ivoire through Project HEART, a PEPFAR-funded project. In 2007, EGPAF added a Quality assessment/Quality Improvement component with a JSI technical assistance.

Methods

Since the launching of the Quality improvement initiative, several activities were implemented at site, district and at EGPAF office level. They include but were not limited to:

- 1) Establishment of a quality of care management team at EGPAF office, within districts health and at facilities level;
- 2) Training and mentoring of staff in quality assessment/Quality improvement methodologies.
- 3) Routinely measuring quality of care at given intervals, providing feedback to colleagues, and planning improvement activities.

Clinicians performed chart review based on selected quality of care indicators: % of eligible patients receiving ART, % of eligible patients receiving cotrimoxazole, CD4 at baseline, screening for TB, and adherence counseling.

Results

Following the mentoring period, care providers were able to assess themselves the quality of care they delivered and implement quality improvement activities. 30 EGPAF program staff, 24 health district managers and 155 care providers were trained in quality improvement methodology. 9,928 patient records from 92 sites were reviewed over two review periods (January to June 2009 and January to June 2010). Repeated measurements in 35 sites showed an improvement in the following indicators from 2009 to 2010. CD4 during the review period increased from 74 to 85%, Cotrimoxazole prophylaxis increased from 84 to 90%, ART adherence counseling increased from 16 to 45%, screening for tuberculosis increased from 54 to 72%. Sites with several evaluations demonstrated higher scores than sites with only one evaluation. In addition, a comparison between TB centers and General hospitals showed greater averages on QI indicators in TB clinics than general hospitals.

Conclusions

Quality of care can be improved by repeating quality measurements and implementing targeted quality improvement activities. Encouraging teams to assess their own service provision, and implement small changes to improve care at site level and district level builds capacity, commitment and motivation, and demonstrating the changes that are achieved provides incentive to continue.