

ACHIEVING SUCCESS STEP BY STEP

Expanding Quality Improvement in Uzbekistan's Health Care Facilities through the GP Retraining Course

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With the goal of improving quality of care, the USAID-funded ZdravPlus Project began implementing quality improvement (QI) pilot projects in three rayons of Ferghana Oblast, Uzbekistan in 2004. The projects focus not only on introducing better care, but also on institutionalizing processes to allow continuous improvements to be made by practitioners and managers themselves, on the facilities level.

Based on the initial success of the pilot QI projects addressing anemia, hypertension, and common illnesses in children under age five (using WHO's IMCI strategy), ZdravPlus worked with local health departments and practitioners to expand the QI process to three additional pilot rayons in Tashkent Oblast and is now working to further institutionalize QI methodology through Uzbekistan's General Practitioner retraining program.

Initially an unusual concept for many health care professionals in Uzbekistan, QI has enabled a process of empowerment and change that helps health care professionals take greater personal responsibility for the services they provide and to think in creative ways about how to meet the diverse needs of their patients. Through ongoing self-monitoring, practitioners can see the clinical outcomes of their efforts and make further changes to their monitoring and implementation as necessary to achieve results.

What is Quality Improvement?

QI systems were first employed in the industrial and manufacturing sectors as a means of producing higher quality products efficiently and cost effectively. Adapted to health care systems, QI seeks to accomplish much the same by increasing the quality of health care available to patients while making the most of the limited public resources available for preventive care, medical treatment, and pharmaceuticals. QI methodology is patient-focused and recognizes the importance of taking client preferences and behaviors into account in improving patient compliance with treatment and thus in improving health outcomes. It is also team-focused, integrating all players in the health system

from nurses and doctors to facility managers and government planners.

The QI process begins with a self-assessment of quality of care through the collection and analysis of performance indicators, which have their foundation in evidence-based practice. These indicators enable doctors and nurses 1) to monitor changes in clinical practices and health outcomes over time, 2) analyze the barriers that hinder improvements in clinical practices and health outcomes, and to 3) make substantive conclusions about the relative strengths and weaknesses of the QI interventions they employ. With a more accurate understanding of what stands in the way of producing high quality services, health workers are able to overcome these obstacles by designing and implementing targeted interventions at the organizational, provider and patient levels.



GP Trainees present their mini-Quality Improvement Projects at the ZdravPlus and Health-2 Project QI Dissemination Seminar

Rolling out QI through General Practitioners

With support from ZdravPlus, Uzbekistan's 10-month GP retraining course provides doctors who previously served as specialists (predominantly internists, pediatricians, and gynecologists) with the skills they need to practice evidence-based general medicine on the primary health care level and to manage the diverse health care needs of men, women, and children throughout the country.

A QI training module designed by ZdravPlus has now been integrated into the GP retraining program. Over the past year, 565 trainees have been

trained through the module, which covers the basic building blocks of QI, including tools for quality assessment, data presentation and analysis, and indicator development. The module takes a systems perspective, focusing on resources, processes and outcomes. While top-level interest in QI has proven an essential precondition for scaling up QI interventions in Uzbekistan's health care facilities, so too has the ability of doctors to spearhead and monitor QI projects in their own facilities and to ensure the integrity and effectiveness of their efforts. Dozens of recent graduates of the GP retraining program have proven how powerful this bottom-up enthusiasm can be.

GP Trainees Put their QI Skills to the Test

During the last 10-month GP retraining course, trainees refined and tested their new QI skills by conducting 65 "mini-quality improvement projects" (mini-QIPs) with mentorship and supervision from GP trainers. Implementing their mini-QIPs in a step-by-step process linked to their classroom training, trainees got their first taste of QI in action as they improved provider practices and health outcomes in the real world setting of their own health facilities.

ZdravPlus, in collaboration with the World Bank and Asian Development Bank Health-2 Project, further supported trainees' efforts by providing a host of essential resources and technical support to participants, including study tours of QI pilot facilities in Ferghana Oblast, guest lectures on QI for training facility health workers, and print resources including QI manuals and clinical practice guidelines. Upon completion of their mini-QIPs, participants came together to present their results at a QI Dissemination Seminar sponsored by ZdravPlus and the Health-2 Project. A number of exciting successes and case studies were discussed by participants, including the experiences of Irada Hakimova and Barno Odilova.

Hakimova, a trainee from Beshbola SVP in Ferghana, focused her mini-QIP on duodenal ulcer because she knew that patients in her facility were being prescribed outdated, non-evidence-based treatment for the condition. Furthermore, Hakimova noticed that patients often spent as many as ten days in the hospital when their condition became exacerbated – leading not only to preventable pain and discomfort for the patient, but also to considerable resource waste and strain on the health care system. After forming a team of colleagues who developed indicators to measure adherence of

providers in their facility to proper diagnosis and treatment standards or duodenal ulcer, Hakimova organized a facility-wide refresher course on evidence-based methods for ulcer treatment and care. According to Hakimova, "Quality improvement methodology empowered [our team] with skills that allowed us to focus on a serious problem and to solve it using our own capacity without waiting a push from health authorities." Six months into Hakimova's QI project, 75% of patients at Beshbola SVP with duodenal ulcer were prescribed appropriate treatment (vs. 14% before the project) and 64% of patients were in stable remission (vs. 21%).

A second trainee, Barno Odilova, who developed a mini-QIP for Polyclinic #8 in Tashkent Oblast determined through a patient survey that only 17% of pregnant women seen at her facility were aware of the WHO-recommended self-observation diary, a tool which pregnant women can use to monitor their pregnancy and to recognize danger signs that might arise. After creating her own monitoring indicators and training nurses on the importance and appropriate use of the self-observation diary, the trainee measured a 4.5-fold increase in the use of the diary after her 7-month intervention. Apart from this impressive improvement, Odilova credited QI for "promoting closer relationships between nurses and their patients."

Gaining Acceptance for Quality Improvement

Many officials in Uzbekistan's health care system have taken greater interest in QI techniques following the successful integration of the QI module into the 10-month GP retraining course, and the many outstanding examples of QI in action presented at the mini-QIP Dissemination Seminar. Svetlana Zoy, Deputy Chief of the Tashkent Oblast Health Department believes QI "has a very positive effect on the clinical level by helping us show the impact of our interventions and by helping us to reach the goals we are all striving for in implementing evidence-based practices and working with multilevel teams." Zoy has begun coordinating pilot QIPs in three new rayons in Tashkent Oblast with very limited outside support. With a new group of GP trainees beginning their training and practice in QI, and with many more successful mini-quality improvement projects sure to come, Uzbekistan is likely to see many more health workers – at all levels of the system – embracing quality improvement as a concrete, cost-effective way to improve provider practices in their facilities and the health of patients in their care.

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