

Road to Results

ACHIEVING SUCCESS STEP BY STEP

Improving Quality of Care in Ferghana, Uzbekistan

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In Central Asia, where the legacy of the Soviet Health Care system means that numerous medical practices are not evidence-based, the care provided by the medical establishment is often not as effective as it could be. In an effort to improve the situation, the USAID-funded ZdravPlus Project, working in cooperation with the Ferghana Oblast Health Department, has implemented quality improvement (QI) pilot projects in three rayons aimed at improving clinical care as it relates to three priority health conditions. Based on the results of these pilots, the Oblast Health Department plans to replicate the quality improvement processes in all rayons of Ferghana Oblast.

Quality Improvement

The QI concept was developed in the manufacturing industry, with the goal of producing higher quality products in the most efficient way. In health care, the field of quality improvement centers on the understanding that patients should receive the care they need, that care should be evidence-based, and that it should be provided in a way which does not harm the patient. No unnecessary care—which wastes resources and increases the risk of side effects—is to be provided.

The Ferghana Pilots

The Ferghana QI pilots addressed three key health topics, including iron-deficiency anemia in women of reproductive age, diseases addressed by IMCI guidelines in children aged five and under, and arterial hypertension in adults.

Teams of general practitioners and specialists from 53 primary health care facilities and polyclinics in Ferghana Oblast have been working together on every step of the QI process, including:

- identifying the goals and objectives for improvement;
- developing clinical standards of care on a continuum from screening to follow-up by making explicit the processes and expected patients' outcomes;
- measuring quality of care through the monthly collection of performance indicators against standards and reporting them in chart form to interpret trends over time;
- analyzing barriers to improvement and designing appropriate interventions at the provider and patient levels for implementing changes; and
- identifying a set of interventions/changes which could help accomplish the improvement objectives.



Teams work together step-by-step throughout the quality improvement process

Case Study: The Hypertension Pilot

Let us consider the case of the arterial hypertension pilot. An analysis against the developed performance indicators revealed incorrect methods being used to diagnose arterial hypertension, meaning that some cases went undiagnosed; outdated and inappropriate treatments were used (injections in place of tablets); and patients diagnosed with hypertension were not always given the correct follow-up tests to assess the damage to target organs.

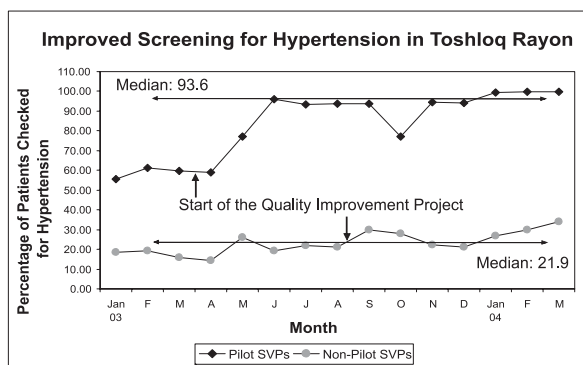


The USAID-funded ZdravPlus Program provides technical assistance and training to improve the health of Central Asian populations by improving health delivery systems

Interventions were developed to address each one of these interrelated problems. For example, in order to address the issue of improper diagnosis of hypertension, a first step was to have a nurse in the waiting area measure and record the blood pressure of each individual patient who came to the facility, record the results in a journal, and inform the doctor if a patient's blood pressure was over 140/90. The doctor could then take the appropriate next steps as necessary, including a follow-up blood pressure test to make an accurate diagnosis.

Results

This relatively simple intervention contributed to an increase in the detection of hypertension cases from 6.6 to 8.6 percent of all patients in the pilots. As a result of the interventions on arterial hypertension, accurate diagnosis (measuring blood pressure four times) rose to 100 percent in pilot facilities, compared to around 68 percent in non-pilots. In Toshloq rayon, the proportion of patients receiving oral treatment instead of injections rose from about 60 to 85 percent. Overall, more patients have their blood pressure under control (90 percent in pilot FGPs).



The anemia and IMCI pilots have also seen significant improvements in the accuracy of diagnosis and treatment using evidence-based methods. Interventions in the diagnosis and treatment of anemia have been as simple as a

recalibration of the sali hemoglobinometer (used to measure hemoglobin levels) to international standards. This led to a drop in the number of reported prevalence of anemia from 100 to around 50 percent of all women using FGPs in Quva rayon. Another intervention led to an increase in the prescription of recommended doses of iron and folic acid for women with anemia from 50 percent to an average of 81 percent.

Introduction of the ZdravPlus-designed IMCI self-assessment form and the IMCI form which aids providers by reminding them what to do, has led to an increase in providers' compliance with IMCI procedures to over 90 percent.

Lessons Learned

While the Ferghana pilots have shown numerous results, they have also served as reminders that systemic change—in addition to provider-level change—is necessary in order to achieve quality improvement. For example, the anemia pilot revealed that even when providers prescribed the recommended treatment, patients sometimes were unable or unwilling to complete the course of treatment due to high drug prices or unavailability.

Another issue which needs addressing is the fear on the part of some physicians of reprimand from above if they take any initiative in suggesting and implementing changes in the overall health care system.

Oblast-wide Rollout

Based on the experience in Ferghana, the Oblast Health Department plans to replicate quality improvement processes in all rayons in Ferghana and move QI activities up to the hospital level. A rollout strategy is currently being developed and ZdravPlus is assisting in conducting quality assessment surveys at the hospital level.

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