Quality Example
The Kenyan Quality Model for Health – Indicator Based

Challenges
In Kenya, quality in health has always been in the national policy agenda. The 1994-2010 health policy framework committed to “…provide an enabling environment…to provide the best quality care and services at the lowest possible cost. Vision 2030, Kenya’s development blueprint, aims “to provide an efficient and high quality health care system with the best standards”. The 2012-2030 Health Policy Framework commits to “supporting provision of equitable, affordable and quality health and related services at the highest attainable standards to all Kenyans. However, despite the prominence given to quality in the national policy documents, service delivery faces quality constraints on many fronts: the low caliber of the human resource, deteriorating facilities and equipment, lack of drugs, and insufficient information on which to base both policy and targeted responses. Other factors that detract from service quality are insufficient standards and lack of enforcement of existing laws – which themselves need to be updated. Further, awareness and implementation of quality improvement policies is low. Implementation of quality improvement initiatives in the country have been piecemeal with little harmonization between the various approaches.

GIZ supported the development of the Kenya Quality Model in 2001. This model was reviewed and renamed the Kenya Quality Model for Health in 2007. The Ministry of Health intends to have KQMH as the national framework for quality improvement at all levels of the healthcare system. All existing quality improvement approaches should be aligned to KQMH. However, a feasibility and accreditation study carried out in 2009 highlighted the challenges of implementing KQMH especially at levels 2-3 of the health system. This in part explains the slow scaling up of KQMH. Currently only 454 facilities are using KQMH. To address these challenges, GIZ is working in partnership with the evaplan consortium to operationalize KQMH using maternal and neonatal health as an entry point.

Description of the approach
The current GIZ support to operationalize KQMH is based on the Systemic Quality Improvement (SQI) approach to quality improvement. The evaplan consortium has developed a KQMH indicator framework founded on the premise that what gets measured gets improved based on scientific evidence that measurement of indicators over a period of time leads to their improvement. The indicators in the tool are derived from KQMH standards, the hospital reform tool, the Kenya Health Information System, other national clinical standards. This makes the indicator tool the most comprehensive tool, which includes both clinical and management indicators.

The KQMH indicator tool allows for the integration of various quality tools e.g. 5S, SafeCare and others to improve the performance of the health system. The outpatient/in-patient interface also allows for the seamless integration of service delivery across all levels of the healthcare system.

Design of the KQMH Indicator Tool
This tool has been adapted from the European Practice Assessment which is implemented widely in Germany and several other European countries. The design of the KQMH indicator tool was done through a collaborative approach involving all key stakeholders including the Department of Standards and Regulatory Services. Using the KQMH standards as the backbone, the process of developing the indicator tool began with an extensive review of sector documents.

Using a modified RAND/UCLA appropriateness methodology, a multidisciplinary panel of experts was carefully selected to review and rate the indicators. The output of the panel's involvement was a parsimonious register of validated indicators, clustered into 5 domains: Clinical Care, Quality & Safety, Management, People (staff, patients) and the Interface between in-patients and out-patients. Each of the
domains comprises several dimensions. For example, the dimensions for the Quality & Safety domain include: Infection Control, Use of Guidelines, Laboratory, Critical Incident Reporting and Emergency Management.

In a next step data collection tools were developed to gather the information for the indicators. These include a patient and staff survey and a self-assessment. The tools were elaborated to allow for triangulation and the comparison of different perspectives (staff, managers, patients etc.).

**Presentation of Results**

Each of the KQMH indicator tool indicators is scored on a scale of 0-100. The results of measurements done are presented graphically which maps the value of each domain on a diamond to show the “shape” of an institution’s quality performance. This graphical representation is illustrated in the figure below.

The red line shows how the facility fared at this initial assessment. Immediately it can put this into perspective by comparing to the black line (best possible performance). It can also compare itself to the dotted blue line which shows the mean performance of the other participating facilities. Once the facility undergoes a second assessment, it can also compare back to its own baseline to chart its individual progress.

Each domain can be clicked upon and then the dimensions are shown with the results in table form (see below). Within the domain Quality & Safety the laboratory at this particular facility scored 94% compared to the mean result of 57%. However, when it came to the critical incident reporting dimension it scored only 7%, compared to the mean result of 35%.

For each dimension the results can also be shown in the form of a box plot.

The clear visualization of results and the precision of measurement, provide an opportunity for facilities to set priorities for improvements in health services delivery through the development of quality improvement action plans. These plans form the basis of the ongoing supervision, coaching, mentoring and on-the-job training that takes place between the assessments.

**Steps in using the KQMH Indicator**

The steps in the implementation of the IQMS Indicator tool are shown in the diagram below:

Highlights of the implementation include:

- Interview with the core management team. This ensures buy-in and support from the top leadership. The team meetings are held in two stages, the first is held with the core management team at the facility. A key output of this meeting is to identify key priority areas of improvement, which further underscores the important role leadership plays in the implementation of quality improvement initiatives. The second meeting involves members of the hospital management and quality improvement teams as well as key process
owners. This is recognition of the fact that quality improvement is the responsibility of all staff in a health facility.

The team meeting is followed with the development of quality improvement plans to identify key priority areas identified by the management team. Care is taken to integrate this in the routine support that is provided by district and regional health management teams as far as possible.

In line with the principle of continuous quality improvement, the assessment steps described above are repeated every 1 to 2 years. Tracking of performance can be done over a period of time. Accompanying supportive measures can be planned according to the precise needs that were identified. Moreover, a great potential lies in linking up at this point with other quality improvement initiatives and activities.

Results

As at December 2013, the KQMH Indicator tool had been implemented in 10 facilities across five sub-counties in Kenya (Bondo, Butere, Gucha, Kisumu East and Vihiga). The experience with these ten facilities demonstrates that the tool is a feasible system that can be used from level 2 of the health system without specific training in quality. The facilitation approach leads to practical, low cost action plans which have the potential of creating high impact results. Quick wins already realized from this implementation include:

- Institutionalization of quality improvement teams in all 10 facilities
- Implementation of 5S and designation of 5S days in facilities during which all staff participate in various activities including reorganization (sort and Set) and cleaning (Shine).
- Development of SOPs for key processes
- Improved documentation of ANC and PNC records
- Health workers more tuned to the voice of the customer
- Improved privacy in delivery room by installing curtains
- Reactivation of customer suggestion boxes
- Accurate documentation of Partographs

Lessons Learnt

The approach and in particular the analysis based on validated indicators provides a high level of objectivity and consistency regarding the assessment process. This reduces the risk of bias related variation of results. This objectivity helps to generate transparency – especially with regards to health systems aspects such as financial management.

The self-evaluative nature of the approach has been very well received. Furthermore, the approach creates a strong degree of ownership and interest– from the facility level up to the policy level. This interest is triggered by the way the data collection tools deliver the information needed to objectively assess facility level progress towards national indicators and reporting system targets. Consequently the results can be fed directly into health planning processes and used to inform policy debate at both national and sub-national level.

Finally, it should be noted that the approach incorporates all the essential preconditions for a successful accreditation process. Should the Ministry of Health decide to move in this direction then a solid foundation will already be in place.

Way forward

The KQMH Indicator Tool was presented at the first Kenya Quality Policy Seminar held in Nairobi in February 2013. Stakeholders at the policy seminar endorsed the indicator approach as an effective method of operationalizing the KQMH framework to improve adherence to clinical standards and guidelines; improvement of the SOP of health services by applying QM principles and tools and improve client and staff satisfaction in a culturally appropriate way. As a next step, there is need to fast track the further development of indicators.

DSRS would like the KQMH Indicator Tool to be linked to the DHIS, thus providing a single information portal for monitoring the performance of the health system. This will require the creation of an interoperability interface between the KQMH Indicator tool and DHIS. DHIS will be the master data base with the KQMH Indicator tool providing analytical, graphical user interface and benchmarking capabilities for presenting the performance of health institutions. Taking a long term view, the KQMH indicator tool can be used as a holistic performance management tool by linking it to other performance management systems including health financing, accreditation, benchmarking at facility and county level, disease management, training and clinical audits. Looking at it this way, the KQMH indicator tool can be deployed like the “Swiss Army Knife” to complement various aspects of the healthcare system. This is illustrated in the Figure below. On her way she met a copy. The copy warned the Little Blind Text, that where it came from it would have been rewritten a thousand times and everything that was left from its origin would be the word "and" and the Little Blind Text should turn around and return to its own, safe country.