

Quality Improvement in Healthcare –Paradigm shift in practice of Neonatology

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www.aiimsqi.org

Wish most of us

Can use a structured approach to solve common problems around us ...

Questions

- How many of us collect the neonatal perinatal data ?
- How many use data to use ?

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- How many use data to use ?
- Understand importance of Team Work
- Do we look at problems at work place & do root cause analysis

Power of quality improvement

- VLBW babies
 - inevitable (ROP, Nosocomial infections)
 - preventable (largely, if not totally)
- QI is not a new science , nor is new to neonatal perinatal practice

Dividends of QI

Maximum in LMIC's

Evidence based practice

How far we implemented ?

- The lancet series on breastfeeding 2016 suggests that only 37 per cent of babies are exclusively breastfed for the first six months of life in low and middle-income countries.
- In India, the national family health survey III , says that only one in four babies are initiated early for breastfeeding – within the first hour of birth- and fewer than half are exclusively breastfed up to six months.

Do you believe this is a problem and how this will impact healthcare?

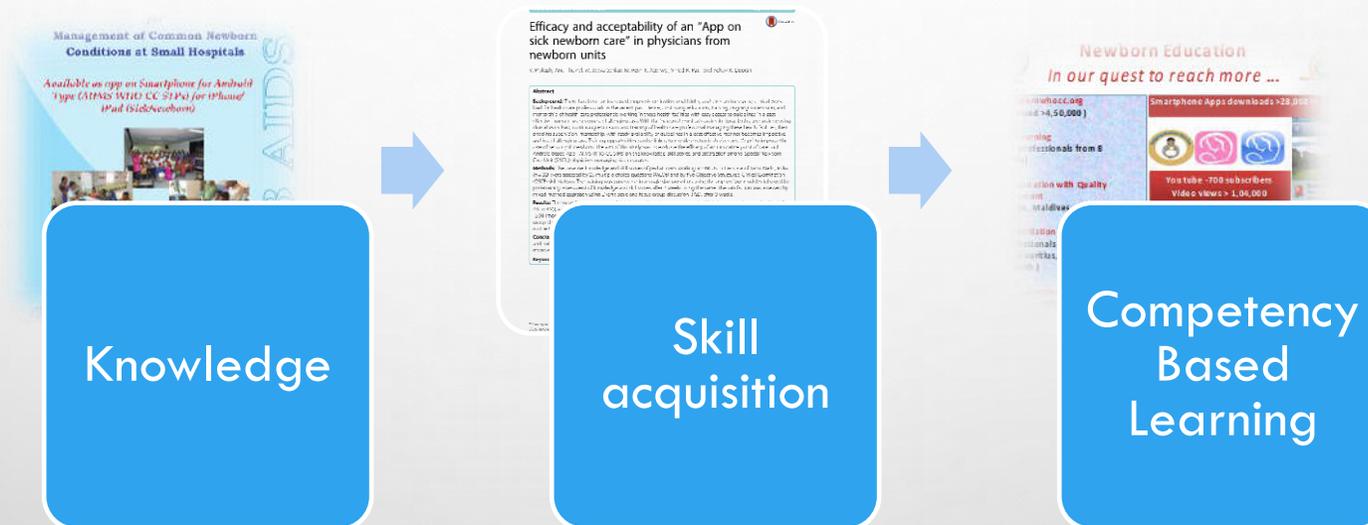
- Every baby gets antibiotics born after LSCS
- Babies get antibiotics, if getting phototherapy
- Following delivery- NO oxytocin is given to mother to prevent Post Partum Hemorrhage
- Emergency OPD sick patient's treatment gets delayed

How QI applies to clinical care

- Apply principles in day to day clinical care
- Better understanding of care processes – what to focus more
- Makes you better clinician
 - Learnings from medication errors
 - Avoid blood transfusion errors
 - Adds value to clinical acumen
 - Thought of bad outcome makes you focus 'better'/ 'extra vigilant' on processes of care

Education translation

Gaps are inevitable!



What is Quality of Care?



IOM 2001

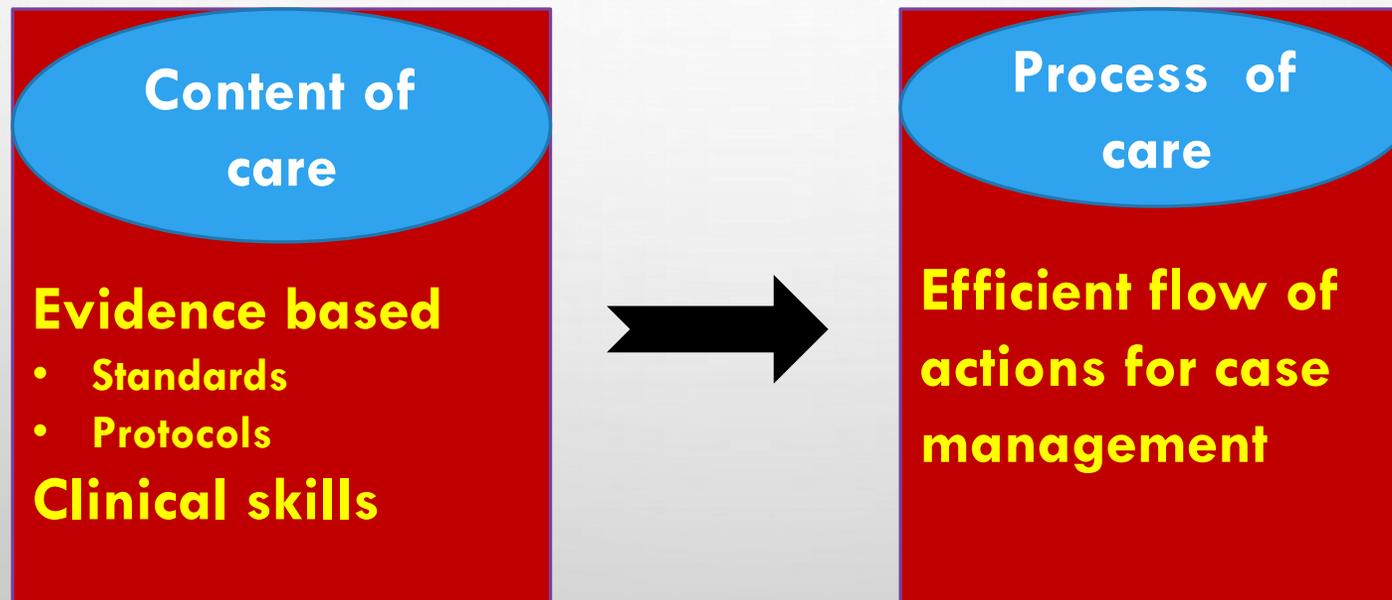
WHO 2014

Changing paradigm of *Quality in healthcare*



Quality improvement process at health facility

Integrates
Content of care &
Process of providing care



Traditional QI

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Continuous QI

23/10/2016

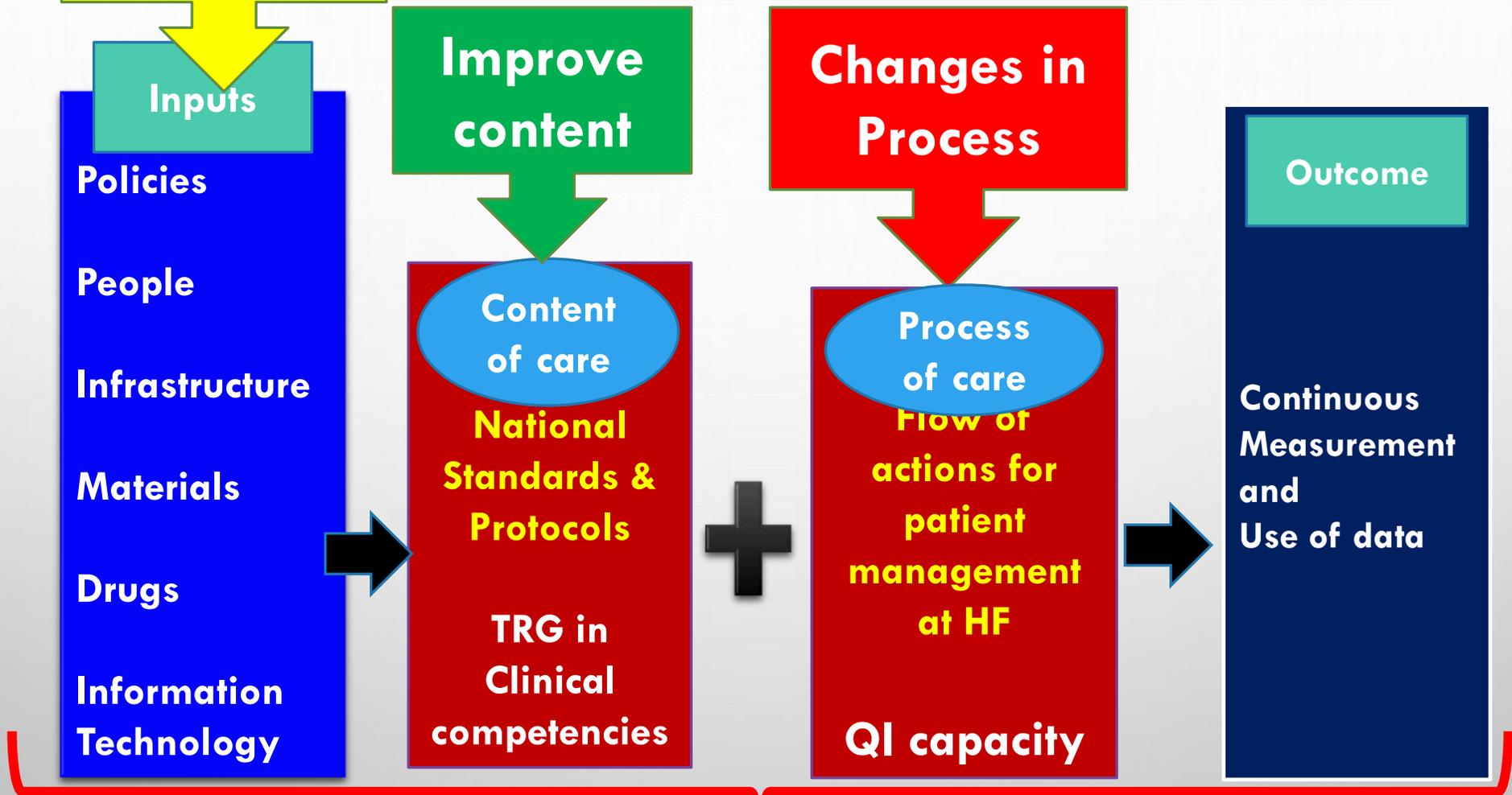
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QI process at the health facility

- QI helps bridge the gap between ***‘what we know & what patients receive’***
- **Action at the ‘point of care’ !**

Managerial Actions

Gaps in quality



QI Vs Research

- This is not research but is context specific; implementation science
- Structured methodology of improvement

Quality improvement	Research
Intent is to improve current practice	Generate new knowledge Protocol fixed till end of study
Instantaneous result short period	Takes long time
Contextual but can be spread in steps	May be Generalizable
Ownership by Team Low cost	High cost

23/10/2016

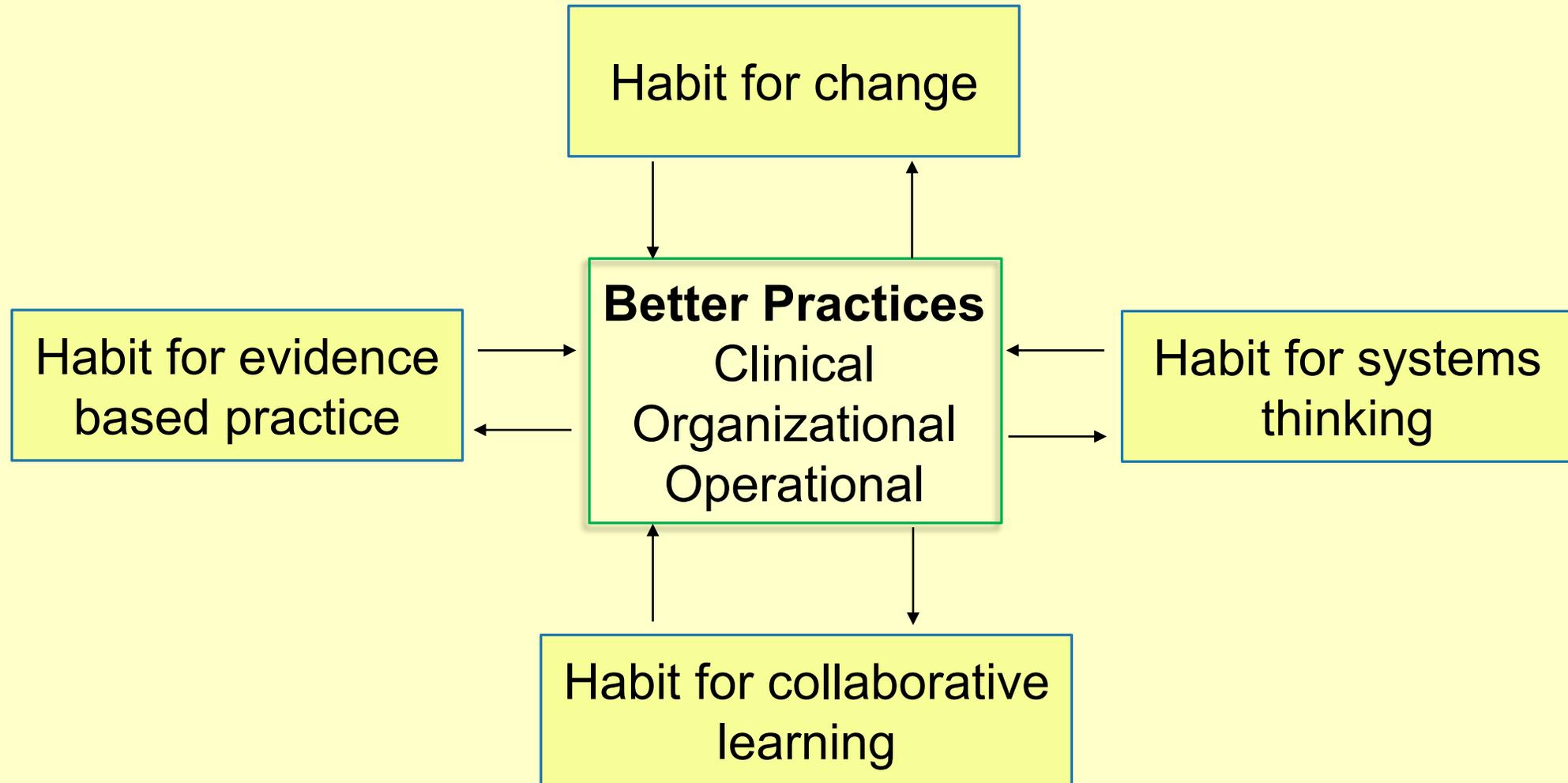
QI similar dividends as research

- Thesis
- Publications
- Presentation national /international

QI vs Informal improvement

- Systematic
 - Data-guided and knowledge informed
 - Experiential ,innovative
 - Employs formal explicit methodology
 - Continuous
 - Core responsibility of all healthcare professionals
 - **Systems change**
- Individual or group
 - May be knowledge informed; rarely data
 - Experiential, anecdotal
 - Informal process
 - Episodic
 - No explicit responsibility. Usually hierarchical
 - **Individual change**

Vermont – Oxford Network: 4 key habits



Lessons learnt for QI uptake-India !

- Institutional commitment – ‘*top leadership*’
- Need local leader in each facility
- Good local leader –attributes
- Frequent learning sessions after induction of new teams

Way forward

- Building capacity among future professionals – UG curriculum
- Online community www.ihl.org
- Thesis/dissertation for students
- Sharing opportunities – workshops
- Recognition & rewards

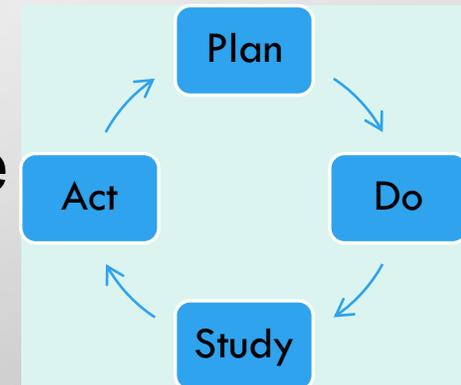
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- Recognition & rewards
- Value for the QI work in service appraisal
- *World is moving towards – ‘QI audits for hospital deaths ,still births in health facilities in LIC/LMIC countries ’*

QI Model Training Module

WHOCC-AIIMS, USAID-Assist, WHO-SEARO

- Identify problem
- Problem analysis - identify root cause/s
- Identify appropriate solution/s and apply preferred solution
 - Assess whether the solution has been effective
- Sustain & scale-up



AIIMS , WHO-CC & Partners



USAID
FROM THE AMERICAN PEOPLE

USAID ASSIST Project
Applying Science to Strengthen
and Improve Systems

A screenshot of the IHI Open School website. The header includes the IHI logo and 'Open School' text, along with a search bar. A navigation menu contains 'Overview', 'Courses', 'Activities', 'Chapters', 'Faculty', and 'Blog'. The main content area is titled 'Chapter Details' and features a sidebar with 'Chapters & Communities' and a main section for 'All India Institute of Medical Sciences'. The main section includes a 'Join or Contact' button, 'Location' (New Delhi, India), 'Description' with links to Facebook and Twitter, and a paragraph of text describing the project's goals and activities.

On social media

 **Nigel Livesley**
@NigelLivesley Following

7 improvement teams at AIIMS all with great results. @ashokaiims @abhishek4q @RashadMassoud @usaidassist



RETWEETS 3 LIKES 2

5:57 PM - 24 Sep 2015

 **Ashok Deorari MD**
@ashokaiims Following

Rare to have CEO of healthcare organization who believes " QI should be embraced into health systems in India "

 **Abhishek Bhartia** @abhishek4q
"Complications are inevitable- but not detecting them or failing to treat them is unacceptable" says director #AIIMS.

LIKES 2

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Acknowledgements

- All QI teams & administration in AIIMS
- USAID-ASSIST; IHI Cambridge
- WHO-HQ's ; WHO-SEARO : CIFF- ACCESS

FAQ's on QI

- QI can be done without extra resources
- QI sustenance is crucial
- QI is a continuous ,everyone's business