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# Quality Improvement: Facility Manager Capacity Development for Improved Health Outcomes

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# Background

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- ❑ The responsibility of health sector managers is to ensure that health systems are in place and functional at facility level, in order to achieve the desired goals of delivering effective and efficient health services to the communities they serve, leading to improved population health outcomes.
- ❑ The public health system in South Africa has several weaknesses at primary health care (PHC) level which limits access to quality health care services for populations served and negatively impacts on key health indicators.
- ❑ These weaknesses and challenges include (amongst others) weak management and leadership capacity at PHC facilities for leading quality improvement
- ❑ Findings from the 2012 National Health Care Facilities Audit informed the focus provinces for the capacity development project

# Objectives

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- ❑ The project, known as “*PHC Re-engineering and Quality Improvement*” was aimed at supporting the implementation of the DoH PHC Re-engineering strategy by improving PHC facility management capacity to support quality improvement plans and interventions, based on the six ministerial priorities areas for quality assurance.
- ❑ The overall objective:  
  
To empower operational managers in two districts in Mpumalanga and Northern Cape provinces, to understand **WHAT** their roles and responsibilities entailed in the service delivery arena, and **HOW** to execute these for maximum effectiveness and efficiency.

# Methodology

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- ❑ **A modular leadership and management** training programme was undertaken for PHC facility managers – The “**Leadership Development Program**” (LDP) developed by Management Sciences for Health (MSH)
- ❑ **Structured mentorship and coaching sessions** were provided post the training intervention
- ❑ **Facilitation of the development of quality improvement (QI) plans** at facility level
- ❑ Monitoring of the QI interventions to determine progress and **compliance towards achieving the goals of the six ministerial priorities** areas for quality assurance
- ❑ Supporting **improvement of key health indicators** selected by the district and / or facility staff

# Methodology (Cont.)

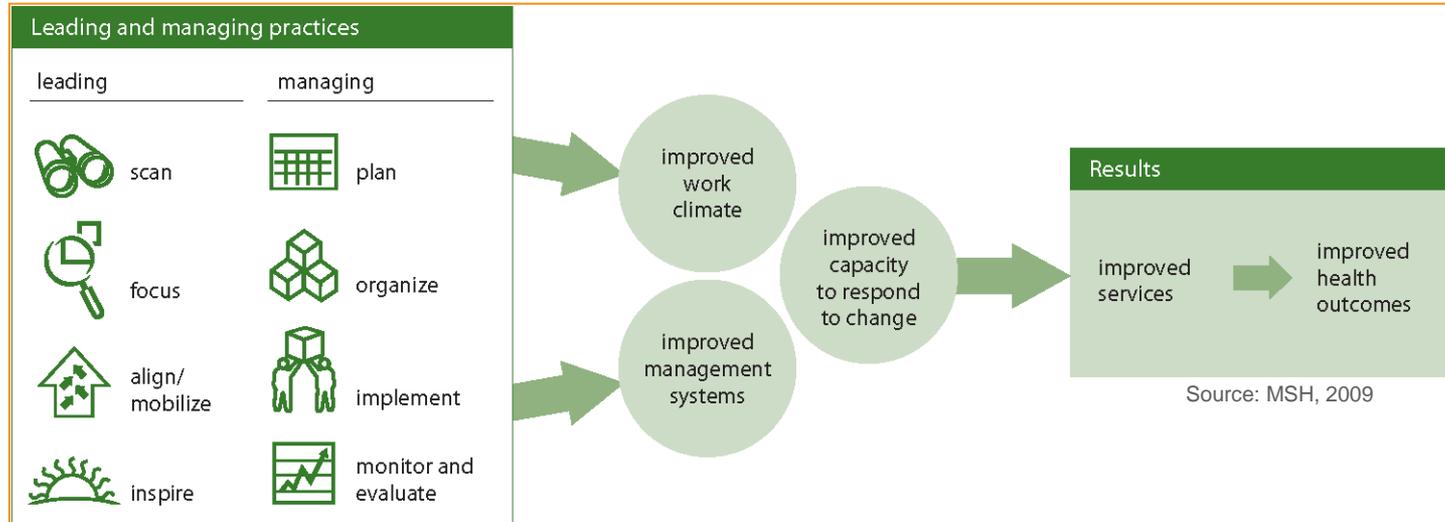


## LDP Principles:

- ❑ Participatory / interactive approach
- ❑ Learning in action
- ❑ Coaching to achieve results
- ❑ Giving and receiving constructive criticism
- ❑ Creating and sustaining teams
- ❑ Peer-to-peer knowledge exchange
- ❑ Data driven and evidence-based
- ❑ Action-oriented learning through implementation of the planning and quality improvement cycles for continuous quality improvement
- ❑ Focus on establishing replicable models for health systems change and scalability

# Methodology (Cont.)

## Leading and Managing Results Model

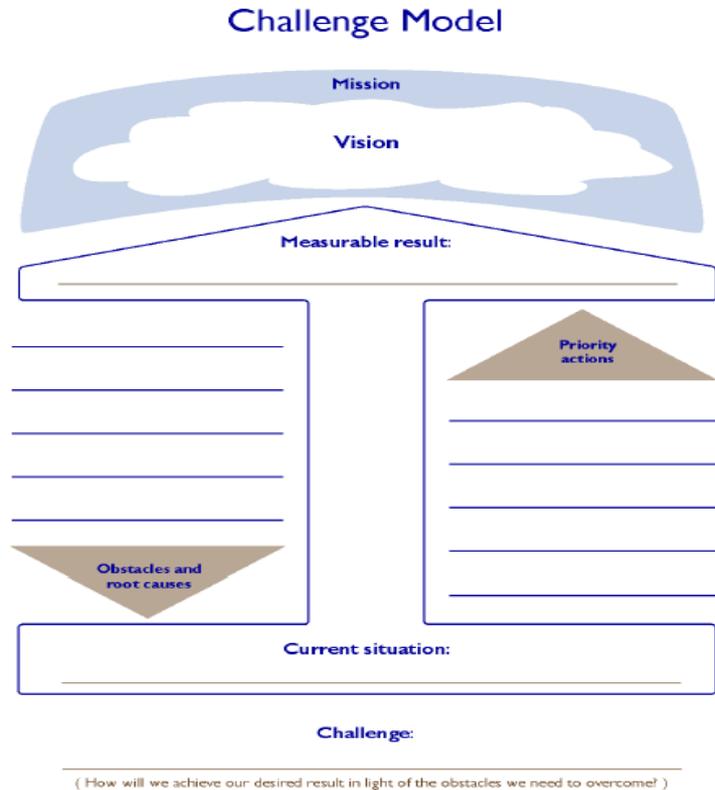


### Focus and emphasis on:

- Basic practices of **leading and managing**
- Creating a **work climate** that supports staff motivation
- Creating and sustaining **teams** that are committed to continuously improving client services
- **Coaching and mentoring** of teams at facility level

# Methodology (Cont.)

## The Challenge Model



### Approach to problem identification and resolution to impact on health indicators

- Every problem approached as a challenge
- Challenge mapped using the LDP challenge model
- Analysis of challenge unpacked with priority actions

# Results

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- ❑ The capacity development intervention resulted in improved managerial skills, where managers were able to:
  - identify the internal and external resources available
  - identify the challenges faced by facility teams
  - have a better understanding of the facility work climate
  - have an improved team approach to facility management processes
- ❑ The clinic team, under the improved leadership of their managers gained the ability to:
  - prioritise challenges and develop measurable actions to address barriers to achieving the results.
  - gain an understanding of problem identification and problem solution mechanisms and processes
  - take ownership of actions and quality improvement plans – all of which are key elements for sustained practice in quality improvement
  - work on improvements in the selected facility indicators

## Results (Cont.)

### Capacity Building Interventions

LDP

Mentorship

326 DoH staff trained

2 416 DoH staff mentored – district, sub-district and facility levels

Quality Improvement

Key outcome indicators

199 NCS Facility assessments completed

183 QI plans developed, implemented and monitored

**MP:** Cervical cancer screening, ANC 1<sup>st</sup> visit before 20 weeks, HIV testing coverage, PHC utilisation rate, STI partner treatment rate, Vit A dose 12-59 months coverage

**NC:** ANC 1st visit before 20 weeks, cervical cancer screening, Immunisation coverage, Vit A dose 12-59 months, Male condom distribution rate

## Lessons Learnt

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- ❑ Capacity-building in quality improvement needs to be aligned with a structured mentorship and coaching programme.
- ❑ A team approach to quality improvement is essential, specifically a facility-based team led by the operational manager.
- ❑ Timeous feedback on results and outcomes of QI interventions are required for action.
- ❑ In-service training is required for facility staff on the NCS framework and interpretation of compliance outcomes.

# Conclusion

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- ❑ The overarching success of the project was in its ability to empower operational managers to fully understand **WHAT** their roles and responsibilities entailed, and **HOW** to execute these for maximum effectiveness and efficiency. This shifted the responsibility of resolving facility-based operational issues from district management teams, releasing them to focus on oversight and mentoring.
- ❑ Building knowledge on leadership and management practices, and developing the skills and ability to apply these in the workplace results in a better work climate and improved management systems. Overall this results in improved capacity to manage change and translate actions into better health services and ultimately improved health outcomes.

# LDP - Moments



Visit by EU funder, Nkangala district



Mentorship session with facility team



LDP award ceremony

# ACKNOWLEDGEMENTS

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- ❑ The European Union for project funding
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- ❑ District Health Management Teams:
  - NC: Namakwa and John Taolo Gaetsewe
  - MP: Nkangala and Gert Sibande



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**THANK YOU!**