

*Welcome  
to the  
LARC  
Webinar*

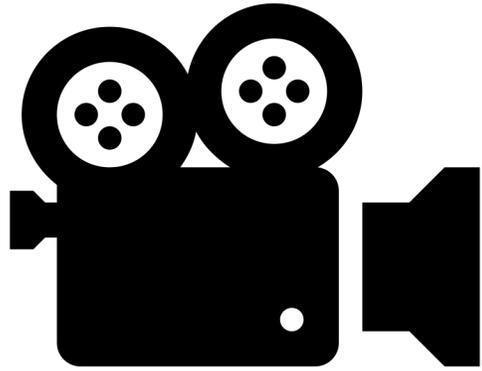
**1) Please sign-in in the  
“Chat Box”**

**2) Please rename yourself  
in the Zoom “Participant  
List”**

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# Introductions

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Turn on Your Camera

All teams

# A Word from Our Sponsor



**Biomedical Research  
and Training Institute**

## **BIOMEDICAL RESEARCH AND TRAINING INSTITUTE**

A Non-Profit Organization Promoting Health  
Research for Development in Southern Africa

Ms. Winnie Shena

CEO

Kenya Obstetrical and  
Gynecology Society





# In Memoriam: Winnie Shena

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For Today

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# PAGER

## Purpose:

- To provide a guided approach to the QI Initiative

## Agenda:

- See Next Slide

## Ground Rules:

- Begin & end on time, Respect for all persons & all thoughts, Encourage engagement & participation, Keep audio on mute unless speaking / Raise hand to share or put question in chat box

## Expected Outcomes:

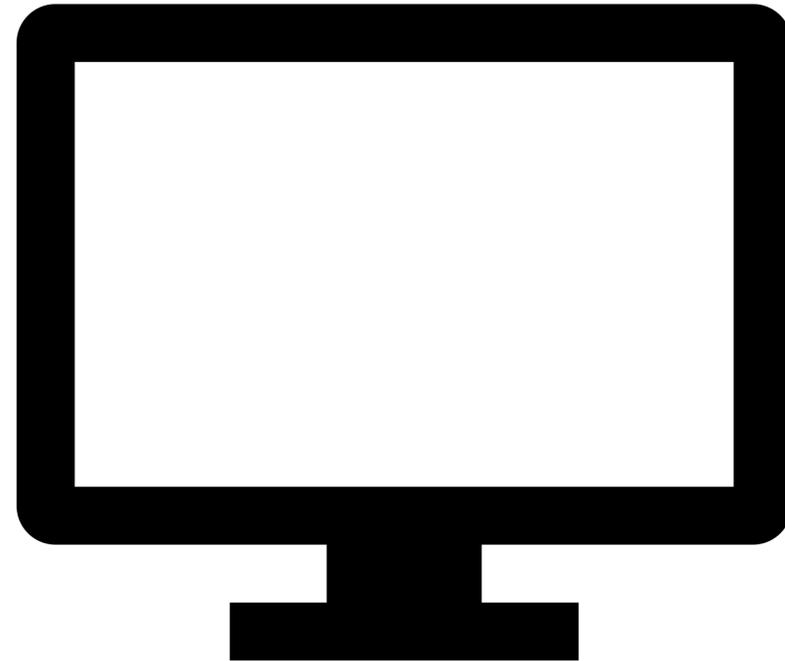
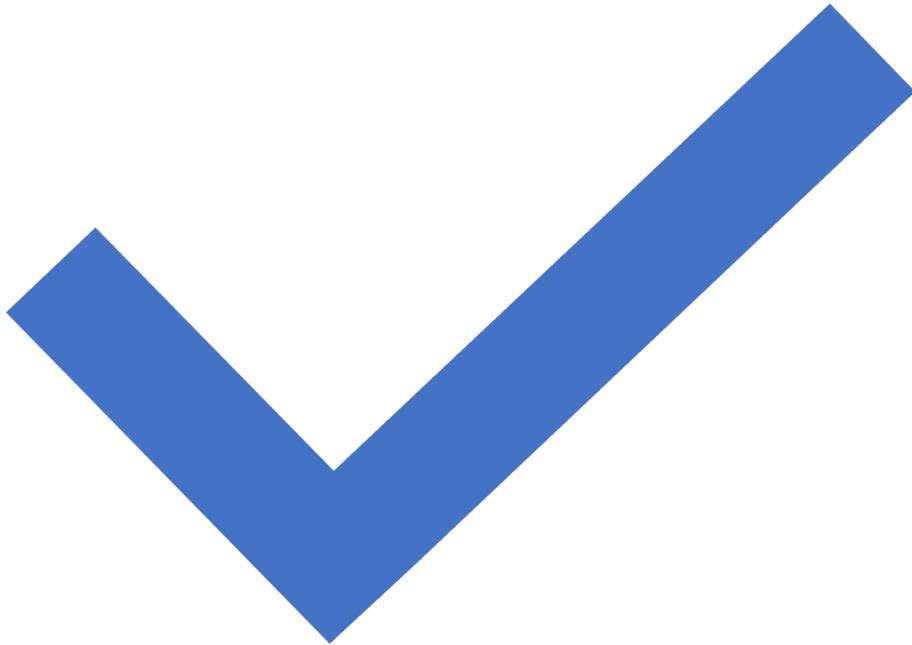
- **A successful completion of the LARC QI Initiative – NOV 18**
  - **VL Challenge**
  - **LARC VL Coverage Data (Aim #3)**
  - **PLUS Final Data from Aim #1 (Results in Green Book) and Aim #2 (Care According to Guidelines)**

# AGENDA

TIME	TOPIC	PERSON RESPONSIBLE
10 min	Welcome / Intro	Barbara / Fortunate
10 min	Dashboard Update	Fortunate
10 min	VL Challenge	Fortunate / Japhet
10 min	BRIDH / Mbare on sending / receiving SMS results	Liberty / Jacky - Interviewed by Barbara
30 min	Report on Site Visits	Dr. Khabo & Site visit Team
10 min	Learning Burst – Control Plan	Barbara
10 min	Planning for the final LARC meeting (Nov 18) with this cohort - request final deliverables	Barbara / Japhet / Fortunate / Dr. Khabo

Coming to a Screen Near You

LARC Debrief Meeting: November 18



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# Dashboard Update

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# Viral Load Challenge

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**LARC FACILITY  
VL SAMPLE  
COLLECTION  
FOR AUGUST  
& SEPTEMBER**

<b>SITE NAME</b>	<b>AUGUST</b>	<b>SEPTEMBER</b>
<b>Mbare</b>	453	348
<b>Overspill</b>	299	362
<b>Epworth</b>	500	967
<b>Seke North</b>	114	378
<b>Zengeza</b>	289	374
<b>Kuwadzana</b>	545	522
<b>Hatcliffe</b>	357	404
<b>Hopley</b>	343	428
<b>PSI lab</b>	1792	2453
<b>Parirenyatwa</b>	678	543
<b>Budiriro</b>	179	363
<b>BRIDH</b>	6632	9507
<b>St Mary's</b>	367	309
<b>Chitungwiza Hospital</b>	0 ( Nurses were on strike)	153
<b>NMRL</b>	7815	8302

# Viral Load Challenge

How many viral load samples did you draw in August 2020?

**Double that #**



# Team Interviews

**Aim #3: Reduction of post analytic TAT through sms transmission to less than 24 hours By 12/10/2020**

Describe your first (or next) test of change	Person responsible	By When	Where
Transmit Results to Facility through SMS platform	IT Officer	08/10/20	Lab( NMRL & BRIDHL)

**PLAN**

List the tasks needed to set up this test of change	Person responsible	By When	Where
<ol style="list-style-type: none"> <li>1.Engage IT to modify system for SMS results</li> <li>2.Resource Mobilize.</li> <li>3. Visit/virtual meeting with Mbare PC</li> <li>4.Review SOP on Reporting and Release of Results( Draft).</li> <li>5. Sensitize Lab team on SMS Reviews in SOP</li> <li>6. Formulate Data Collection Tool.</li> <li>7 Assign DEC to record information</li> </ol>	<ol style="list-style-type: none"> <li>1. Team Lead ( Zvana)</li> <li>2. IT Officer</li> <li>3. Quality Officer</li> <li>4. Lab Manager</li> </ol>	03/10/20	Lab( NMRL & BRIDHL)

**Aim #3: Reduction of post analytic TAT through sms transmission to less than 24 hours By 12/10/2020**

Describe your first (or next) test of change	Person responsible	By When	Where
Transmit Results to Facility through SMS platform	IT Officer	08/10/20	Lab( NMRL & BRIDHL)

**PLAN**

Predict what will happen when the test is carried out	Measures to determine if prediction succeeds
Post analytic TAT( i.e. from Lab Dispatch ( Reception) to Result Receipt(Clinic) will be reduced to less than 24 hours	1. No of days/Hours from sms dispatch in Lims to receipt of sms at facility phone

**DO**

**Describe what actually happened when you ran the test:**  
 SMS for Patient ( -----) was received within 30 minutes of publication in LIMS.  
 The result was validated as a correct reflection.

**STUDY**

**Describe the measured results and how they compared to the predictions:**  
 As per data collection tool, the date of receipt was within 24 hours ( 7/20/2020)- Same day.

**ACT (select one)**

- Adopt → Standardize
- Adapt → Describe what modifications to the plan will be made for the next cycle
- Abandon

## 4.5 Releasing of Results through SMS

4.5.1 Establish a facility contact phone number for Receiving Viral Load Results

4.5.2 Share the number /database of numbers with Information Technology for input in the SMS receiving module.

4.5.3 Establish the facility Focal person for the process.

4.5.4 Send Job Aid on Receiving HIV Viral Load results to facility.

4.5.5 Results will be send automatically to facility phone after going through the process of Verification/publication according to the Procedure for use of E-LIMS (*LAB XXXX-100-P029*).

4.5.6 *The facility will receive a message with the format outlined below*

Viral Load result for (PATIENT NAME)

GENDER/AGE collected on DATE (YEAR -MONTH-DAY)

TIME T (--:--) is (RESULT).

Please check your email.

Regards, LAB NAME (LAB XXXX)

according to the Procedure for use of E-LIMS (*LAB XXXX-100-P029*).

*4.5.6 The facility will receive a message with the format outlined below*

Viral Load result for (PATIENT NAME)

GENDER/AGE collected on DATE (YEAR -MONTH-DAY)

TIME T (--:--) is (RESULT).

Please check your email.

Regards, LAB NAME (LAB XXXX)

#### 4.6 Verifying Success of SMS Transmission of Results

4.6.1 Call facility to check for receipt of results through sms and record on the communication Log XXXLAB -100-F-003 there after verify on a monthly basis and record on form

4.6.1 Request for Summary Report for sms send for all facilities to be send through email every month from the Phone company.

I did not see where the facility email was established when the contact phone number was established.  
Where is the OI ART number documented?

# Data collection Tool

<b>Serial No</b>	<b>Facility</b>	<b>Patient Details</b>	<b>Date of Dispatch in Lims (Sainette)</b>	<b>Date of Receiving SMS at Clinic</b>	<b>Date of Printing of Hard Copy</b>	<b>Date of Receiving Hard Copy at Clinic</b>	<b>Result Validation( SMSvs LIMS)- Indicate Pass/Fail</b>
1	Mbare Poly	Name/OI No	7/10/2020	7/10/2020	8/10/2020	9/10/2020	Pass

# Adapt : Modifications

- Include more verifications which will lead to more sms transmissions of results to facility.
- Patient identified with name, gender and sex, only, to include OIC No as unique ID in sms.
- To include facility with a hub to demonstrate effectiveness where Post analytic TAT is significantly high.

## Adapt : Modifications

- Include more verifications which will lead to more sms transmissions of results to facility.
- Patient identified with name, gender and sex, only, to include OIC No as unique ID in sms.
- To include facility with a hub to demonstrate effectiveness where Post analytic TAT is significantly high.

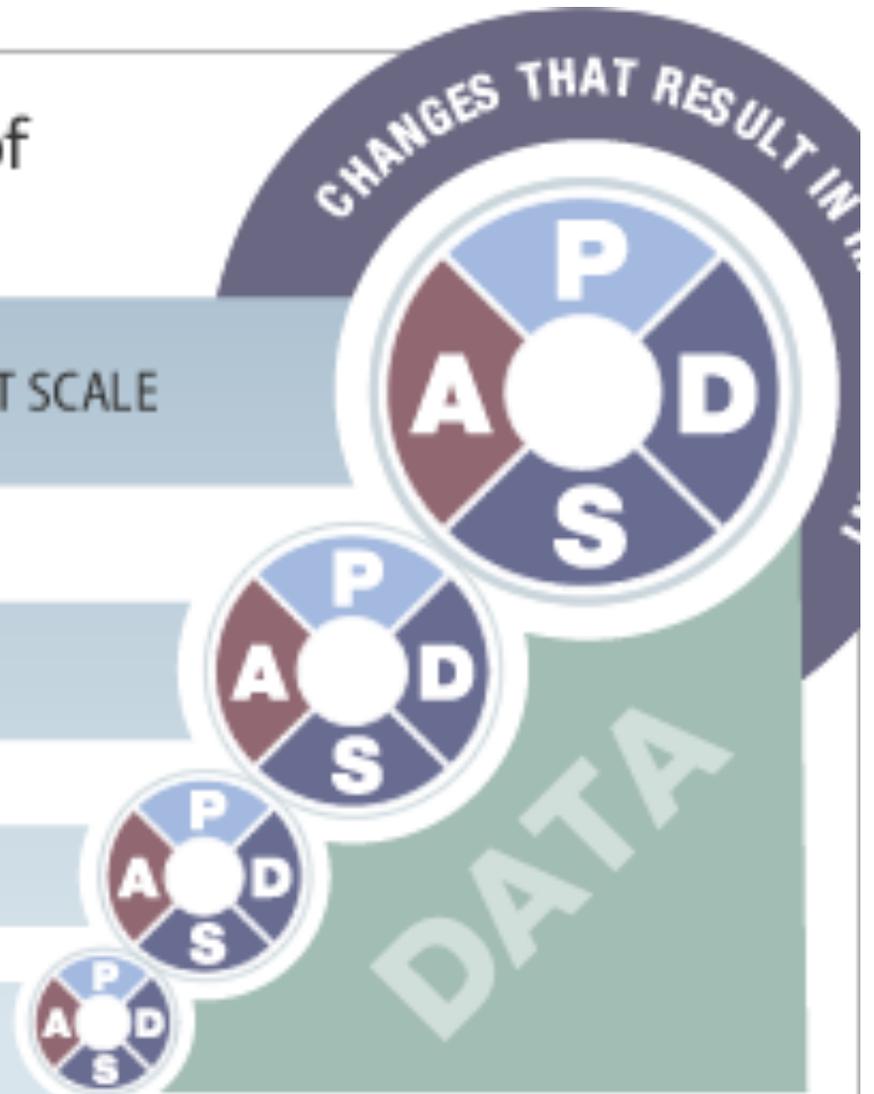
## Repeated Use of PDSA Cycle

IMPLEMENTATION AT SCALE

WIDER SCALE TESTS OF CHANGE

FINE TUNING TESTS

SMALL-SCALE TESTS



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# Special Presentation

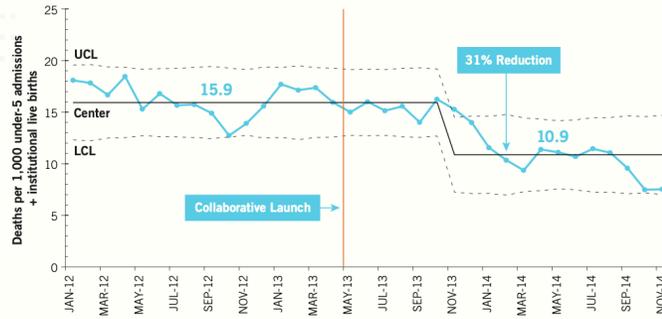
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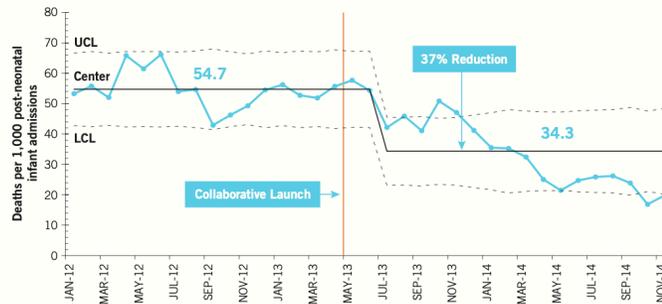
Aim #3:  
Improve  
Viral Load Coverage

The Outcome:  
A Completed QI Project  
AND  
Better VL Coverage for our  
Clients/Patients

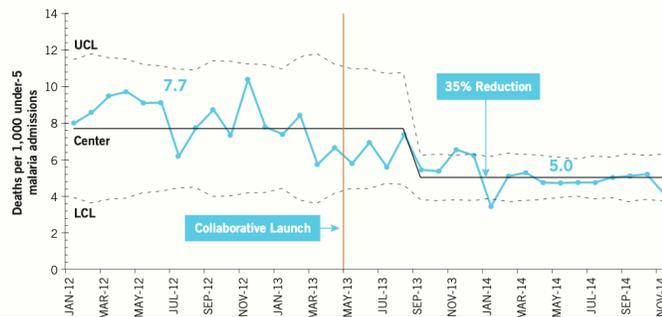
Under-5 Mortality Rate in 134 Hospitals across Seven Regions



Post-Neonatal Infant (1 to 11 Months) Mortality Rate in 134 Hospitals across Seven Regions



Under-5 Malaria Case Fatality Rate in 134 Hospitals across Seven Regions





Introduction  
 Project Design  
 Relationships  
 Leadership  
 Human Resources  
 Quality Capability  
 Measurement  
 Communication

## Lessons Learned from Ghana's Project Fives Alive!

A practical guide for designing and executing large-scale improvement initiatives



Project Fives Alive  
A Partner of the National Collaborative Health Service (NCHS)

# Measurable Results



# Lessons Learned from Ghana's *Project Fives Alive!*

A practical guide for designing and executing  
large-scale improvement initiatives



Project Fives Alive!  
A Partnership of the National Catholic Health Service (NCHS)

## A CLOSER LOOK

### 1 Will

1. We aligned with Ghana's national health priorities (e.g., MDGs 4 and 5).
2. We aligned with leadership and management priorities (e.g., starting in high-burden regions, hospitals, etc.).
3. We built leadership capacity at multiple levels.
4. We created data-driven feedback loops that constantly informed leadership of progress and challenges.
5. We provided leadership with both the credit for results and the accountability for addressing performance gaps.
6. We were adaptive and open to local suggestions for redesign and modifications.

### 2 Ideas

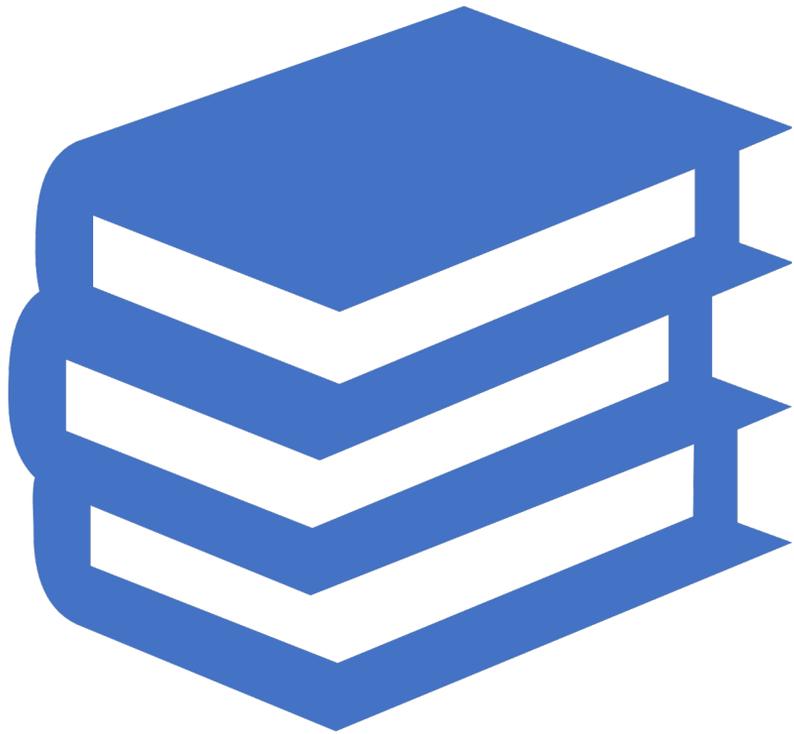
1. We used Improvement Collaborative Networks (ICNs) to generate and spread successful ideas.
2. We ensured that all ideas had been reliably tested and rigorously evaluated before being dismissed, even by "experienced" team members.
3. We found that "what is needed" is often known and well documented; the innovation required for successful implementation often lies in the "how."
4. We sourced ideas from all QI team members, including those who were historically marginalized in the care team such as Health Information Officers.

### 3 Execution

1. We learned it's important at the outset to define ambitious numerical goals that are achievable primarily through system redesign rather than by working harder or adding more resources.
2. We identified a new way of working, recognizing that those facilities with good leadership and dedicated improvement teams generated better outcomes.
3. We reliably implemented planned interventions that were critical to behavior change, such as regular Learning Sessions and site visits.
4. We supported the QI teams to test and assess the effectiveness of their change ideas with local data on a predictable basis.



# Control Plan



Workbook, p. 77-84

# CONTROL

# Quality Improvement Methodologies

OVERARCHING	DEFINE	MEASURE	ANALYZE	IMPROVE	CONTROL
<p>Quality Improvement Primer</p> <ul style="list-style-type: none"> <li>Guiding Principles</li> <li>DMAIC</li> <li>Model for Improvement</li> </ul> <p>Project Management:</p> <ul style="list-style-type: none"> <li>Project File</li> <li>Learning Boards</li> <li>Meeting Facilitation</li> <li>Action Plan</li> <li>Communication Plan</li> </ul> <p>Change Management</p> <p>Team Formation</p>	<p>Stakeholder Analysis</p> <p><b>Process Mapping</b></p> <p>Project Outline</p> <ul style="list-style-type: none"> <li>Problem Statement (15 Words)</li> <li>Scope</li> <li>Aim Statement</li> </ul> <p>Voice of the Customer (VOC)</p> <p>Critical to Quality</p> <p>Elevator Speech</p>	<p><b>Metric Use for Improvement</b></p> <p>Measurement Selection</p> <p>Data Collection Plan</p> <p>Data Collection Tools - Check Sheets</p> <p>Data Display – Histograms / Run Charts</p>	<p>5 Whys</p> <p>Cause &amp; Effect Diagram (Fishbone)</p> <p>Pareto Diagram</p> <p>Spaghetti Diagram</p> <p>Run Charts</p>	<p>Brainstorming</p> <p>Affinity Diagram</p> <p>Impact-Effort Grid</p> <p>Lean:</p> <ul style="list-style-type: none"> <li>Waste Walk</li> <li>5S</li> <li>Physical Layout</li> <li>Visual Management</li> </ul> <p><b>Plan-Do-Check-Act (PDCA)</b></p> <p>Standard Work</p> <p>Future State Map</p>	<p>Project Owner Transfer</p> <p>Control Plan</p> <p>Result Communication:</p> <ul style="list-style-type: none"> <li>Final Report</li> <li>Storyboard</li> <li>Presentation</li> </ul> <p>Spread Best Practices</p> <p>Celebration of Success</p> <p>Additional Tools:</p> <ul style="list-style-type: none"> <li>Chart Review</li> <li>Avoiding Pitfalls</li> </ul>

# IHI Video: Control Phase



# Control

Define

Measure

Analyze

Improve

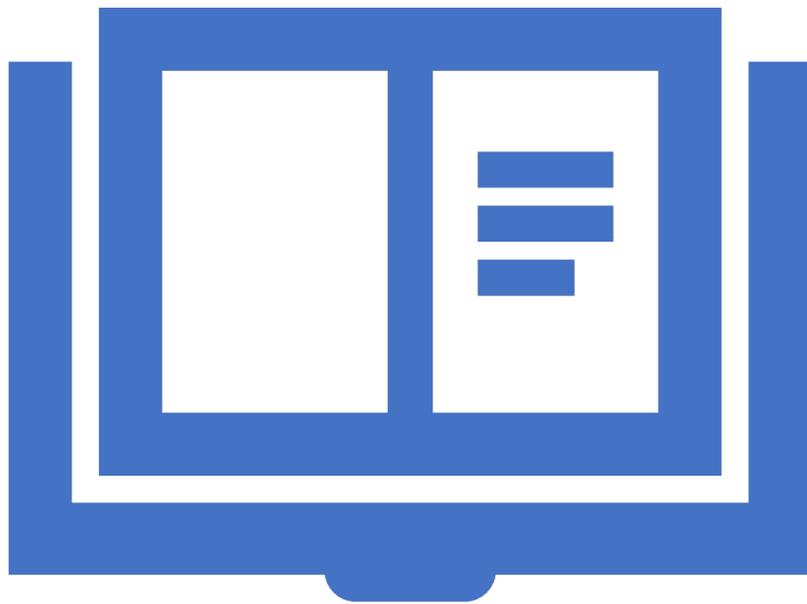
Control

## Objectives

- **Ensure sustainability**
  - Hand over to process owner
  - Control Plan
- **Communicate**
  - Document the project
  - Share results
- **Spread Improvement**
- **Celebrate**

## Tools

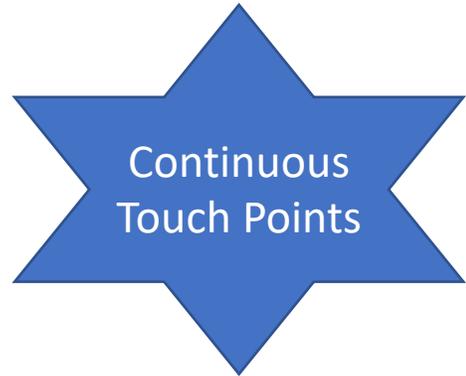
- Control Plan
- Audit/Performance Dashboard
  
- Project closure documentation



Workbook, p. 78-79

# Control Plan

# CONTROL PLAN



## Control Plan

<b>Project Title</b>
<b>Project Owner</b> Specify a name & a position
<b>Critical Elements for Quality</b> <u>Process Step</u> : Is there a critical step that is required for the desired outcome? Is there a vulnerable step that may revert to the “old way” over time? <u>Output</u> : Is critical to the desired outcome or vulnerable output?
<b>Monitoring over Time</b> <u>Metric</u> – Define the metric <u>Acceptable Range</u> – Define Upper and Lower limits (Action Levels) <u>How measured</u> – Data Collection Plan
<b>Control or Reaction Plan</b> If the metric goes out of range, what will be done? What is the first step?
<b>Accountability</b> <u>Who is responsible</u> – Specify a person & a position <u>Where is the measure reported</u> – Specify a committee or standing meeting <u>To whom is it reported</u> – Specify a person & a position, i.e. Clinic Chief Nurse/Sister-in-Charge <u>Who is ultimately responsible</u> – Specify a person & a position, i.e. Ministry of Health Department Chief
<b>Related Documentation</b> (Provide documents or links to documents) Future/Improved State Process Map Standard Work Instructions Data – Run Chart

# Sustain the Gains

## Why It Matters

"A system has to make a choice to be high performing. It's a conscious choice to improve and maintain the improved level of performance. It's not an accident."

## Tips for Sustaining Your Hard-Won Improvements

*By Kedar Mate | Tuesday, September 20, 2016*



## QUIZ:

## Tips for Sustaining Your Hard-Won Improvements

Please answer the following questions based on the article:

**1. Name 5 practical things that clinical leaders do to sustain improvement?**

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_

**2. Which one of these practical steps can you implement by next Tuesday?**

a. \_\_\_\_\_

## QUIZ:

# Tips for Sustaining Your Hard-Won Improvements

Please answer the following questions based on the article:

**1. Name 5 practical things that clinical leaders do to sustain improvement?**

- a. Standardization — job descriptions with clear sets of roles and accountabilities. We need standard work to meet the specifications of what we're hoping a system will do to care for patients.
- b. Accountability — ways to keep the team accountable to the standard work. We should all know what we're supposed to do and our nurse leader or supervisor should keep us accountable.
- c. A visual management system — it's often a board mounted on the wall in wards or clinics. The visual display helps people understand their unit's performance over time on measures that matter to the staff and to the patients.
- d. Daily communication — teams often use huddles multiple times a day as a communication system that keeps everyone informed of the unit's progress.
- e. A problem-solving technique — units rely on a process for escalating and addressing problems when there's an issue with the performance of the unit that can't be immediately solved.

**2. Which one of these practical steps can you implement by next Tuesday?**

- a. \_\_\_\_\_

## QUIZ:

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Measure

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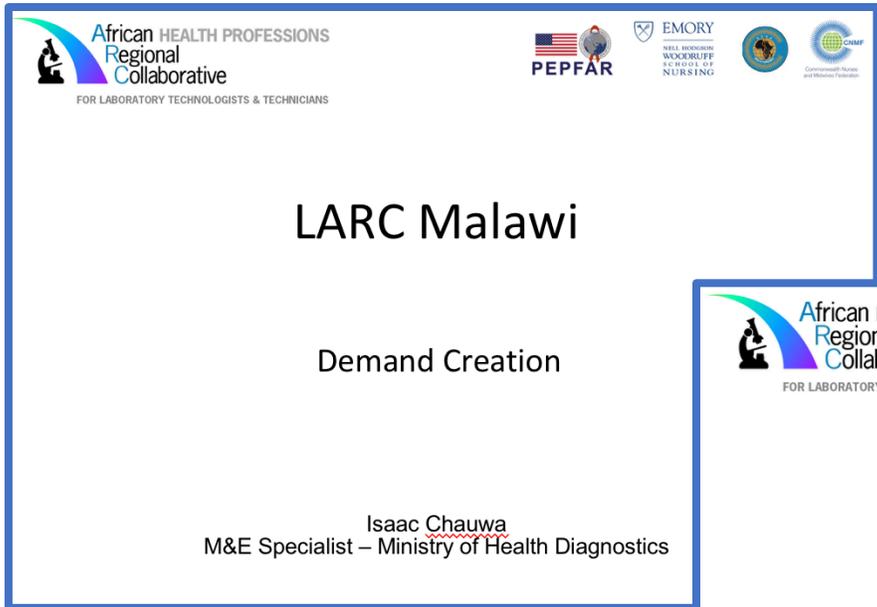
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  - Share results
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- **Celebrate**

## Tools

- Control Plan
- Audit/Performance Dashboard
- Project closure documentation

# Project Closure Documents



**African HEALTH PROFESSIONS  
Regional Collaborative**  
FOR LABORATORY TECHNOLOGISTS & TECHNICIANS

**LARC Malawi**

**Demand Creation**

Isaac Chauwa  
M&E Specialist – Ministry of Health Diagnostics



**African HEALTH PROFESSIONS  
Regional Collaborative**  
FOR LABORATORY TECHNOLOGISTS & TECHNICIANS

**LARC Swaziland**

**Results reporting and interpretation; Patient Management**

Sehlephi Kuhlase-Dlamini, Senior Laboratory Advisor  
ICAP  
16 May 2016  
Orion Hotel, Piggs Peak

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Workbook, p. 80

# FINAL REPORT PPT



## LARC KENYA



**Impacting the 3<sup>rd</sup> 90 at the Homa Bay County Teaching and Referral Hospital, Kenya.**

Final Report  
30 July 2017

# Summary: Deliverables



**End of Cohort Survey**



**Project Final Report**

VL Challenge

VL Data Collection – Aim #3

Final Results on Aim #1 and Aim #2

# Thank You

Please take the poll!

