

Message from Project Director

“How to motivate health facilities in Lao PDR to improve quality of health care?” After searching for the answer to this question over an extended period of time, it is now my pleasure to share with stakeholders the QHC Model as the foundation to realize Quality and Safety in Health Care Services in Lao PDR.

Hospital Quality Management (HQM) routines suitable for the situation in Lao PDR have been developed in conjunction with the Department of Healthcare and Rehabilitation in four Southern provinces (Champasak, Salavan, Sekong and Attapeu), partner hospitals, universities and JICA since February 2016. In the period since, I have been pleased to witness step by step improvements in the quality of health care services such as OPD, Toilets, EmOC and Normal Delivery etc. at the four Southern Provincial Hospitals.

The QHC Model was developed as a result of trial and error processes in the experiences of Hospital Quality Management in four Southern provinces. To realize the motto “Five Goods One Satisfaction”, all health facilities in Lao PDR must establish and maintain routines of Hospital Quality Management.

As such, I strongly recommend all health facilities in Lao PDR to establish the routines of Hospital Quality Management as proposed via the QHC Model.

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Project Information

- Project period : February 2016 - February 2021
- Project site: Champasak, Salavan, Attapeu, Sekong
- Project members:
 - Department of Health and Rehabilitation, MoH
 - 4 Southern Provincial Health Department
 - 4 Southern Provincial Hospitals
 - JICA

The Ministry of Health,
Lao PDR



JICA Technical Cooperation Project for
Improving Quality of Health Care Services
(QHC Project)

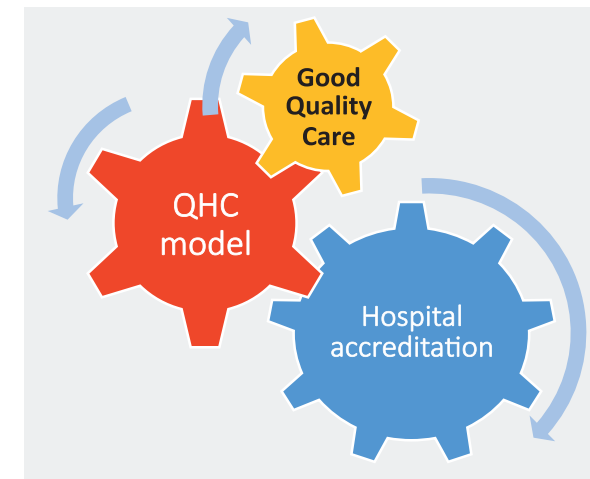
Japan International
Cooperation Agency



QHC Model

Quality of Health Care Model

Dok Champa Accreditation, the hospital accreditation in Lao PDR, defines a set of national quality standards to certify the grade of health facilities in the country and offer directions to ensure provision of good quality health care. However, accreditation alone does not state “How” the health facilities make efforts toward good quality of health care.



The QHC model is a system that provides solutions for health facilities on “how” to implement continuous efforts of improving quality of health care using available resources within each health facility.

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Routines of Hospital Quality Management established by the QHC Model

1. The QHC model and its objectives

The QHC model is a system developed by the Project for Improving Quality of Health Care Services (Department of Healthcare and Rehabilitation, four Southern provinces and JICA) to promote continuous efforts to improve quality of health care utilizing available resources within each health facility. The QHC model is characterized by its stepwise approach. The ultimate objective of the QHC model is to improve health outcomes and satisfaction by assuring consistent provision of good quality health care to patients.

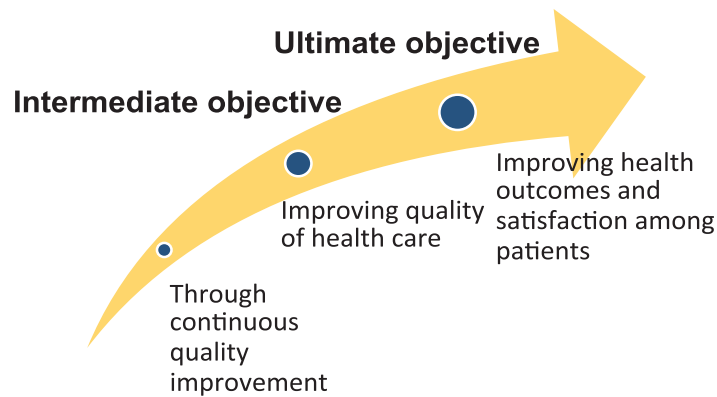


Fig1. Objectives of the QHC model

2. Outline of the QHC model

2.1 A health facility Organizes a quality improvement committee within each health facility

Quality improvement committees play a main role in quality management within each health facility. Each committee facilitates the following procedures (2.2 and 2.3) of continuous quality improvement activities involving staff members of the health facility.

2.2 A health facility sets the ideal conditions of the services/the subjects of the health facility (Fig.2)

- i. Define the ideal conditions of the services/the subjects which the health facility wants to realize. The ideal conditions are listed for each service/subject.

- ii. Classify and group all the defined ideal conditions of the services/the subjects in order of feasibility considering available resources. This is a form of “road map” to meet all the ideal conditions. (Fig.2)

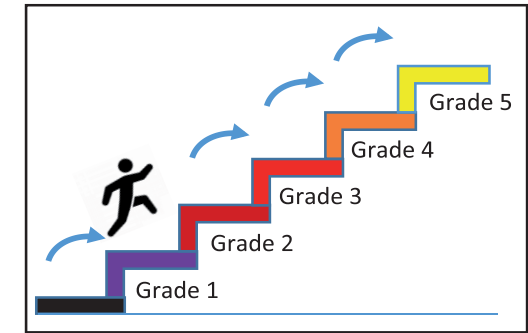


Fig.2 Road map to meet all the ideal health facility step by step. Each grade consists of several ideal conditions.

2.3 A health facility implements stepwise quality improvement activities to get closer to ideal health facility (Fig. 3)

- i. Perform a self-assessment to understand their present status of the defined ideal conditions.
- ii. Choose from among unmet conditions to be tackled, considering feasibility and priority.
- iii. Implement quality improvement activities to meet the ideal conditions.
- iv. Perform a self-assessment on actual conditions compared to ideal conditions.
- v. Continue to work on the unmet conditions and select new ideal conditions to be tackled for further improvement.

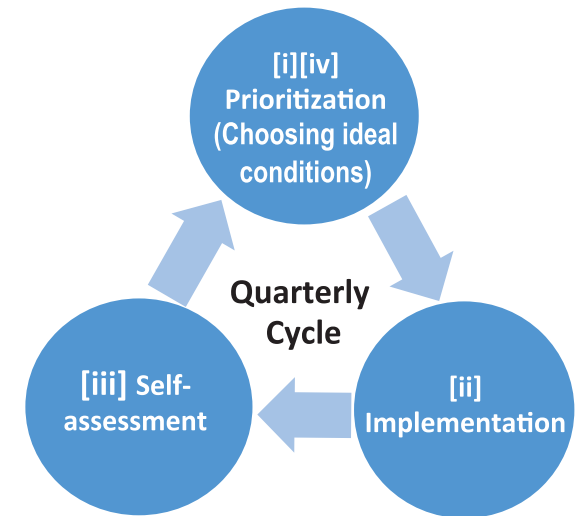


Fig.3 Quality improvement cycle. The health facility turns the cycle quarterly.

Repeat iii-v every quarter.

Positive Changes in health facilities that introduced the QHC Model

The QHC model was first introduced in Outpatient and Obstetrics wards in health facilities in four southern provinces. It was expanded to other wards including Inpatient and Pediatric wards and Administration office later. Many positive changes in health facilities have been witnessed, as follows:

1. Establishment of Hospital Quality Management Systems

“Hospital assigned effective Quality Committee with clear TOR...”

“Hospital has started monthly quality committee meetings, and practical experiences are shared among units in the meeting...”

“Now we have more confidence to tackle problems of ensuring quality...”

“Measurable criteria and clear goals direct us to achieving greater quality...”



Monthly quality committee meeting in Salavan PH



Self-assessment organized by quality committee in Salavan PH

2. Better Hospital Management

“We have learned a new way of thinking. Now we can set a direction by ourselves...”

“Cooperation among units in our hospital has become better than before...”

3. Better attitude of health service providers

“Staff pay more attention to patients and their work than before...”

“Staff take initiative on CQI activities...”

“Staff gained more knowledge and understood the importance of CQI through experiences...”

4. Better Health Care Services in Outpatient ward (OPD)

“Many improvements in OPD such as in service delivery method, via receptionists, patient guidance, Queue card management, patient flow, arrangement, and establishment of an information center...”



<Before>

No guidance displays, minimal chairs



<After>

There are guidance indication and chairs

5. Better Health Care Services in Obstetrics ward

“All essential drugs and equipment for emergency obstetric care and blood products are ready for use in our hospital...”

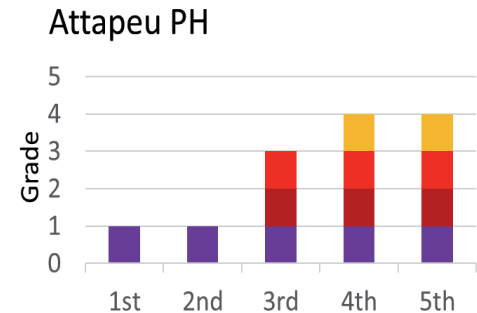
“Now, obstetrics care services are safer than before...”

“We have more confidence to treat emergency obstetric care cases...”

“Sustainability of our achievement is the next challenge...”



Essential Equipment and drugs for Emergency Obstetric Care ready in PH and DH in Champasak province.



Quarterly self-evaluation results of Emergency Obstetric Care in Attapeu PH was improved and sustained.

6. Better Patient Experience and Satisfaction

“The amount and volume of patients’ complaints decreased.”

“We can see that the facility is more clean than before.”

Supporting mechanism to facilitate the QHC model

The QHC model has realized the better services utilizing available resources within the health facility in four southern provinces. Additionally, the QHC project suggests supporting mechanisms inside and outside of the facility to facilitate the QHC model.

1. Horizontal supporting mechanism between the health office and the health facility

The health office monitors and assists quality improvement activities in the health facility by providing suggestions and necessary resources to the quality improvement committee. With support from health offices, each health facility can tackle challenges and achieve higher standards.

Particularly at the district level, the quality improvement committee consists of both hospital and health office, so that they conduct almost all the activities of QHC model together.



Self-assessment conducted by quality committee members of Phovong DH and DHO together

2. Vertical supporting mechanism across different level

The upper levels have responsibility to supervise quality management in the lower levels to ensure their achievement of continuous quality improvement activities.

Each province has developed a reporting system of quality improvement activities from lower to upper levels so that the upper levels evaluate achievement status of quality improvement comparing with the results of self-assessment in the lower levels and can make helpful suggestions for further improvements.



Supervision visit of the provincial quality committee to Tateng DH

3. Staff development

Staff development such as technical training is an important source for health staff to understand and consider ideal conditions for skills and service provision in the health facility. In four southern provinces, introduction of new skills or services to the facility commenced when health staff understood the skills or services in a technical training, set ideal conditions for those skills or services and monitor achievement of ideal conditions in the QHC model. Furthermore, the QHC model assists in routinization of new services by incorporating them in the QHC cycle.

4. Sharing opportunities

Various approaches for quality improvement exist, so sharing practical experiences both inside and outside the facility promotes active quality improvement in each health facility.

The QHC project has organized the “Lao Forum on Improving Quality of Health Care Services” annually since 2018. Quality improvement activities are being spread to other health facilities through the sharing of good practices in the forum.



The second Lao Forum that the health officials across the country gathered in Luang Prabang

Current achievement and Future plan

In 2017, the QHC model was developed and used in provincial hospitals in four southern provinces (Champasak, Attapeu, Sekong and Salavan) and was introduced to 11 target district hospitals in 2018. The QHC project is now working on documentation of a step-by-step practice for quality improvement in the health facilities. We expect the implementation guide of the QHC model helps to achieve good quality care consistently.

Training modules to help disseminate the QHC model to other provinces and districts are in development.

