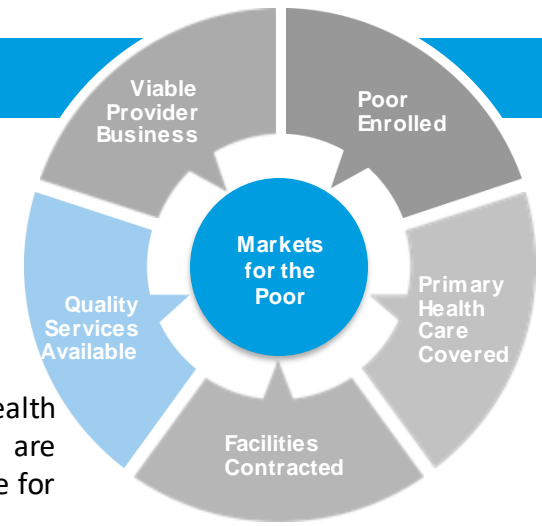


Health Network Quality Improvement System (HNQIS) is an android app that helps Quality Assurance Officers (QAOs) at Population Services International (PSI) identify and prioritize the facilities in Private Provider Networks (PPNs) that require the most support to improve and strengthen health service provision. QAOs assess provider skills, establish action plans for performance improvement, and provide prioritized supportive supervision to the facilities that need it most.



Poor quality of care not only leads to poor patient outcomes but also compromises the safety of health care providers. For PSI it is important that the quality of care provided in franchised networks are consistent with national and global standards and practices. This ensures the best possible outcome for patients seeking services in the franchise.



Intervention

HNQIS was first piloted within PS Kenya’s Tunza franchise network in November 2015 and rolled-out to all 415 facilities from October 2016. To improve providers’ quality of health care, QAOs conduct supervision visits supported by the HNQIS app.

HNQIS is an interactive tool composed of 4 modules designed to help quality assurance officers i) **Plan** their supervision visits to providers, ii) **Assess** providers’ performance in service provision, iii) **Improve** providers’ knowledge and skills, and iv) **Monitor** providers’ performance over time.



Figure 1: Overall QoC scores comprising 415 Kenya Tunza facilities

Through customized dashboards, PSI is able to monitor provider performance (Quality of Care (QoC) score) and Quality Assurance Officer level of effort to determine if targeted supportive supervision visits to the facilities that need it most contributes to an improvement in quality of care. Figure 1 illustrates a steady increase in the QoC scores between 2016 (green) and 2018 (red) across most health areas.



Result

KE HNQIS % by Class A, B, C & Year

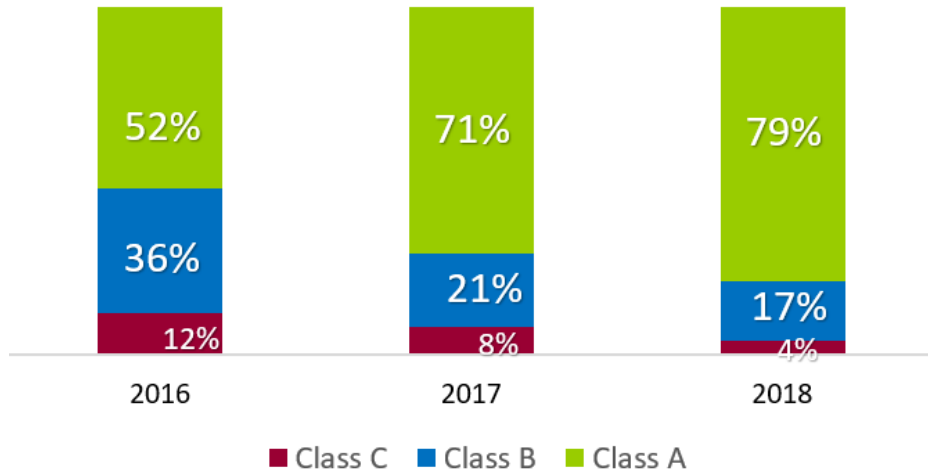


Fig.2 Overall % of facilities in Class A, B, and C for Kenya by year.

Between 2016 and 2018, the percent of facilities (all health areas combined) in class A, increased by 34%. This was a result of the QAOs targeting the lower performing facilities for more frequent (every 2-4 months) supportive supervision visits until provider performance improved. This was an efficient use of the QAOs' time and effort.

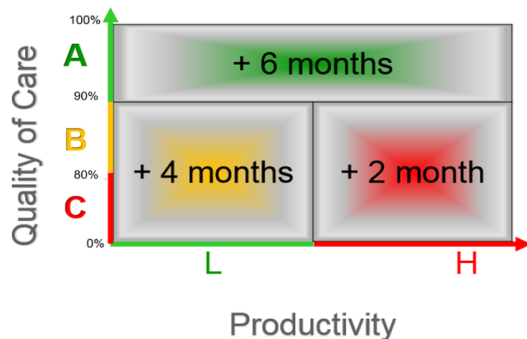


Fig. 3. The HNQIS prioritization matrix that automatically calculates the date of the next visit.

The automatic scheduling of the next assessment is determined by the QoC score and the client load (productivity). Facilities with high client volume are a higher priority for reassessment. (Fig.3)

KE HNQIS Level of Effort and Score over time			
		HNQIS - HIV count	HNQIS HIV Human Immunodeficiency Virus (Fixed Score)
	2016	1	64
	2017	4	66
	2018	1	89.3

Fig. 4. Example of Medical Clinic (anonymized) evidence of improved visits resulting in improved quality of care score.

Data from the country level down to the individual franchise level allows decision makers to monitor progress of both the QAOs and the providers. In November 2016, this exemplified Medical Clinic scored very low (64%) in HIV. In 2017, the QAO provided supportive supervision 4 times and saw a significant improvement in the provider's score in 2018 (89%). The ability to target the facilities in most need of supportive supervision is the key to maximizing QAO time and effort, as is seen in the above example.



Ensuring the quality of care continues to improve is an ongoing process made easier by real time data in the HNQIS app, quality, consistent, and objective feedback during the supportive supervision visit, and data analysis in the DHIS2 dashboard.

QAOs have requested further refinement of the action plan and the ability to share videos from the feedback module directly through Whatsapp or email.



Outlook

In 2019, PSI will seek an external evaluation of HNQIS and conduct case studies on the use of HNQIS in the public sector and for accreditation of providers. As part of our scaling up plan, PSI intends to make HNQIS a core DHIS2 app.



Photo: PSI QAO undertakes assessment using HNQIS ©PSI

HNQIS Improves Efficiency of QAOs

The HNQIS tool has been well received by the QAOs who find the app easy to use, efficient, objective and standardized across QAOs and locations. Its utility in generating real-time performance scores enables the QAOs to immediately know key areas for improvement on which to focus their support. The incorporation of the feedback module enables the QAOs to give immediate feedback that is consistent and objective. The automatic scheduling of the next visit is also useful in planning future visits and managing supervision support. According to the QAOs, providers' have reacted positively to the app as they appreciate the real-time scores and interactive feedback.



Photo: Quality Assurance Officer providing feedback to a provider in Kenya. © PSI

“Since the implementation of HNQIS, QAOs are more efficient in their work. The plan module prioritizes the facilities for me so I can target my coaching to facilities and providers that need it most. I can see in the dashboard that the more frequent visits to the low performing facilities has improved the provider performance because they are getting the attention they need and issues are addressed in real time.” –Beth Wamwea, QAO Manager

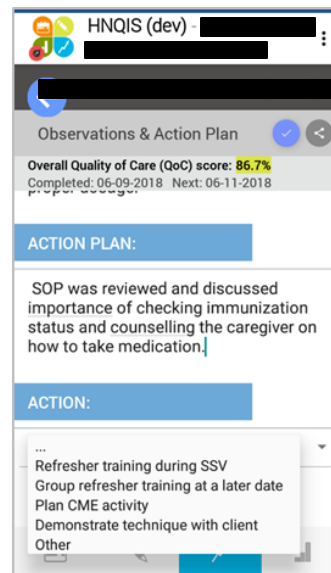


Fig. 5 Improve Module Action Plan

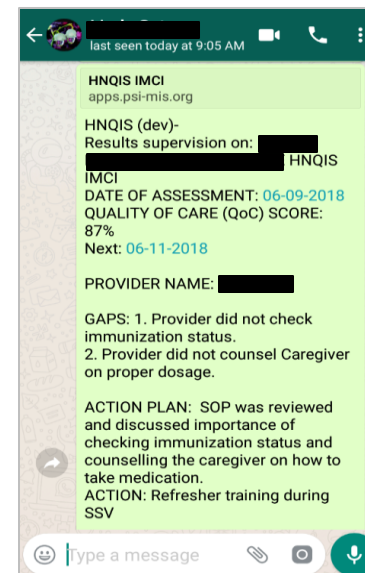


Fig.6 Action Plan shared via Whatsapp

Immediately following an assessment, HNQIS generates a score and feedback to ensure consistent and objective coaching. After reviewing areas of improvement, the QAO and provider establish an action plan (Figure 5) to document performance improvement goals. The action plan is then shared with the provider through Whatsapp, Email, SMS, etc. (Figure 6)