Institutionalization of Improved Quality of Care and Continuous Quality Improvement (CQI) in Demonstration and Replication Regions | Honduras

This study investigates whether the improvements in quality of care achieved during implementation of Continuous Quality Improvement (CQI) activities in Honduras were maintained over time. CQI was implemented in Honduras in two phases using different strategies. The first, demonstration phase was implemented by the USAID/HCI project in five health regions from 2004 to 2006. A second replication phase in 2007 to 2009 expanded CQI to six additional regions, reproducing the approach used in the demonstration phase, but implemented by the Honduran Secretariat of Health through its Department of Quality Assurance (DGC). Given these two different implementation strategies for introducing CQI in Honduras, this research study sought to:

1. Analyze differences in the process and results between the demonstration and replication phases for the purpose of learning strengths and weaknesses of each phase to guide spread activities.
2. Document the level of QI institutionalization and/or activities maintained upon finalization of the implementation phase to determine what needs to be strengthened.
3. Document the changes implemented that have been successful in achieving improvements in EONC care for the purpose of spreading these effective changes to other regions.

**Methodology:** Two research studies were conducted: 1) a retrospective study to compare QI implementation during the demonstration and replication phases and 2) a cross-sectional analysis to
evidence the level of institutionalization achieved after the implementation phases ended. From the 224 health units that participated in the EONC QI project (119 from the demonstration phase and 105 from the replication phase), we selected a representative sample of 31 health units, 17 from the demonstration phase and 14 from the replication phase within the 11 health regions targeted. 

**Results:** The study examined several elements of institutionalization of QI, including measures of
developmental/preparatory activities that impact CQI implementation (such as training and coaching, sharing experiences, and rewards and incentives), the establishment of a supportive environment for institutionalization (including leadership, team work, values that support CQI, support from higher authorities, and continuous coaching/supervision), and evidence of institutionalization (such as use of clinical and CQI norms and standards, consistent performance of
CQI activities), and impact on outcome indicators. Overall, results were similar in the demonstration and replication phases, although differences did emerge in areas such as coaching/supervision, mean number of trainings attended, and QI team opportunities for sharing experiences and lessons learned with one another. Overall, compliance with indicators of obstetric care (prenatal, delivery, postpartum and obstetric complications) increased from 80% to 90% in demonstration sites while in
replication increased from values around 50% to almost reach 80%.

The study provides recommendations on training, coaching, motivation/incentives, reporting, coordination/supervision, and community support to guide institutionalization of QI and improved quality of care and to strengthen current implementation in both demonstration and replication regions.

**Countries:** Central America and the Caribbean [1]
Honduras [2]

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