MODULE 2: An Overview of the Kenya Quality Model for Health (KQMH)

Unit 2.1: Introduction to KQMH
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Unit 2.1: Objectives

- Discuss the historical background of the Kenya Quality Model for Health (KQMH)
- Discuss the components of KQMH
- Discuss the principles, dimensions and quality standards of KQMH
Contents

• Historical background of KQMH
• Components of KQMH
• Principles, dimensions and quality standards of KQMH
What is Kenya Quality Model for Health (KQMH)?

- A conceptual framework for an integrated approach to improved quality of healthcare.
What is KQMH? (Contd.)

- It provides a framework for:
  holistically and systematically addressing a range of organizational quality issues with the main aim of delivering positive health impacts.
Development of KQMH

- KQMH is the revised version of the Kenya Quality Model (KQM), developed and introduced in 2001 by Department of Standards and Regulatory Services (DSRS) in the Ministry of Health (MOH).
- The KQM consisted of standards and a master checklist.
- Electronic assessment tool – the KQM master software comprising of a data entry tool and a server-based database.
- KQM was piloted in 2003.
Development of KQMH (Contd.)

• The implementation of KQM did not go beyond the initial pilot phase due to implementation challenges.

• With introduction of KEPH levels of care, there was need to revise the KQM tools to align them with KEPH.
Review Process

In 2007, DSRS initiated the review process:

- Held a stakeholder sensitization workshop
- Consultant from KEBS was hired to support the process
- Workshops were held with participants from all provinces
- Editorial team edited the draft during several meetings
- Drafts sent to stakeholders for input
- Piloting done in several health facilities, feedback incorporated

- In 2009, final draft developed and approved for ownership by the Ministry, now renamed the KQMH
- KQMH was launched on 8 May 2012
What can be achieved with KQMH?

KQMH aims at:

- Improving adherence to standards and guidelines based on evidence-based medicine
- Improving structure – process – outcome by applying quality principles and tools
- Satisfying patient / client needs in a culturally appropriate way
KQMH integrates

- Develop / revise and disseminate clinical and public health standards and guidelines that are based on evidence

- Input > Process > Outcome:
  - Use of the Master Checklist
  - Application of QM principles

- Patients / clients are co-producers of health outcomes
- Promote community involvement and participation
- Respect patient rights and views

Evidence-based Medicine

Total Quality Management

Patient Partnership

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KQM integrates

Evidence-based Medicine

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with

Total Quality Management

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and

Patient Partnership

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Evidence-Based Medicine

Doing the right thing the right way:
• Using best available evidence on disease patterns, diagnosis and treatment
• Using Standards and Guidelines that are proven to be
  o effective
  o efficient
  o affordable
  o accepted
Evidence-based medicine

Example:

• Specific month of the year of highland malaria incidence in Kisii, requiring specific response

(shows that EBM can also change over time)
KQM integrates with 
Evidence-based Medicine

Total Quality Management

and

Patient Partnership

- Development / revision and dissemination of clinical and public health standards and guidelines that are evidence based
- Input > Process > Outcome: Use of the Checklists
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KQMH integrates (contd.)

- **Evidence-based medicine**
  - Development / revision and dissemination of clinical and public health standards and guidelines that are evidence-based

- **Total Quality Management**
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KQMH integrates (contd.)

Evidence-based Medicine

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KQM integrates (contd.)

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Patient Partnership

The patient is a co-producer of health, therefore good health can only be achieved by seeing the patient as a partner and as a subject, not only as a sick object

Example:
- Taking into account the patient’s view, needs, preferences (patient satisfaction surveys)
- Involving the community in planning
- Respecting patient rights
# KQMH Dimension

## STRUCTURE
1. Leadership-supervision
2. Human Resources
3. Policy; S&G
4. Facility
5. Supplies
6. Equipment
7. Transport
8. Referral
9. Records & HMIS
10. Financial Mgmt.

## PROCESS
11. Process:
   - Client–Provider–Interaction
   - Continuous QI
   - Programme Mgmt:
     - RH; Malaria, EPI, HIV / AIDS / TB; IMCI, Communicable diseases
     - Quality Improvement Teams

## OUTCOME
12. Results:
   - Users / clients satisfaction
   - Performance of facility and PHC programs
   - Staff satisfaction
   - Society satisfaction

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KQMH Standards

• KQMH outlines standards for each dimension of quality
• Quality improvement teams and units can use these standards to measure and evaluate their improvement
• Each standard is scored on a scale of 1 to 5
• These standards are contained in the *KQMH Implementation Guideline 2011*
An example of KQMH standards

Dimension

1. Leadership in Healthcare
   • Weighted Score: 1, 2, 3, 4, 5
Standard

1.1 Management and clinical meetings are held monthly
<table>
<thead>
<tr>
<th>Scoring Criteria</th>
<th>1: Very Poor</th>
<th>2: Poor</th>
<th>3: Average</th>
<th>4: Good</th>
<th>5: Very Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management and clinical meetings are not held at all.</td>
<td>Management and clinical meetings are held on irregular (ad hoc) basis.</td>
<td>Management and clinical meetings are held on a regular basis. Terms of Reference for meetings are not available.</td>
<td>Management and clinical meetings are held on a regular basis.</td>
<td>Management and clinical meetings are held on a regular basis. A quorum of key people is not present most of the time. Terms of Reference for meetings are available and known to members.</td>
<td>Management and clinical meetings are held on a regular basis. A quorum of key people is present at all sittings (apologies to be documented). Terms of Reference for meetings are available and known to members.</td>
</tr>
</tbody>
</table>
Standard

1.2 Leaders take ownership and recognize their role in Quality Management and Improvement
Scoring Criteria

1 – **Very poor**: No evidence of leaders commitment to quality management or improvement

2 – **Poor**: Leaders have not taken ownership of KQMH but approve activities that lead to quality management and improvement

3 – **Average**: Leaders take ownership of KQMH and it appears in the performance contract

4 – **Good**: Leaders take ownership of KQMH and it appears in the performance contract, efforts for quality improvement beyond KQMH are demonstrated

5 – **Very good**: KQMH is a key indicator in performance contract and the institution has been awarded for quality excellence
1.3 Leaders promote a quality culture of continuous improvement
Scoring Criteria

1 – **Very Poor:** Leaders do not promote quality improvement

2 – **Poor:** Leaders approve KQMH implementation activities

3 – **Average:** Leaders approve KQMH implementation activities and include quality management performance in the performance contract

4 – **Good:** Leaders approve KQMH implementation activities and include and strictly monitor quality management performance in the performance contract

5 – **Very Good:** Leaders approve KQMH implementation activities and include, strictly monitor and reward quality management performance in the performance contract
Standard

1.4 Leaders have established a Quality Assurance Unit
Scoring Criteria

1 – **Very poor:** Leaders have not established a quality assurance unit

2 – **Poor:** Leaders have not established a quality assurance unit but there is ongoing quality activities within the facility

3 – **Average:** Leaders have established a quality assurance unit

4 – **Good:** Leaders have established a quality assurance unit with adequate staffing level and resource allocation to achieve Annual Operation Plan (AOP) activities

5 – **Very Good:** Leaders have established a quality assurance unit with adequate staffing level, infrastructural and resource allocation to achieve AOP activities. The head of the unit is a member of the top management
KQMH principles

1. Systems approach to management
2. Process orientation
3. Leadership to provide guidance and motivation to quality improvement
4. Customer orientation (external and internal)
5. Involvement of people and stakeholders
6. Continuous quality improvement
7. Evidence-based decision making
1. Systems Approach

Identifying, understanding and managing interrelated steps and processes as a system contribute to the organization’s effectiveness and efficiency in achieving its objectives.
1. Systems approach

Example:

- Without providing supplies, measures to motivate staff may have no effect.
- Processes (adherence to guidelines) cannot be improved without availability of required inputs.
- Patient satisfaction survey results need to be linked to QI processes.
2. Process Orientation

- Addressing all steps required to achieve a desired result
- Managing activities and related resources as a process
2. Process orientation (contd.)

Example:

- Objective to reduce time spent at OPD (Entry – Registration – Examinations – Treatment – Discharge)
  i.e. think of the process and stations from the time client enters up to discharge

- Sterilisation:
  Think of the whole chain of sterilisation, packing, storage and movement of sterilised equipment
3. Leadership

Leadership is a process that provides guidance and motivation to improve quality care.

Leaders should—

• Create unity in the objective and the directions of the organization
• Maintain a team environment in which staff can become fully involved in achieving the organization’s objectives
• Demonstrate commitment to the organization
• Help to overcome workers natural resistance to change and to convince staff that quality is important
3. Leadership (contd.)

Qualities:

• Be a personal and professional example
• Motivate staff in a difficult work environment
• Have good communication skills
4. Customer Orientation

Organizations depend on their customers and therefore should—

- understand current and future needs
- meet customer requirements
- strive to exceed expectations
- build up a relationship and show commitment
- provide feedback, M&E
- display and communicate patients’ rights
4. Customer Orientation

Example:

• Assess the needs of customers
• Some female patients may prefer to be seen by a female health worker
• Be friendly and greet cheerfully, referring to patient’s names
5. Involvement of People

- People of all levels (staff, professionals and managers)
  - People are the essence of an organization
  - Their full involvement enables their abilities to be used for the organization’s benefit

- Other stakeholders
  - Co-ordination and co-operation
5. Involvement of people (contd.)

Example:

- Staff meetings help reveal problems that may otherwise not be known to the in-charges
- Involve community for outreach activities
6. Continuous Quality Improvement (CQI)

• Continuous improvement of the organization and its overall performance should be the permanent objective of the organization
6. CQI (contd.)

This is achieved through the 5S–Kaizen (CQI) approach.

Definition:

- **5S** - is to **improve working environment** and create foundation of quality, productivity and safety improvement.

- **Continuous Quality Improvement** (CQI) and whose entry point is the implementation of the 5S principles.

3 principles namely:

- **Step by Step, Little by Little**
- **Continuous**
- **Work Together**
CQI (contd.)

Example:

• Quality improvement teams to meet regularly to discuss and plan improvements
• Each health worker constantly tries to do their best every day
7. Evidence-Based Decision Making

Effective decisions are based on the analysis of data and information. Therefore, we need to—

• Ensure that data and information are available, sufficiently accurate and reliable
• Make data accessible to those who need it
• Analyze data by using valid methods
• Make decisions and take action based on facts balanced with experience and intuition
7. Evidence-based decision making

Example:

• Using records for planning outreach activities, buying supplies, etc.
• Using results from staff satisfaction survey for appropriate human resource management measures
Summary

KQMH

• Definition, Development, Review
• Components
• Dimensions
• Standards
• Principles

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Thank You