

Effects of Using Continuous Quality Improvement as a Tool for Inspiration on Rates of HIV and Malnutrition Amongst HIV-Exposed Infants in Rural Rwanda

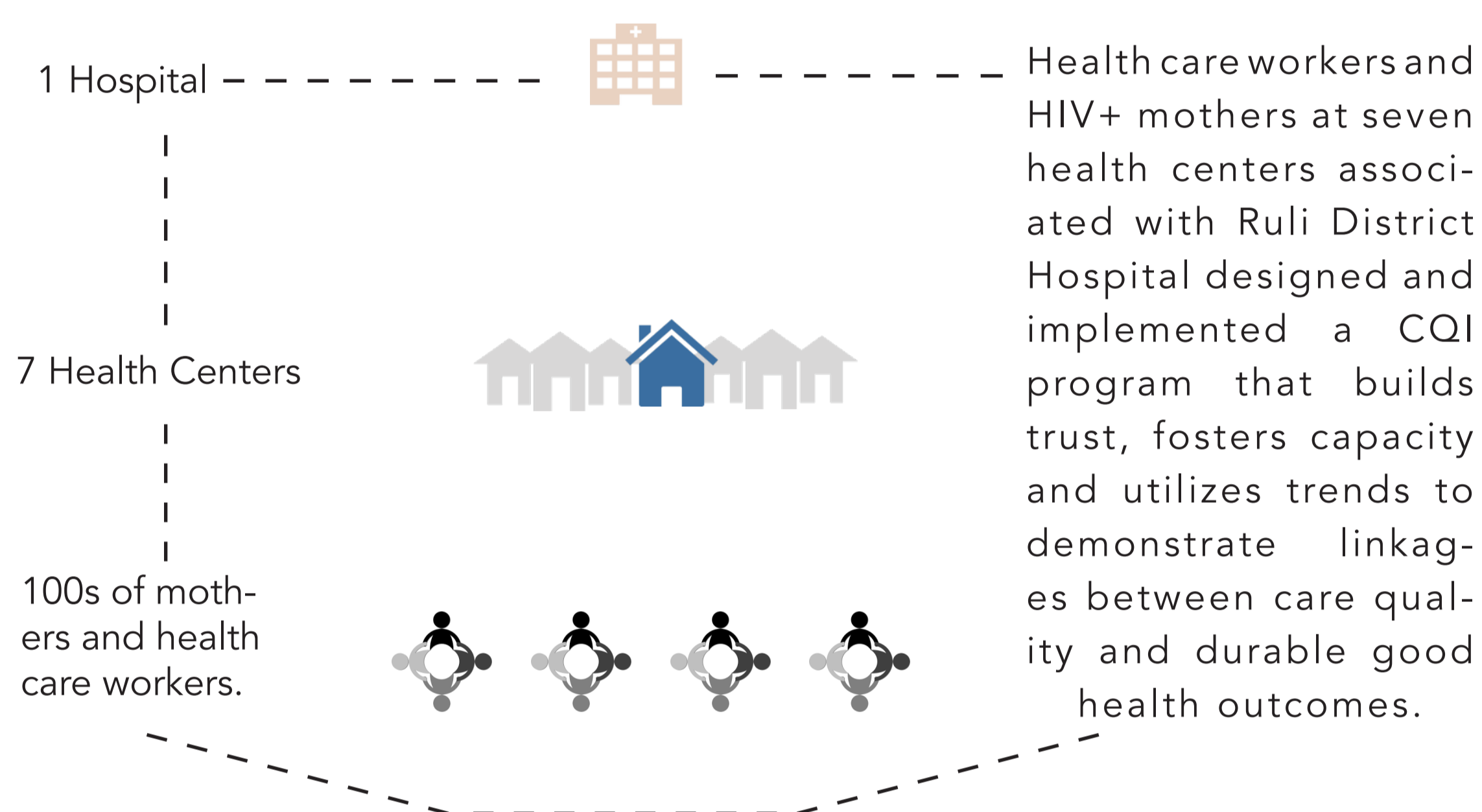
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BACKGROUND

Frontline health care workers are most effective when they feel valuedⁱ, capable^{ii, iii}, and optimistic about the future^{iv}. The Ihangane Project and Ruli District Hospital, serving 200,000 people in the Northern Province of Rwanda, created a Continuous Quality Improvement (CQI) program that promotes these principles amongst health care workers and HIV+ mothers as a key strategy to do the following:

- Increase adoption of Prevention of Mother To Child Transmission (PMTCT) protocols,
- Eliminate mother to child HIV transmission, and
- Dramatically decrease malnutrition amongst HIV-exposed infants.

OVERVIEW

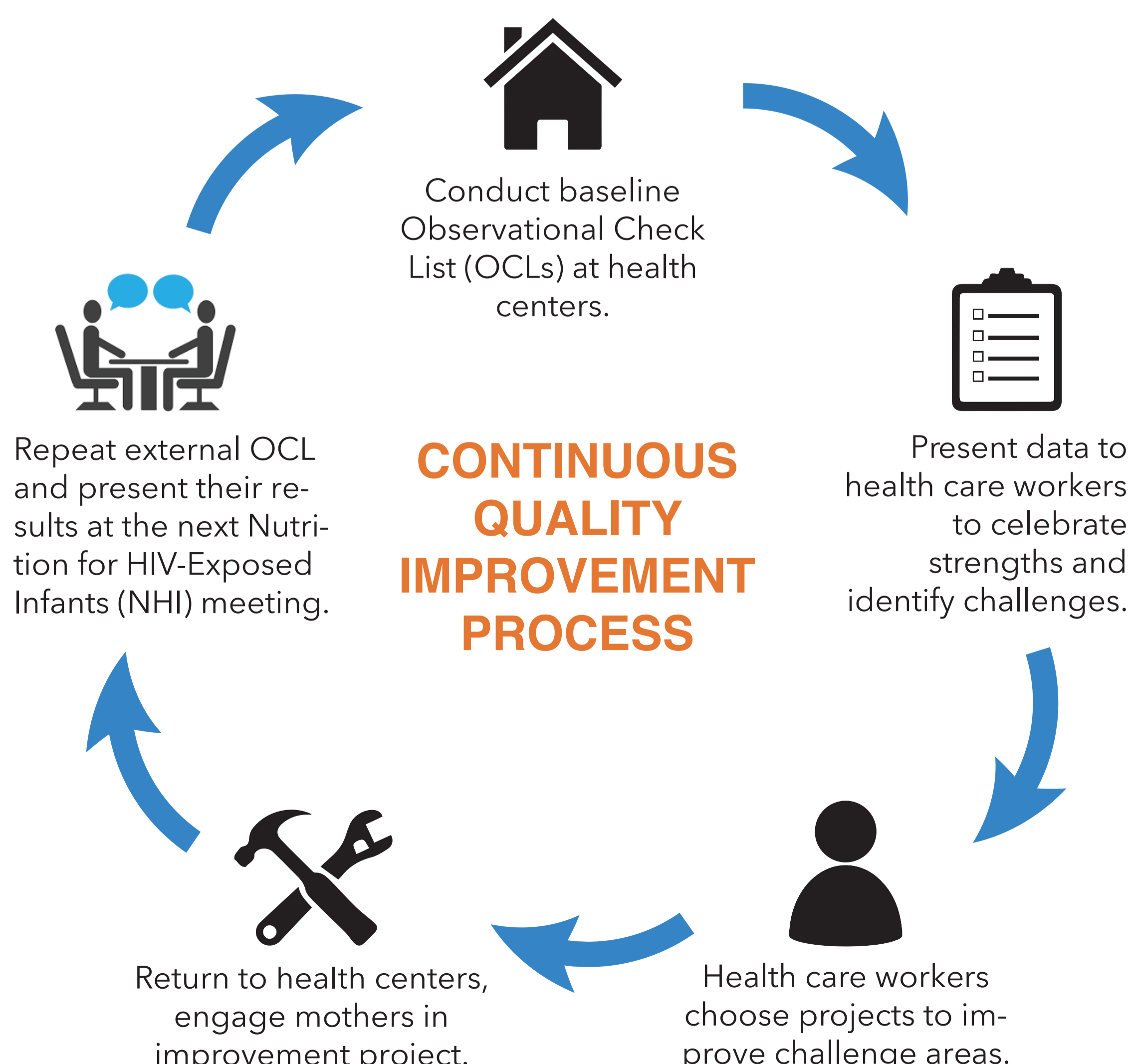


5 PILLARS OF CARE

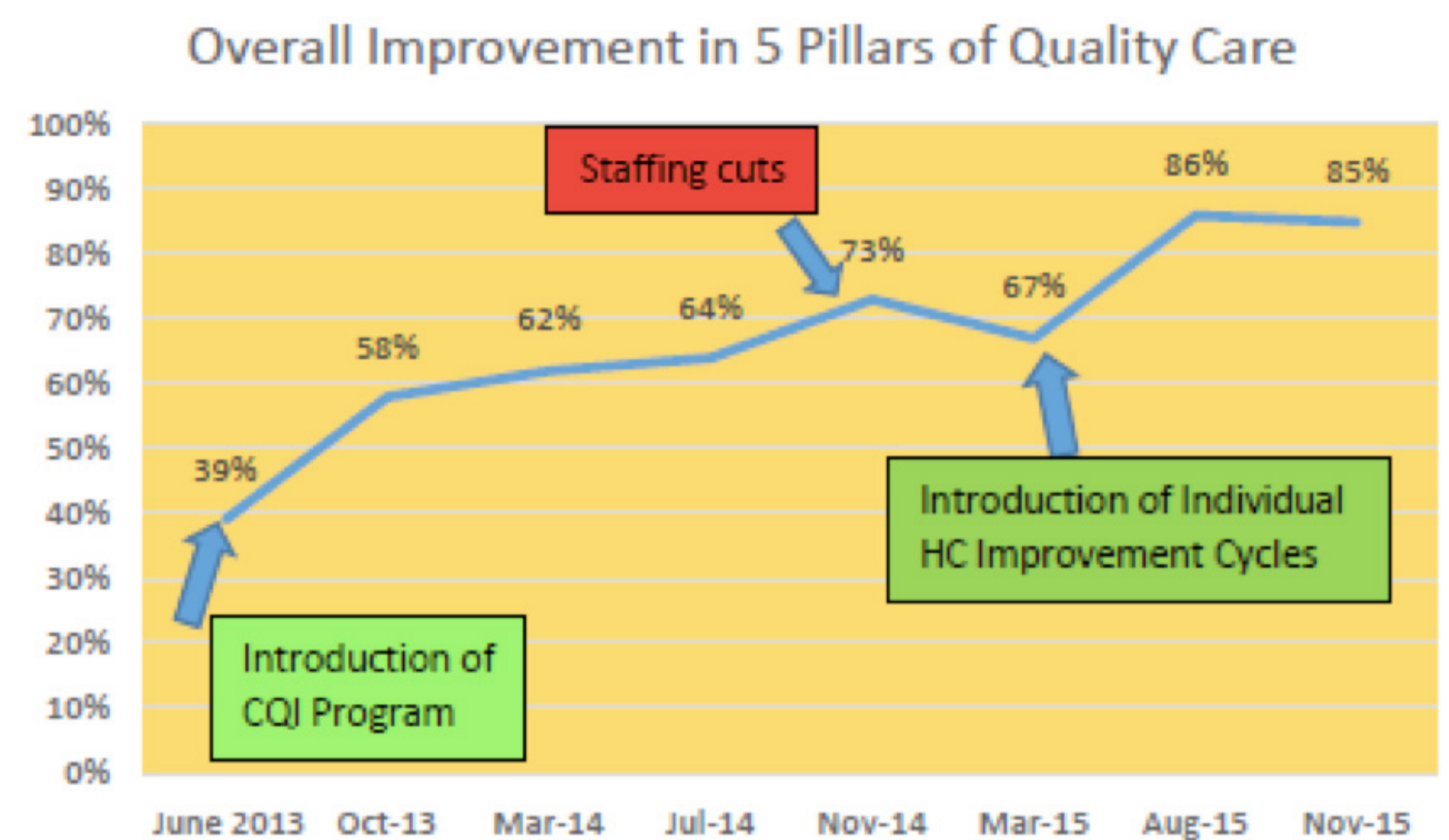


Pillars are assessed using an Observational Check List (OCL) every four months, followed by a collaborative meeting to review results. Health care workers identify areas of strength and weakness in current practices and consider interventions for improvement. In collaboration with HIV+ mothers, they design and implement improvements in their system of care.

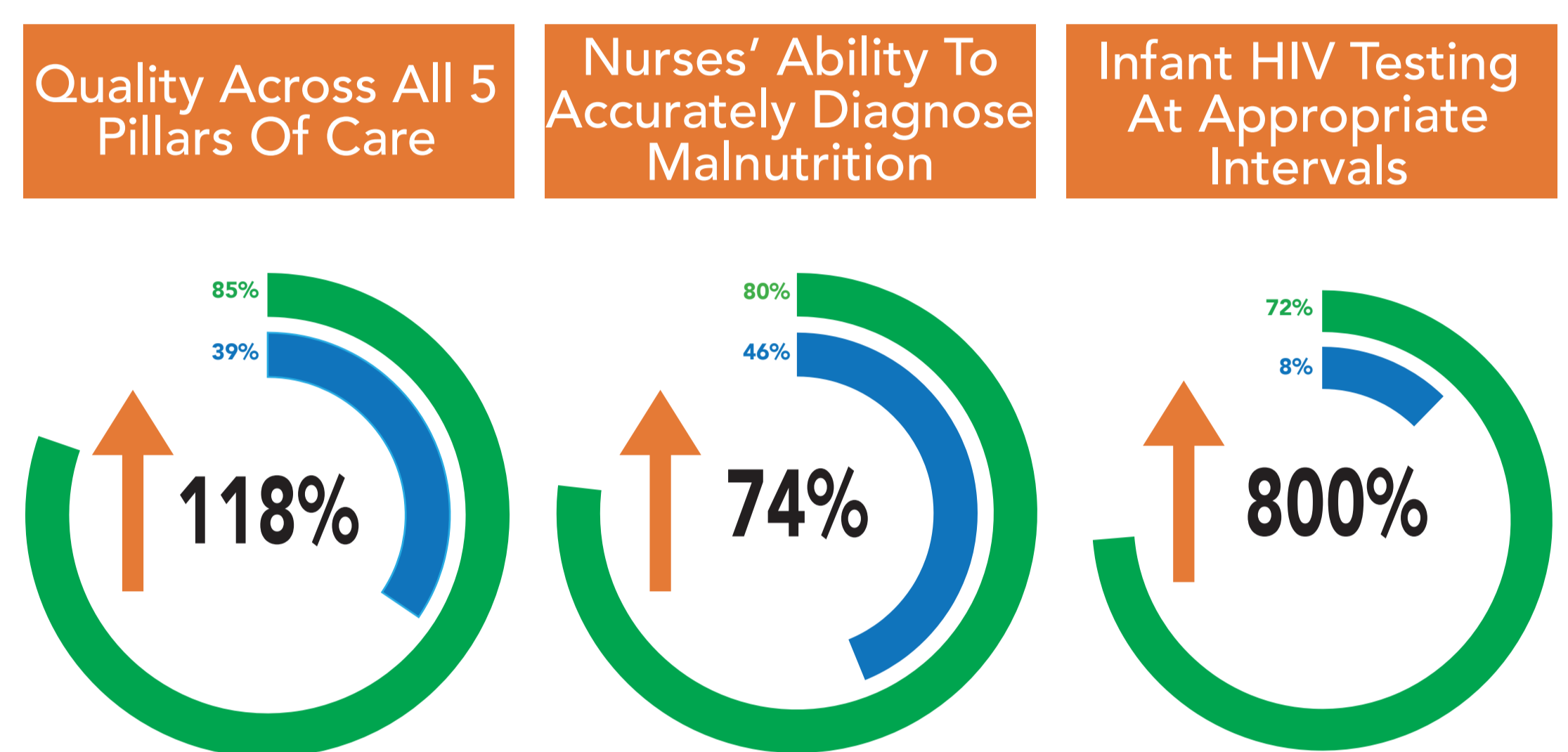
CQI PROCESS



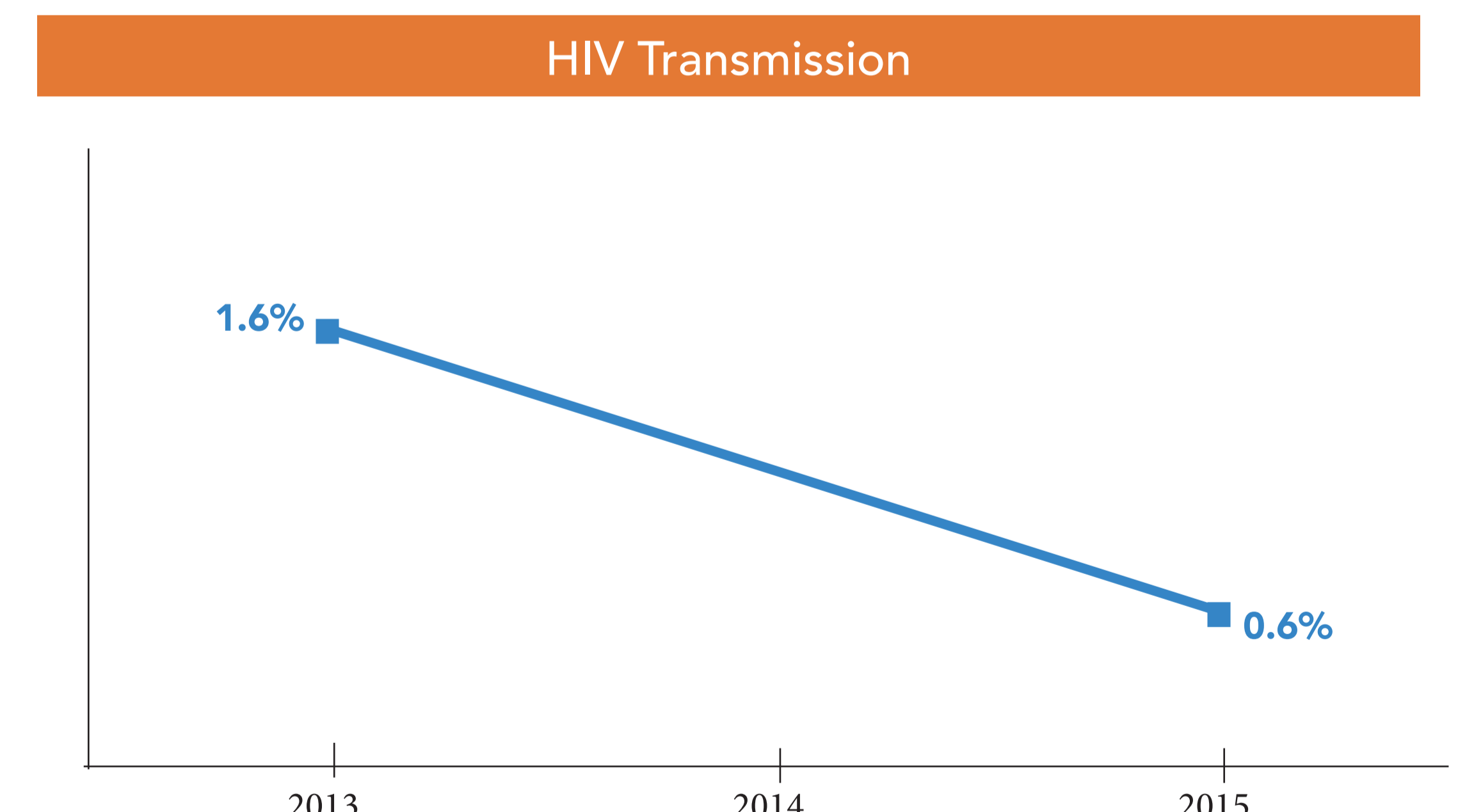
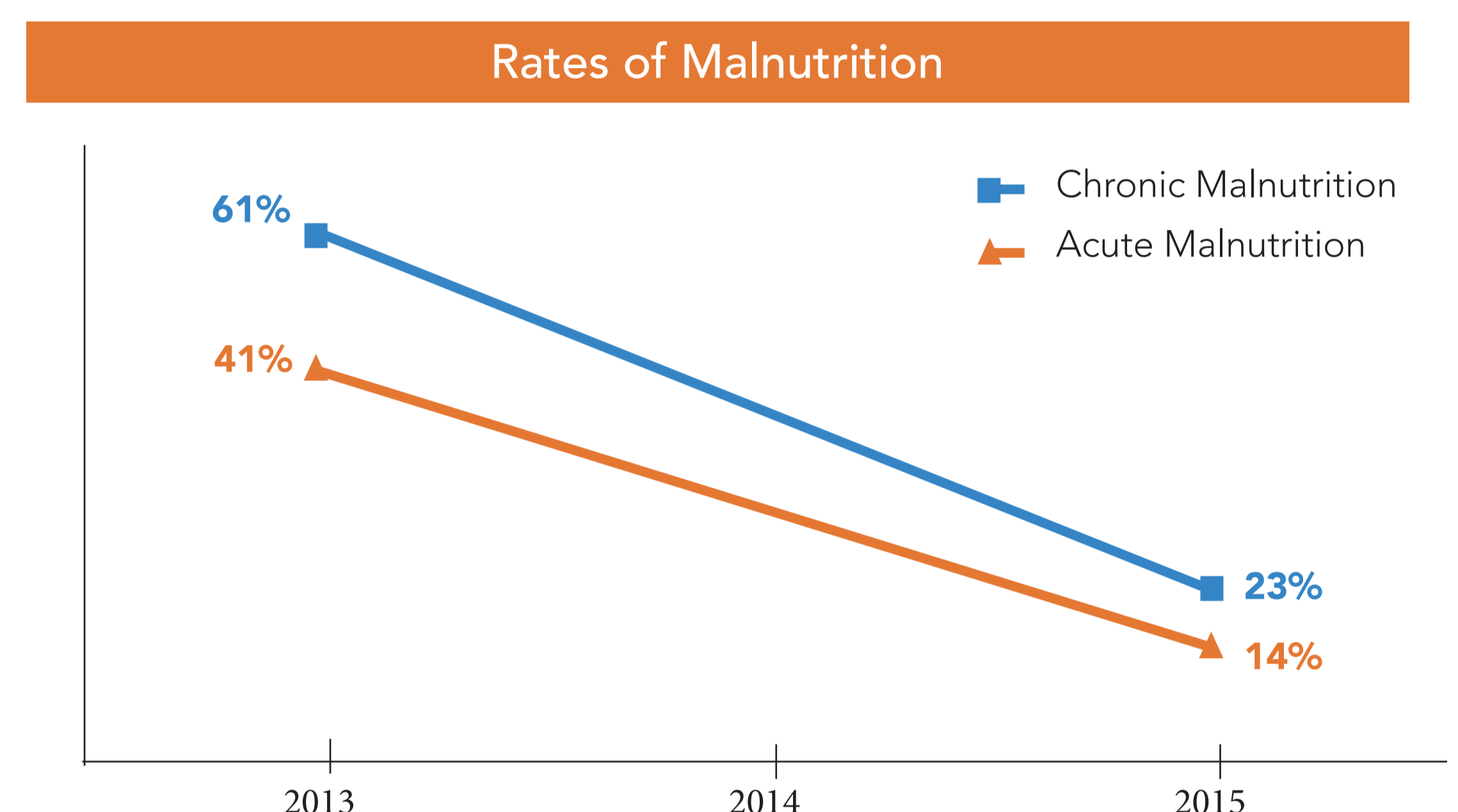
OVERALL IMPROVEMENT



QUALITY OF CARE RESULTS



IMPROVED HEALTH OUTCOMES



CONCLUSION

Good health outcomes are possible even in extremely resource-limited settings. A Continuous Quality Improvement program that enables health care workers and their patients to improve their systems of care and connects actions to good health outcomes is a cost effective approach to building effective and resilient health systems that can reach and sustain health goals.

Bibliography
 i. American Psychological Association & Harris Interactive, Workplace Survey, March 2012
 ii. Handley, A. Self-Efficacy and Delivery Service Provision among Community Health Workers: Lessons from Rural Ethiopia, Emory University's Electronic Thesis and Dissertation Repository (2011)
 iii. Wallerstein N (2006). What is the evidence on effectiveness of empowerment to improve health? Copenhagen, WHO Regional Office for Europe (Health Evidence Network Report 2006).
 iv. C. Campbell, K. Scott, C. Madenhire, C. Nyamukapa, and S. Gregson. Sources of motivation and frustration among health care workers administering anti-retroviral treatment for HIV in rural Zimbabwe. AIDS Care. 2011 Jul; 23(7): 797-802.