



**Elizabeth Glaser
Pediatric AIDS
Foundation**

*Until no
child has
AIDS.*

PROVISION OF TECHNICAL ASSISTANCE TO THE DEVELOPMENT AND IMPLEMENTATION OF NATIONAL QUALITY IMPROVEMENT/QUALITY MANAGEMENT COACH CERTIFICATION PROCESSES AND STANDARDS

CIF CHILDREN'S
INVESTMENT FUND
FOUNDATION



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ACRONYM LIST

CDC	United States Centres for Disease Control and Prevention
CIFF	Children’s Investment Fund Foundation
DFP	District Focal Person
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
MOHCC	Ministry of Health and Child Care
OA	Organizational Assessment
PDSA	Plan-Do-Study-Act
PEPFAR	President’s Emergency Plan for AIDS Relief
PM	Performance Measurement
PMTCT	Prevention of Mother-to-Child Transmission
TA	Technical Assistance
TWG	Technical Working Group
QA	Quality Assurance
QI	Quality Improvement
QM	Quality Management
USAID	United States Agency for International Development

1. INTRODUCTION

Through funding from the Children’s Investment Fund Foundation (CIFF), the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) has been supporting the Zimbabwe Ministry of Health and Child Care (MOHCC) to roll-out the HIV and AIDS Quality Improvement/Quality Management (QI/QM) program since 2013.

In 2013 and 2014, EGPAF supported the development of the Quality Assurance and Quality Improvement (QA/QI) Policy, National QA/QI Strategy, QI guide and the adaptation of QI coaches and implementers training materials. EGPAF has cumulatively supported implementation of QI activities in 192 prevention of mother-to-child transmission (PMTCT) of HIV sites since 2012. In 2015, EGPAF was the QI partner supporting the national QI program in President’s Emergency Plan for AIDS Relief (PEPFAR) expansion districts under complementary United States Government Centers for Disease Control (CDC) and United States Agency for International Development (USAID)-funded projects.

The MOHCC is using a two-pillar QI/QM model of QI and performance measurement (PM). The QI/QM program pillars are buttressed by the three strategies of peer learning, consumer involvement and coaching and mentoring as shown in Figure 1.



Figure 1. Zimbabwe MOHCC QI/QM model

In this new Zimbabwe cost extension phase, EGPAF-CIFF funding will be used to support a QI-focused program with an aim to sustain the gains made in the PMTCT program over the past five years. To this end, EGPAF has newly rehired 13 former district focal persons (DFPs) to support the 26 districts that will be covered under this cost extension. The DFPs have been rehired as “Quality Improvement District Focal Persons” (QI DFPs). Their duties will include supporting implementation of district- and facility-level QI initiatives according to the national QI model. They will support the development and implementation of all the components of QI including performance measurement, coaching and mentoring health facility staff in QI planning and implementation, and they will also facilitate peer learning and consumer involvement. In order for these QI DFPs to execute this mandate effectively, the MOHCC designed a QI coaches’ certification process based on international standards applied in other regional countries. During these first months of implementation of the cost extension program, EGPAF facilitated the training and basic level certification of the 13 QI DFPs in QI coaching and mentoring, in collaboration with the MOHCC. This milestone report provides an update on the

provision of TA to national trainings and certification of QI/QM trainers/coaches (including DFPs). Included in this document are the QI/QM training agenda, draft minimum certification standards, and post-training report.

2. THE QI COACHING CERTIFICATION PROCESS

The Zimbabwe MOHCC QI coaching certification course is based on a set of standard competencies that would make a certified coach able to effectively undertake QI coaching and improve the competency of health facility staff in QI implementation. The QI coaches' certification process being piloted has three phases. The total certification process can take up to six months, depending on the baseline skills with which the coaches begin, the speed and breadth of QI implementation that exposes the coaches to different coaching environments, and the support provided to the coaches while in the field.

A. PHASE 1: ATTAINMENT OF BASIC QI KNOWLEDGE

This component includes demonstration of the following competencies:

- Basic knowledge of QI theory;
- Basic experience with implementation of QI;
- Coaching skills in practice with an emphasis on the ability to competently support the following minimum QI programming elements:
 - Conducting an organizational assessment (OA)
 - Developing a quality management plan and associated work plan
 - Interpreting performance data from a report to set priorities for site-level improvement
 - Applying basic QI problem analysis tools to identify root causes for common service level problems in practice
 - Problem-solving skills, such as using a plan-do-study-act (PDSA) cycle, and completing an improvement project memo
 - Developing a schedule for coaching activities
 - Developing a coaching plan specific to one facility that incorporates a work plan with action steps; and
- Ability to appropriately and systematically involve consumers in care processes including training of health workers on how to operationalize different client feedback mechanisms.

This phase can be achieved through didactic training, with some practical components. The current curriculum is organised into a full-time three-day workshop with at least nine hours reserved for practical work. Passing a post-test administered at the end of the workshop is a precondition for proceeding to the next phase.

B. PHASE 2: DEMONSTRATION OF QI COACHING SKILLS

Fulfilment of this stage requires the QI coach to be observed by an external evaluator as he or she conducts QI coaching activities with their site and district teams. The evaluator should be a more QI-experienced colleague. EGPAF technical staff and MOHCC national-level QI coaches have begun conducting the evaluations of the QI DFPs during scheduled quarterly field visits to the districts where they directly observe and support the QI coaches. The following competencies are assessed during this process:

- Quality management practice, particularly focussing on the following abilities:
 - Conduct an OA, give feedback and use the output to identify improvement opportunities, establish priorities and construct a work plan to address gaps
 - Build effective QI/QM teams which include leadership personnel
 - Review the facility QM and work plans
 - Review consumer involvement plans and activities

- Review the progress of QI projects including providing support to the health facility staff in writing up their successful QI efforts
- The process of coaching, particularly focusing on the following abilities:
 - Manage time/work efficiently
 - Review QI plans
 - Conduct a coaching site visit using available and appropriate PM data, and the ability to review data quality and recommend strategies to improve data systems and data quality
 - Develop real patient flow maps using the different taught techniques e.g. patient shadowing, and to use different problem solving tools
 - Support the QI committee
 - Conduct focused QI training for small groups
 - Communicate using all the available platforms and means
 - Promote sustainability of QM program

In addition, to successfully complete this stage the coach will be expected to:

- Create shared learning opportunities between facilities and districts to enhance modelling and replication of best practices;
- Develop and support a provincial QI learning network;
- Support facilitation of provincial QM/QI didactic trainings; and
- Serve as resource person to attend to consultations on QM issues in the province.

C. PHASE 3: POST-CERTIFICATION AND RE-CERTIFICATION

Post-certification activities focus on continuing education and are an important component of coaching activities. This stage in the national program is yet to be finalized although broad consensus exists among the MOHCC structures (the AIDS and TB Unit and the Department of Quality Assurance and Quality Improvement), the QI implementing partners such as EGPAF, and other stakeholders who participate in the National QI Technical Working Group. These different stakeholders are currently working to finalize the following:

- Reasonable and sufficient criteria to assure that the coaches are current with important changes in the field.
- Post-certification time and format requirements, with the consideration that this should not take too much time and/or distract the coaches from the coaching practice.
- A formal process for re-certification of QI coaches, likely at three year intervals, to maintain the adequacy and currency of skills in all aspects. Such a process should include a review of the performance of the coach.

2. PROGRESS IN THE IMPLEMENTATION OF THE QI COACH CERTIFICATION PROCESS AND STANDARDS

A. PHASE 1: TRAINING

Phase 1 of the QI coaches training and certification course was conducted during the month of November 2015, and all 13 DFPs under this project have now completed the first stage of the QI coach certification process. The training agenda and training report are provided in Annexes 2 and 3. The QI DFPs were deployed in their respective districts by the MOHCC National QI Advisor, as they are seconded and stationed in the MOHCC at district level. The QI DFPs have already commenced QI coaching with health facilities in the districts.

B. PHASE 2: EVALUATIONS

The Phase 2 evaluations for all the 13 QI DFPs are scheduled to take place during the next two quarters, from January to June 2015. EGPAF country office technical staff along with the MOHCC national team of evaluators and two senior and experienced QI DFP Coordinators will conduct the QI coaches' evaluations. The national-level team will visit each coach at least once per quarter to observe their growth in coaching skills until the set standard is achieved. A virtual support platform was set up for the QI coaches to receive ongoing support in QI coaching. When the coaches conduct coaching visits they send in coaching reports, reviewed QI plans and implementation reports through email. These reports are assessed by EGPAF and national-level QI staff, corrections are made and communicated to the QI DFPs by phone, who then work with their teams to incorporate the input. In addition, the QI DFPs have continual access to the national level and EGPAF QI resource persons through the same means, to call in with any queries for resolution of issues in real time.

3. NEXT STEPS

The next steps in the QI coach certification process, which are already underway, are as follows:

- QI DFPs to develop work plans for November to December 2015 and share the plans with EGPAF;
- QI DFPs to support data abstraction and compilation of site performance measurement reports for the two preceding periods of July to December 2014 and January to June 2015; and
- QI trainings for healthcare workers working in sites that were previously trained in PM. Prior to support from EGPAF, the National QI program had trained 83 sites in PM for QI, and only 35 in actual QI programming and implementation. These sites were trained prior to the PEPFAR yield and prioritization process hence located throughout the country. Approximately 30 of these sites are located in the CIFF-supported districts. Resources for training some of these sites in Mashonaland Central have been mobilized through the Global Fund.

A. Coaching Certification Introduction

Coaching for quality improvement (QI) is a key component of the Zimbabwe national Quality Management Program, and for the deployment of any large-scale improvement initiative. Coaching is the primary strategy through which the national Quality Management Program develops, enhances, and refines systems at site level to improve healthcare processes and outcomes.

Trained and certified QI coaches help build national capacity for QI/QM by assisting facilities with QI implementation and extending the reach of the national program. Coaches are also integral to facilitation of local sharing and peer learning by connecting healthcare providers around common challenges and successes identified during coaching interactions. Successful coaching helps accelerate the spread of sustainable improvements and helps to maximize resources. To address sustainability issues due to staff turnover, coaching competencies should also be integrated into job duties of staff supporting the national program through implementing partner agencies and other technical working group (TWG) members as appropriate.

Although many healthcare professionals possess skills that correspond to specific components required for QI coaches, most lack the full set of tools and knowledge to be fully competent QI coaches. To develop accountability for the process of QI coaching and the competency of staff assuming this role, certification is a useful process that safeguards integrity of the national program, assuring that goals and objectives are being promoted with fidelity. The certification criteria can also be used as part of a process to identify and recruit coaches.

Key factors of successful coaching strategies have been identified in other countries implementing QI/QM, and provide the foundation for the coaching certification program. These include:

- A systematic approach to all aspects of coaching – planning, training, implementing, and sustaining;
- Coaches with knowledge of QI theory and with QI implementation experience;
- Ongoing reinforcement of the coaching role through leadership support, simple tools, feedback and observable use of the information gained during coaching interactions; and
- Opportunities for peer exchange among coaches to discuss implementation successes and challenges, with the support of the national program.

The QI coaching certification program aims to build individual capacity for coaching and to expand the team of skilled QI coaches for the Zimbabwe national Quality Management Program. Upon completion of the certification process, certified QI coaches will be prepared to:

- Conduct coaching site visits at healthcare facilities and to assist QI teams with implementing continuous improvement efforts and building sustainable quality management programs;
- Help healthcare providers understand performance measurement data and how to interpret it to set priorities for improving their systems of care;
- Conduct quality management organizational assessments (OAs) and develop recommendations for facilities to strengthen their quality management programs;
- Guide site teams to develop a quality management plan and work plan with clear action steps;
- Facilitate the ability of teams to fully document and share their QI experiences;
- Guide site teams to engage consumers and promote consumer involvement in quality;

- Plan and deliver QI trainings to new facilities and new coaches as the national program expands; and
- Document the coaching process and describe their interventions to support facilities.

B. Key Elements for Certification

Phase 1: Training

1) Basic Knowledge of QI Theory

Coaches will have completed the basic Zimbabwe QI training and demonstrated proficiency through their post-test scores, having attained a minimum score of *TBD*. The basic topical areas covered include QI methods, process investigation and performance measurement.

2) Basic Experience with QI Implementation

Coaches will have demonstrated experience through participation on a QI team and conducting a QI project, completing at least one project that has been fully documented. Coaches will be able to demonstrate that they can use the tools of process investigation in systems investigation, use performance data for improving care, and can apply improvement methods. Coaches will demonstrate their capability to facilitate team discussions. Coaches will also be able to demonstrate their understanding of the methods of assessing patient experience and to foster involvement of consumers in the processes of improvement.

3) Building Coaching Skills in Practice

The following skills will be demonstrated in practice or through experience to demonstrate proficiency, possibly requiring practice with an experienced coach or mentor:

- Conducting an organizational assessment
- Developing a quality management plan and associated work plan
- Interpreting performance data from a report to set priorities for site-level improvement
- Applying basic QI tools in practice
- Problem-solving, such as using a PDSA cycle, and completing an improvement project memo
- Developing a schedule for coaching activities
- Developing a coaching plan specific to one facility that incorporates a work plan with action steps

4) Consumer Involvement

Coaches should demonstrate a full understanding of involving consumer in QI activities, including how to engage consumers in priority setting and to participate in QI teams. Knowledge of recruitment methods and training of both staff and consumers about consumer involvement should be evident, as should knowledge of to evaluate this aspect of the quality management program in accordance with the organizational assessment.

Phase 2: Observation of Coaching Skills

The process of coaching involves the functions of planning, implementation and reporting. Each of these functions should be observed and certified, reflecting how the coach applies knowledge of QI in practice.

1) Quality Management Practice. These technical skill-based activities should be observed with a QI mentor and certified:

- Developing a supportive relationship with the facility team, including leadership personnel, and helping to foster a culture of quality at the facility, underscoring the importance of improving care rather than adopting a punitive attitude.

- Conducting a coaching site visit using PM data, local run charts, (or using other local sources, e.g. EPMS) to review facility performance data and help define action steps based on analysis of results. As part of this process, the coach should also review data quality and recommend improvement strategies to improve data systems and data quality.
- Developing a patient flow map.
- Conducting an organizational assessment and giving feedback. Establishing priorities and constructing a work plan to address gaps and identify improvement opportunities.
- Documenting QI activities and processes in the clinic: review of supporting documentation with recommendations for record keeping, e.g., documentation of organization and minute's format, including review of QI project template documentation.
- Reviewing the facility QM plan and work plan.
- Reviewing the progress in the implementation and execution of QI projects, including data analysis and interpretation, priority setting, facilitating development of skills leading to robust process improvement of causal analysis (quantitative) including providing support to the health facility staff in writing up their successful QI efforts.
- Reviewing consumer involvement plan and activities.

2) The Process of Coaching

- Time/work management: Coaches often have many sites in various parts of a country. Scheduling of visits can be complicated by availability of providers and transportation. Coaches need to be able to plan ahead, confirm visits well in advance, track their cycle of visits due, and pay attention to triage when sites have critical immediate needs and require follow-up. Efficiency of work based on available resources should be considered in terms of setting priorities. A formal coaching plan should be developed that addresses priorities and a system for tracking the process of implementation of their facilities.
- Coaching plan: The coach is able to develop a facility-specific coaching plan which shows the ability of the coach to judge how often a specific site needs coaching, and how to prioritize content areas for visits in addition to gathering information that would be responsive to facility priorities and needs at a given time.
- Team-building and committee support: Support to the quality management committee or team. The coach shows the ability to provide technical support in areas such as QM planning, organizing for performance measurement and assessment of gaps. The coach provides feedback to teams, supporting them and guiding the focus to improve systems of health care delivery, offering feedback, as needed, on how to conduct meetings.
- Training: Provides training and mentoring to enhance team effectiveness as needed.
- Communication skills: Perform regular communication with the facility staff and leaders via email, telephone and other available information communication technologies (ICT).
- Sustainability of QM program: The coach should demonstrate the ability to help the facility plan ahead to diminish reliance upon external coaching support and for sustainability in spite of staff turnover or other external changes.

3) Reporting

The coach is able to maintain a record of their coaching activities including detail about their interventions with the facilities.

The QI coach is expected to provide guidance to the quality of care and services within a regional jurisdiction or district, possibly shared among a group of coaches. Activities described in this section include those occurring among multiple providers, regional QI groups or learning networks, as well as coordination between government officials and providers.

The coach will be expected to:

- Create shared learning opportunities between facilities and districts to enhance modeling and replication of best practices.
- Support and plan a regional QI learning network
 - (Please note that resources for regional groups were developed by HealthQual-US and updated by NQC and can be adapted as desired).
- Support facilitation of region based QM didactic trainings.
- Serve as resource person to attend to consultations on QM issues in the region.
- Have access to regional data reports and work with regional officials to identify priorities for improvement within the jurisdiction.

Phase 3: Post-Certification and Re-Certification

Post-certification activities focusing on continuing education should be an important component of coaching activities and considered in the recertification process. Given the time requirements of coaching, these criteria should be reasonable and sufficient to assure that the coach is current with important changes in the field.

A formal process for recertification of QI coaches is important to maintain the adequacy and currency of skills in areas that include, but are not limited to, QI methods, national policies and health sector data. A review of the performance of the coach should be included in the re-certification process to flag any areas of concern that have occurred during the period. Recertification should occur within a three year timeframe.

Coaches should be able to document successfully completed improvement work, showing results and outcomes as well as the tools utilized and process steps.

These criteria should be decided upon by the national team and involve the coaching team.

C. Tools

Coaches should be familiar with each of these tools and demonstrate their ability to use them as part of the coaching process:

Master QI Tools
Facility-level QI project template
Process mapping flow chart
Root cause analysis (fishbone)
Decision matrix
Pareto principle
QI project documentation*
Master QM Tools
National QM guidelines/strategy
Facility-level OA tool
Facility QM plan and work plan using format provided
Master Coaching Tools
Coaching toolkit
Site visit documentation
QI Coaching Facilitation Tool

Master PM Tools
Data collection tool
Indicator guide
Run charts
Facility-level reports
Reporting of reports to region/national levels
Data action plan (data use)
Special Tools TBD

*Still under discussion. Final format of tool yet to be finalized.

ANNEX 2: AGENDA FOR QI COACHES CERTIFICATION



QUALITY IMPROVEMENT AND COACHING WORKSHOP AGENDA

NOVEMBER 10-12, 2015

Time	Activity	Presenter/Facilitator
Day 1		
8:00- 08:30	Registration	
8:15- 8:30	Welcome and Introductions	Dr Khabo (MOHCC)
8:30-9:00	Workshop Rationale and Objectives	Dr B R Mutede
9:30 – 10:30	HIV QI Update + Background to QI Projects 2015-18	Dr B B Khabo (MOHCC) and Blessing (EGPAF)
	Deployment of QI Focal Persons	Blessing and Cres (EGPAF Team)
10:30- 11:00	Tea	
11:00 – 11:30	Quality Improvement Model	Ms Michelle Geis (HealthQual)
11:30- 1300	The Principles of QI + The Five Steps for Implementing QI	Ms Michelle Geis (HealthQual)
	Lunch	
14:00 – 17:00	QI Coaching support visit- Chitungwiza Central	Michelle Geis and 10 participants (HealthQual & MOHCC)
14:00-17:00	QI implementation: Minimum deliverables Performance measurement review: Class practical	Blessing, Cephas (EGPAF) and the remainder of the participants

Day 2		
8:30 – 8:45	Recap of Day 1	
8:45 – 10:00	QI Indicators and Overview of Performance Measurement	Dr B B Khabo (MOHCC)/ Mr C Muchuchuti (EGPAF)
10:00 – 10:30	Performance Measurement – the Microsoft Access Database	Dr B B Khabo/ Mr C Muchuchuti
10:30 – 11:00	Tea Break	
11:00 – 13:00	Performance Measurement – the Microsoft Access Database continued	Dr B B Khabo (MOHCC)/ Mr C Muchuchuti (EGPAF)
13:00 – 14:00	Lunch	

14:00 – 17:00	QI Coaching support visit- Beatrice Road Infectious Disease Hospital	
14:00-17:00	QI implementation: Minimum deliverables Performance measurement review: Class practical	Blessing, Cephas (EGPAF) and the remainder of the participants

Day 3		
08: 00- 8:30	Recap	Dr B B Khabo (MOHCC)
0830- 0945	Quality Management Program The Organizational Assessment	Ms Michelle Geis (HealthQual)
9:45 – 10:30	Documenting QI Coaching	Ms Michelle Geis (HealthQual)
10:30 – 11:00	Tea Break	
11:00 – 1200	Documenting a QI project- the PDSA Cycle	Dr B B Khabo (MOHCC)
1200-1300	Reporting requirements	Dr B B Khabo (MOHCC)
1:00 – 2:00	Lunch	
14:00 –17:00	QI Coaching support visit- Mufakose Polyclinic	Ms Michelle Geis (HealthQual)
14:00-17:00	QI implementation: Minimum deliverables Performance measurement review: Class practical	Blessing, Cephas (EGPAF) and the remainder of the participants

ANNEX 3: QI COACHES CERTIFICATION TRAINING REPORT

QI COACHES CERTIFICATION AND ORIENTATION SUMMARY (TECHNICAL REPORT)

Dates (Training Days):	10 to 12 November 2015
Venue:	Ambassador Hotel and EGPAF Board Room, Harare
Coaches Oriented:	28 coaches and 2 QI DFPs Coordinators were oriented
Responsible:	Michelle Geis (HealthQual Consultant) Blessing Mutede (EGPAF) Dr. Bekezela Bobby Khabo (MOHCC)

The training covered the following aspects:

QI Programming and Implementation

The coaches were fully oriented and appraised on QI programming and implementation. The following components and tools were covered:

- a. Performance Measurement for QI
 - QI indicators (indicator document shared)
 - HIVQUAL Database ver. 1.31
 - Instructions on use of HIVQUAL Database
 - PM data abstraction process and tools
- b. QI training and coaching
 - QI training based on HealthQual training material (86 slide presentation)
 - QI coaching toolkit
- c. QI Documentation and reporting tools
 - QI Projects form
 - QI Coaching visit summary template

QI Documentation and Reporting

The coaches were oriented on the following deliverables and tools, which are due from each coach at the timeframes indicated:

Deliverable	Frequency
QI activity summary (includes PM and QI activities update)	Monthly
QI project reporting form	Every three months as follows: At project start, after three months and at the end of the project
District QI progress report	Quarterly
Performance measurement report	Every six months
QI coaching summary	After every coaching visit
Organizational Assessment summaries	After each organizational assessment. Each site is expected to have two OAs per year.

Success stories (narrative reports as well as QI storyboards)	At least one per quarter
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The coaches were oriented on maintaining the following minimum facility-level documentation, which should be available and accessible to inspection and support teams at the QI site:

- a. Copies of QI coaching summaries
- b. Filed, current QI plans according to the taught material, using QI project reporting format
- c. Copies of QI meeting minutes
- d. Copies of performance measurement reports submitted
- e. Copies of the OA summary for OAs conducted at the site

The team was encouraged to create QI corners to showcase their QI work. These corners should at a minimum have the following displayed:

- a. QI graphs showing progress in the indicators for the service delivery areas the sites will be working on
- b. Summarized QI plans
- c. Pictures (before and after)

QI Resource Materials and Persons

The following coaching resource materials were discussed and provided to the coaches:

- National HIV QI Guide
- Coaching Toolkit
- Zimbabwe QA and QI Policy
- Zimbabwe QA and QI Strategy
- HIVQUAL Workbook
- QI training slides (86 slides)