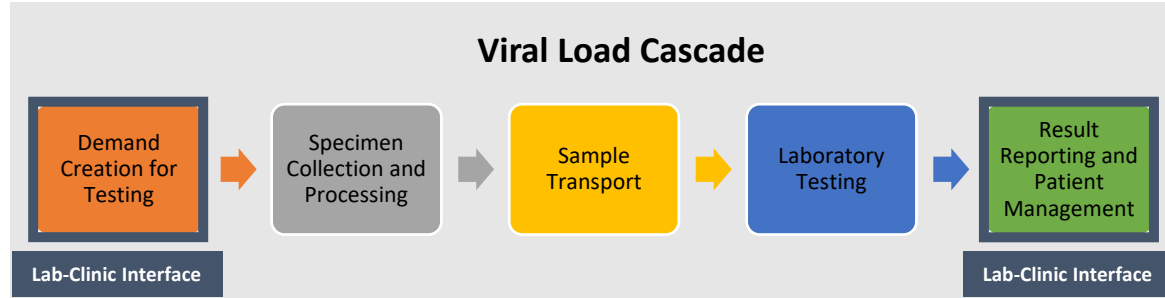




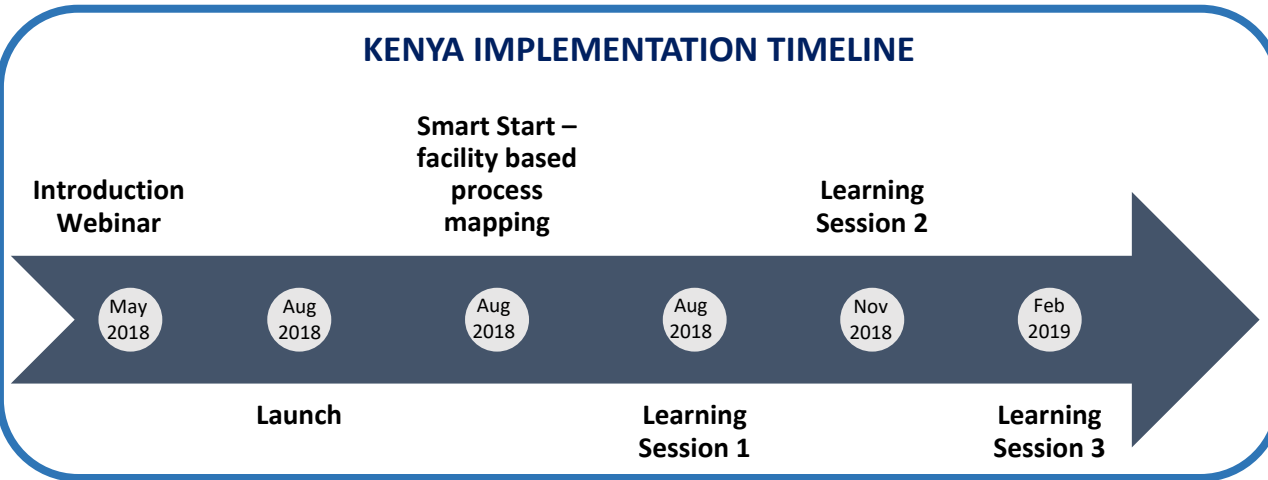
LARC: Enhancing Service Integration Through A Quality Improvement Collaborative

PURPOSE

- To strengthen the viral load cascade to achieve better patient result (i.e., viral load suppression)
- To improve institutional capacity and inter-cadre effectiveness through team work and continuous quality improvement (QI) approaches



KENYA IMPLEMENTATION TIMELINE



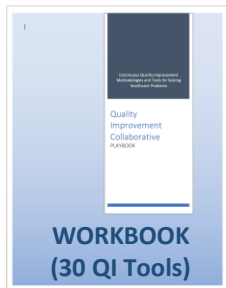
Additional Tools and Resources for Skill Development

On-Line Learning

One-year subscription to 32 IHI Open School courses

Mandatory Courses (Pre-Requisites)

- QI 101: Introduction to Health Care Improvement
- QI 102: How to Improve with the Model of Improvement
- QI 103: Testing and Measuring Changes with PDSA Cycles
- QI 104: Integrating data: Run Charts, Control Charts, etc.
- QI 105: Leading Quality Improvement
- QI 201: Planning for Spread, From Local Improvement to System-wide Change
- L 101: Introduction to Health Care Leadership



WORKBOOK
(30 QI Tools)

KENYA IMPLEMENTATION TWO MODELS

Model A – Direct Assistance

- UMB (Nairobi Area):**
 - Embakasi Health Center
 - Maragua Sub County Hospital
 - Baraka Dispensary
 - Riruta Health Center
 - Thika Level 5 Hospital

Model B – Remote Assistance

- FHI 360 (Rift Valley):**
 - Bahati Sub County Hospital
 - Rongai Health Center
- Amref Health Africa (Easter/Coastal):**
 - Makindu Sub County Hospital
 - Moi Voi County Reference Hospital
- GIS (Western):**
 - Ahero County Hospital
 - Alupe Sub-County Hospital
 - Bungoma County Referral Hospital
 - Homabay County Referral Hospital
 - Kakamega County Referral Hospital
 - Siaya County Hospital
 - St. Joseph Ombo Mission Hospital
 - Vihiga County Referral Hospital

Framework and Methodology

Faculty Biography

The DMAIC Framework

A Quality Improvement Framework to address complex problems or improve any process

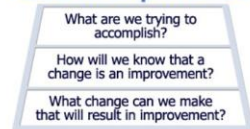


- What is the nature of the problem?
- What is the magnitude of the problem?
- What are the most important causes of the problem?
- What changes will we make to address the problem?
- How can we sustain and spread the changes?

A Model for Learning and Change

When you combine the 3 questions with the...

Model for Improvement



PDSA cycle, you get...



...the Model for Improvement.

Langley, et al, *The Improvement Guide*, 2009

Quality Improvement Guiding Principles

- Focus on processes to increase the productivity of work
- Focus on the needs of the users
- Use data to improve services
- Use teams to improve quality
- Improve communication

Patricia Riley (CDC) is an expert on Health Systems and Human Resources for Health. Based on the success of the African Health Professions Regional Collaborative for Nurses and Midwives (ARC), she conceptualized a new initiative for laboratories, LARC, to enhance lab-clinic interface in support of HIV viral load scale-up.

Dr. Barbara McKinney, a physician (MD) specializing in pathology /laboratory medicine, is one of the three “mothers of SLMTA” - she was instrumental in integrating continuous quality improvement (CQI) as the core of the SLMTA curriculum. For LARC 1.0, she was responsible for introducing the DMAIC framework other CQI tools. Since then, she has served as the lead faculty member and developer of the CQI tools and learning sessions for LARC 2.0.

Dr. Katy Yao (CDC) is the global program lead for Strengthening Laboratory Management Toward Accreditation (SLMTA), a continuous quality improvement initiative for laboratory. SLMTA has been implemented in 1200+ laboratories in 52 countries worldwide. She was a LARC 1.0 faculty member supporting LARC implementation in Malawi, Mozambique, Swaziland, and Tanzania.

Elde Paladar is a SLMTA master trainer and CQI mentor for both laboratories and hospitals. He played an instrumental role in SLMTA implementation in Malawi. His consulting work at two hospital there has resulted in measurable improvement on patient care. He mentored the Malawi team in LARC 1.0 in support of demand creation for viral load scale-up.

Winnie Naisiano Shena is a reproductive health expert, with experience in the Kenya health care system and the CQI methodology both for ARC and LARC. In 2016-2017, she mentored the Kenya team in LARC 1.0 in support of result reporting for VL load scale up at clinic level.

Jimica Mack Tchmako (PHII) is an expert in business process mapping and informatics analysis. Her background includes graduate level training in informatics and CQI, as well as employment with the private sector, hospital facilities, and non-governmental organizations. She was a faculty member in LARC 1.0 implementation.

Juneka Rembert (PHII) is an expert in business process analysis and system requirements elicitation. She has extensive global health experience in health systems strengthening, workforce development, and process and quality improvement.

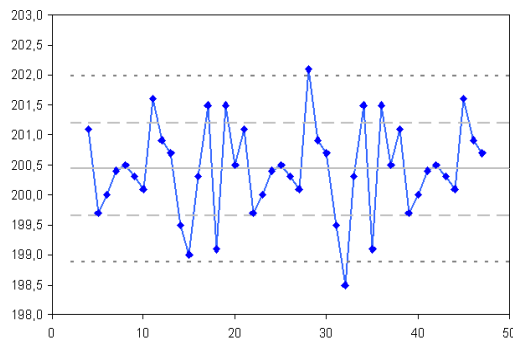
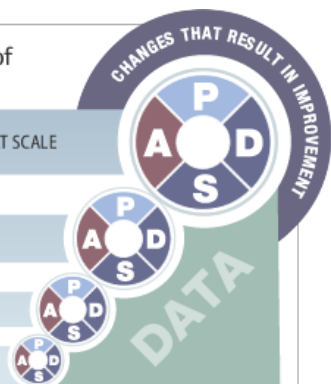
Repeated Use of PDSA Cycle

IMPLEMENTATION AT SCALE

WIDER SCALE TESTS OF CHANGE

FINE TUNING TESTS

SMALL-SCALE TESTS



Monitoring Progress - Data Run Chart