

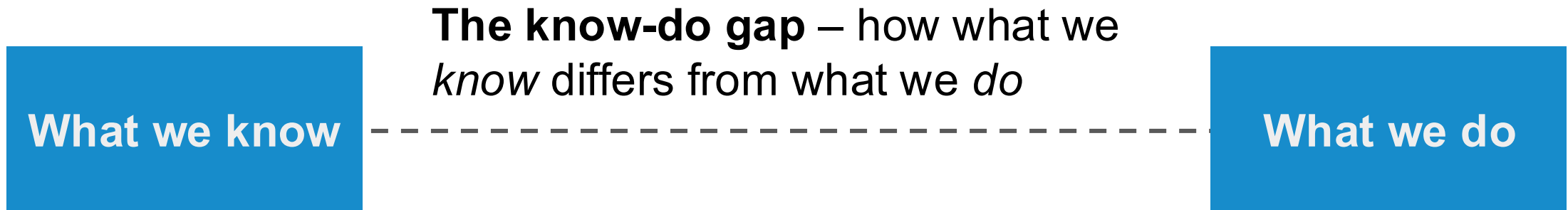


UCSF Malaria Elimination Initiative (MEI)

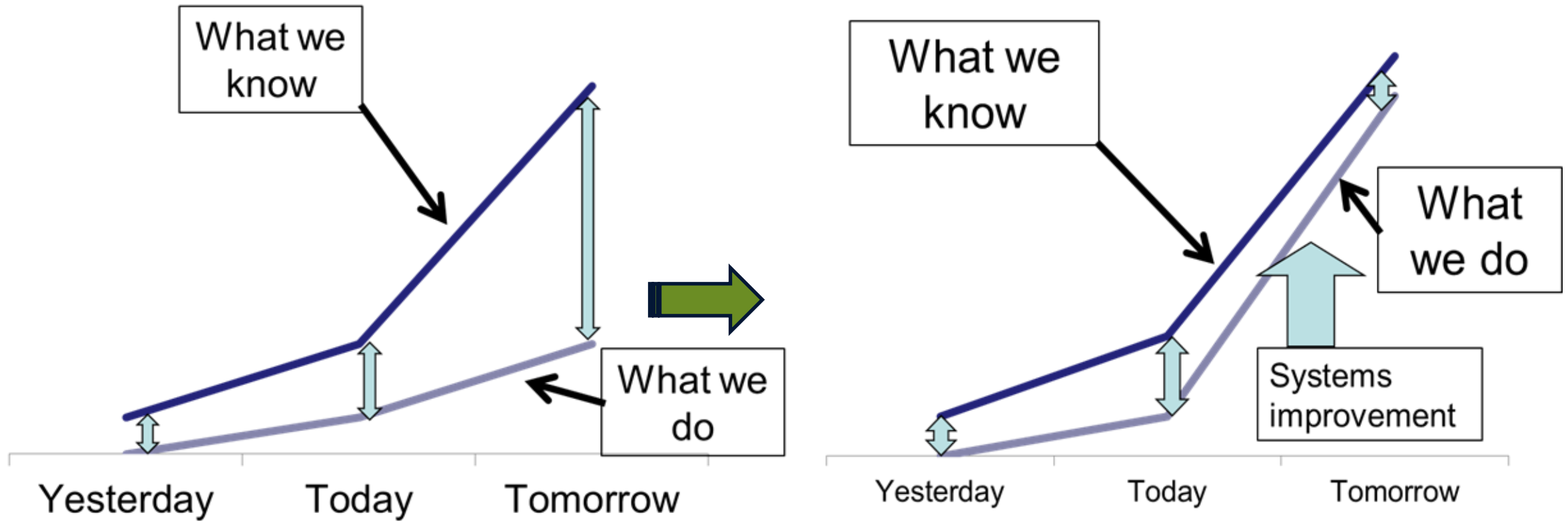
Introduction to the LEAD Process and Methods

What is the problem?

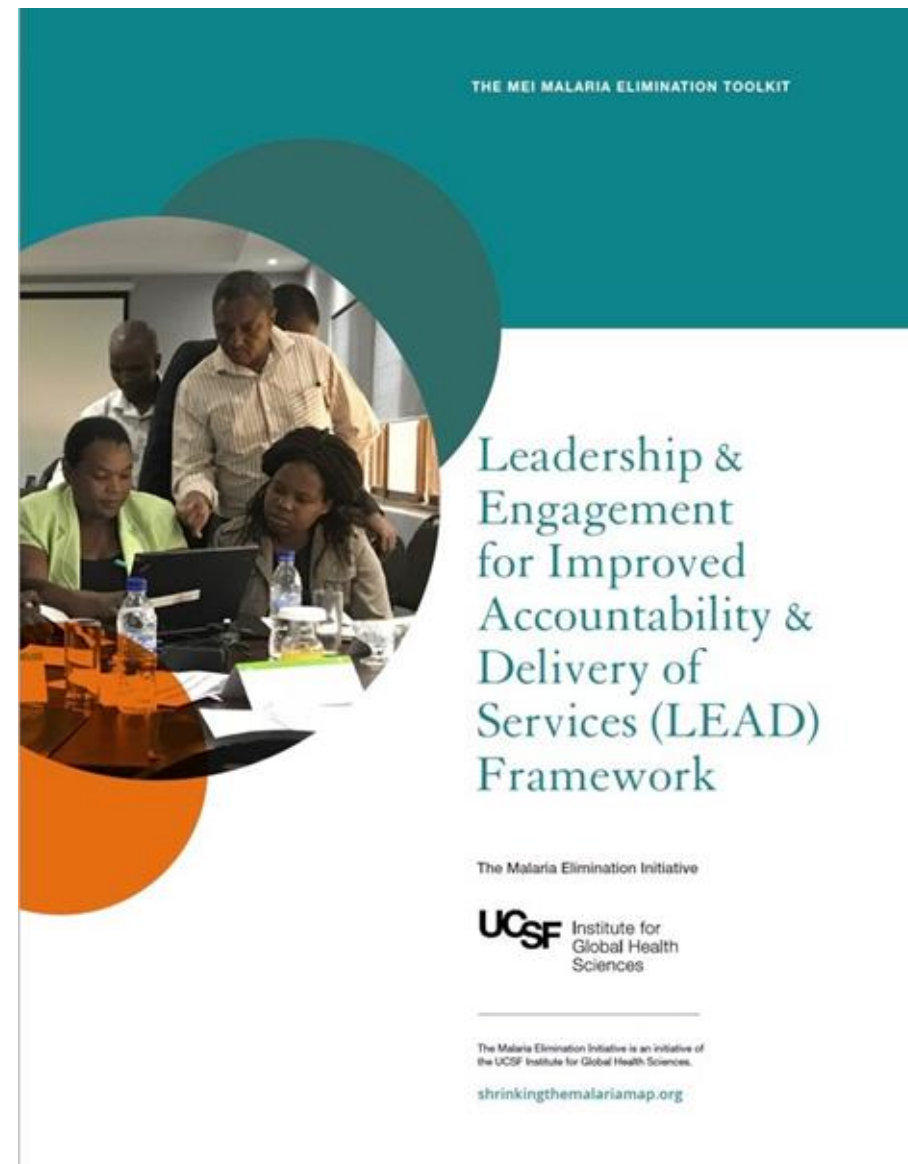
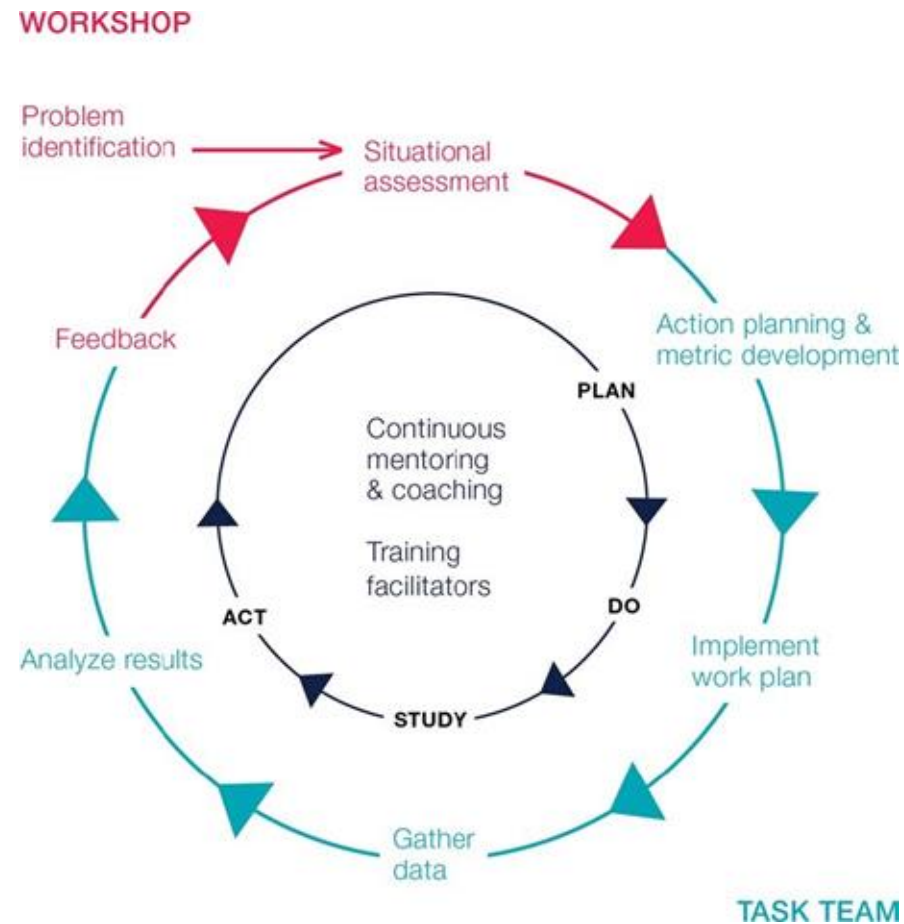
“Health care interventions that are known to work and save lives are not being implemented for every patient every time. **We must address this gap between knowing and doing.**”



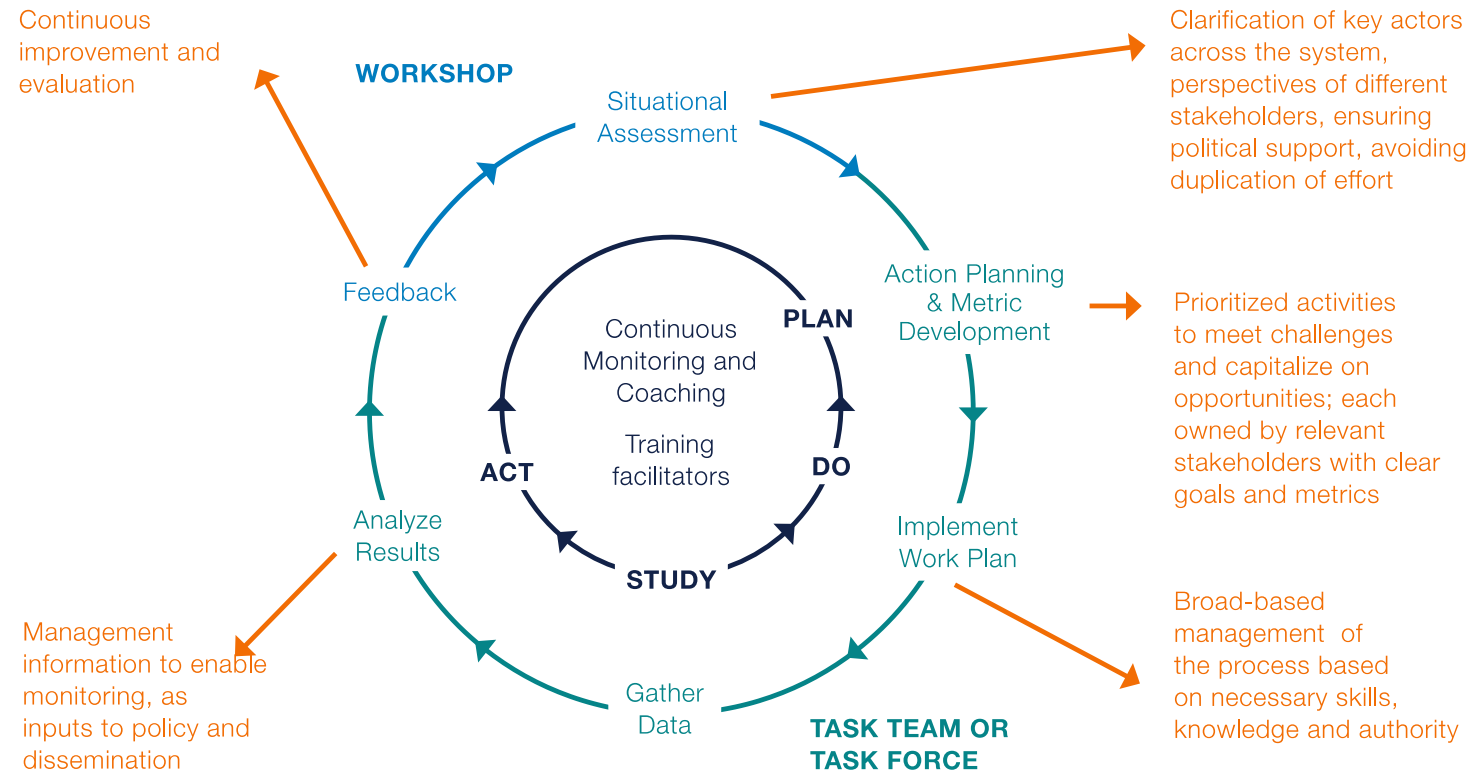
Closing the “know-do” gap



The LEAD Framework

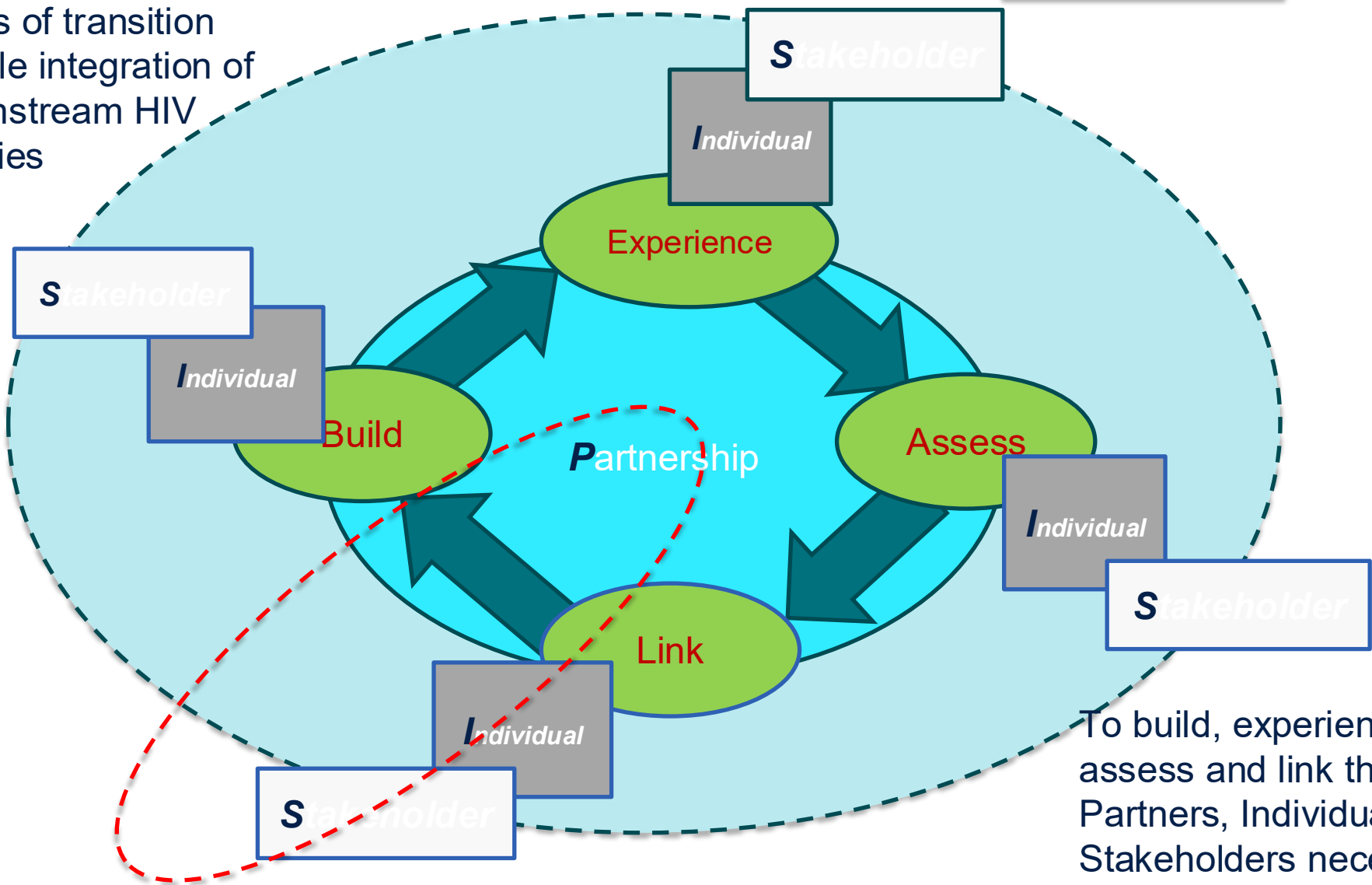


The Lead Framework Process



To form an effective and energized partnership that can fulfill the objectives of transition towards sustainable integration of VMMC within mainstream HIV prevention strategies

SIP model



To build, experience, assess and link the Partners, Individuals and Stakeholders necessary for success.

* Adapted from the P.I.C. model by O'Brien and Gosling (2012) developed for the KT-Box funded by EPSRC

Tools

Participatory approaches

- System in the room
- Friendly consulting
- Active listening
- Collaborative Consulting (World Café)

Quality and process improvement

- Improvement model
- Action planning

Understanding the system

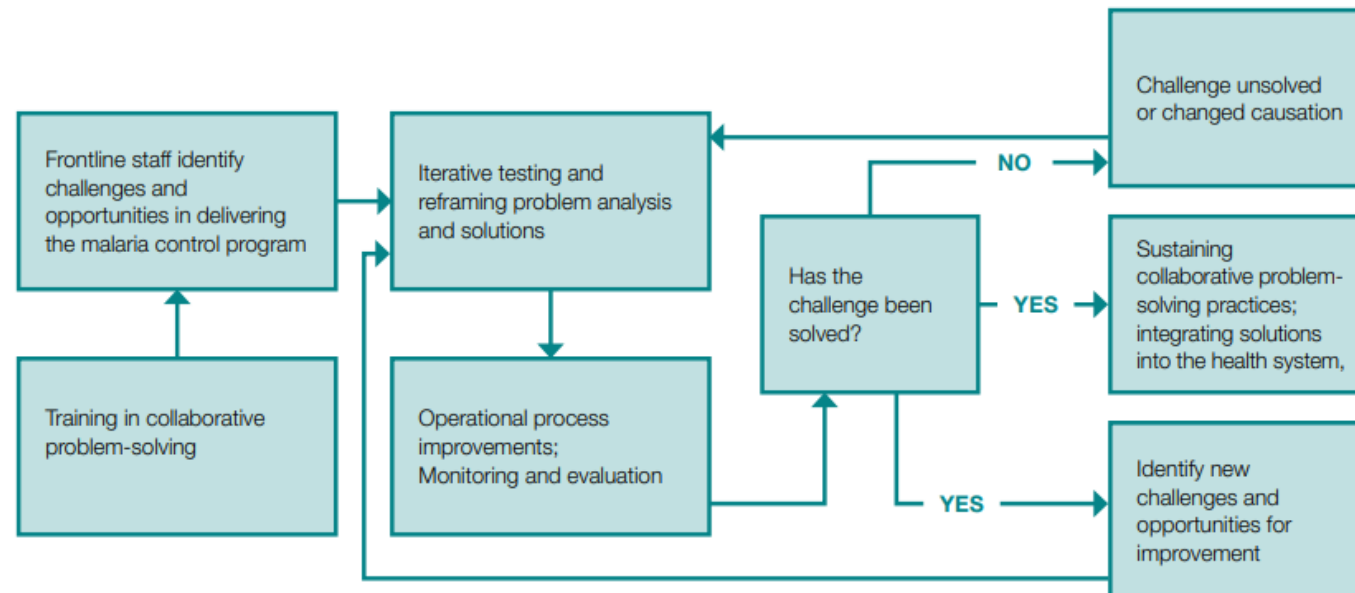
- Flow chart (process map)
- Run charts

Problem identification and analysis

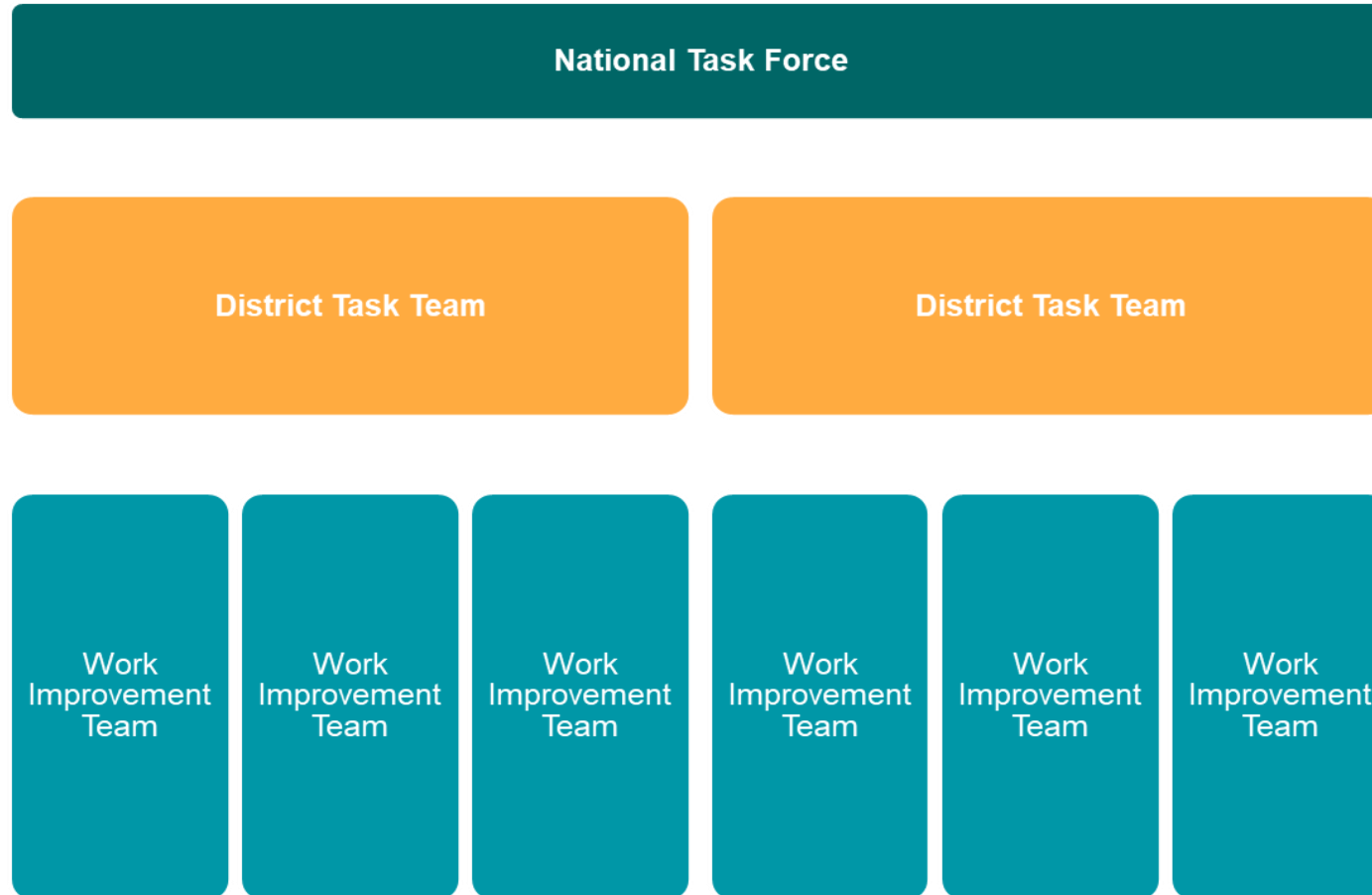
- Brainstorming
- Fishbone (cause and effect diagram)
- Five whys

Prioritization

- Pareto analysis
- Impact/Effort matrix
- Prioritization matrix



Structures



National Task Force

- Bi-annual workshops
- Strategic oversight and accountability
- Policy alignment
- Resource allocation
- Sustainability and scale-up of successful interventions

District Task Teams

- Quarterly workshops & interim meetings
- Policy interpretation and execution
- Performance measurement
- Prioritization, problem analysis
- Quality and Process Improvement plans
- Knowledge management

Work Improvement Teams

- Bi-weekly/ monthly meetings
- Implementation of quality and process improvement initiatives
- Test and refine change ideas
- Data collection, analysis and use
- Spread of effective change ideas

Initial Workshop Goals and Objectives

Goal

- Design and implement leadership and management interventions to improve malaria elimination engagement, accountability, and service delivery

Objectives

- Identify and prioritize key program management challenges and opportunities for individuals and teams
- Get expert input on challenges when transitioning from malaria control to malaria elimination
- Form a cross sectional and cross hierarchical Task Team to refine and implement action plans

LEAD Framework Key Features

- Collaborative and iterative process
- Ongoing review and adjustments
- Quality improvement
- Action learning
- Reflective practice



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Quality Improvement (QI) Overview

Prioritizing Root Causes and Interventions

Quality Improvement Aims

Quality improvement seeks to answer three central questions:

1. How can we make quality improvement a *routine*, rather than reactive approach to addressing gaps in service delivery?
2. How can we strengthen health systems to deliver optimal outcomes?
3. How can we achieve large-scale impact together with long-term sustainability?

Quality Management: Key Program Elements



Quality Improvement Principles

Fundamental concept of improvement:

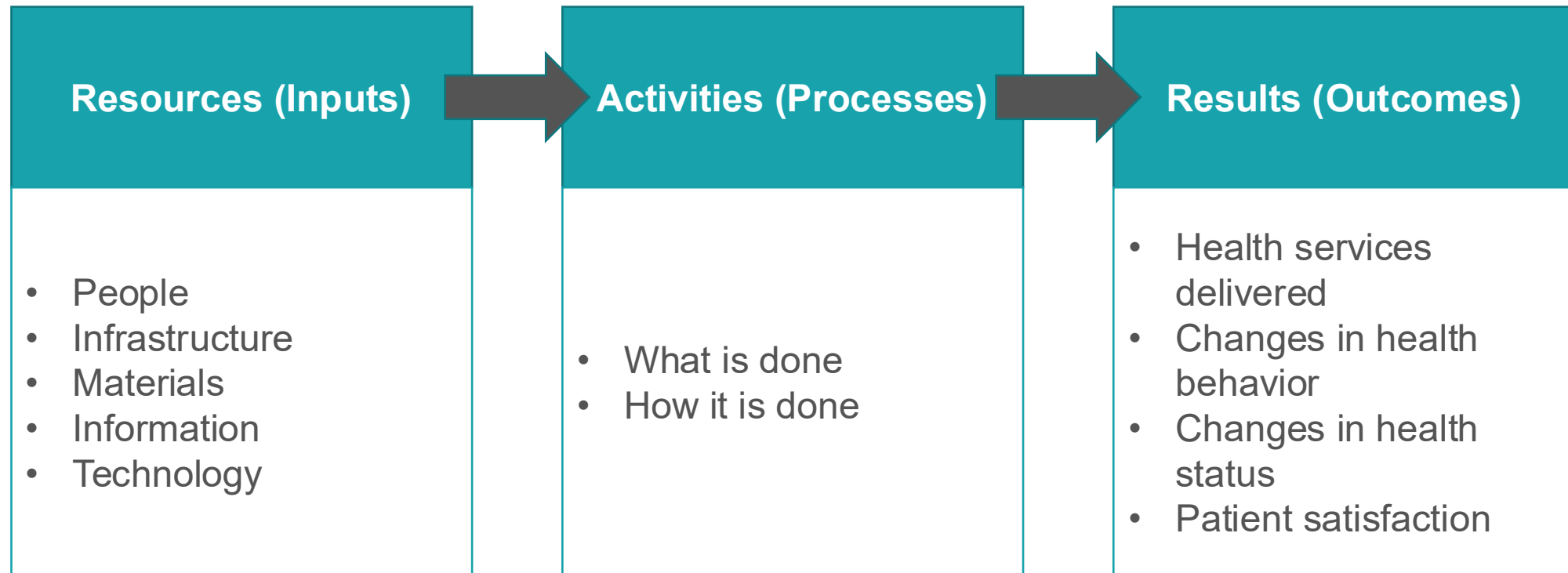
“Every system is perfectly designed to achieve exactly the result it achieves.”

-W. Edwards Deming

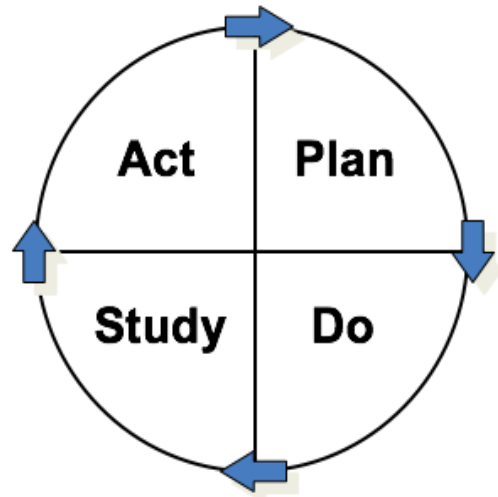
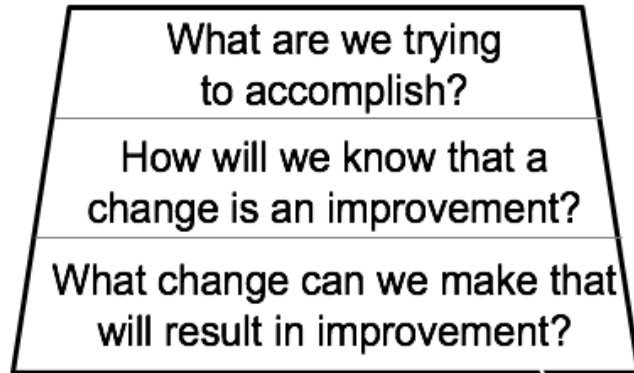
Principles of improvement:

1. Understanding work in terms of processes and systems
2. Developing solutions by teams of providers and patients
3. Focusing on patient needs
4. Testing and measuring effects of change
5. Peer learning

Systems Thinking



A Model for Improvement (PDSA)



PROBLEM: What is the problem or gap we've identified in our system?

PDSA

AIM:
What process or outcome are we trying to improve?

ACT

- We adopt, adapt, or abandon the change?
- What needs to be modified before the next PDSA cycle?
- What should the next PDSA cycle test?

PLAN

- What change are we testing?
- Who are we testing the change on?
- When are we testing?
- Where are we testing?
- What data do we need to collect?
- Who will collect the data?
- When will the data be collected?
- Where will the data be collected?

MEASUREMENT:
How will we know that a change will result in improvement?

STUDY

- Analyze all data, and summarize lessons learned.
- Did the change result in measurable improvement?

DO

- What was done to implement the change?
- Was the change implemented as planned?
- What and where are the barriers to implementation?
- Was the change acceptable to staff and patients?

Why measure?

- Separates what you *think* is happening from what is *really* happening
- Establishes a baseline: *It's ok to start out with low scores!*
- Helps avoid putting ineffective solutions in place
- To monitor improvements and prevent slippage
- Indicate whether changes lead to improvements
- Standardized measures allow for comparing performance across sites

Task Team Action Plan

Key Challenges & Opportunities Addressed by Action Plan	Activities	Quantitative Indicators	Baseline Data	Target	Endline Data	Data Source	Who Will Collect?	By When?	Progress

System in the room

Flip chart exercise

System in the room for improving access and effective utilization of a mix of malaria prevention interventions for children in Cameroon

List the stakeholders, their roles/responsibilities and how to engage them effectively



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Active Listening Exercise

Refer to Annex IV for handout

Listening for facts and feelings

- This exercise is done in triads and aims to get participants to listen to the multiple dimensions of communication. They are:
- The explicit facts, themes, or contents
- The emotions or feelings, which can be both explicit and implicit
- The implicit intention, goal, purpose, meaning, and values behind the facts and emotions, as well as the unconscious motives, biases defenses, and desires

Active listening

- In groups of 3, each person takes a different role for 10 minutes
 - 'A' Tells of a recent managerial conundrum
 - 'B' Listens carefully to the facts that 'A' describes
 - 'C' Listens and observes the emotions that 'A' communicates
 - 'A' describes his or her experience for 3 minutes
- 'B' reports back the facts of the situation that 'A' has communicated (and also what feeling 'C' has experienced while listening to 'A'), 3 minutes
- 'C' reports on the feelings and emotions that 'A' has communicated (and also what feeling 'C' has experienced while listening to 'A'), 3 minutes
- All 3 people review the exercise – (starting with 'A') – 1 minute
- Repeat three times so that each person has a turn at each role

Discussion on active listening

- Enablers and facilitators
- Challenges

Friendly consulting

What is it?

- Friendly Consulting is a specially created process for collaborative exploration, planning and learning through presentations, questions and feedback. Within the process, each member of the group has the opportunity to present a challenge that you face, you are comfortable with sharing and that is your personal responsibility to deal with.
- The Friendly Consulting space is a structured, responsive and supportive environment to get feedback, insight and advice from your colleagues.

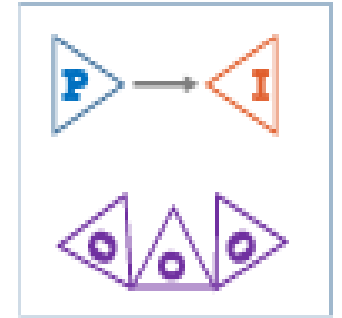
Goals of Friendly Consulting

- Draw on participants' personal experiences of the practice of managing to provide insight and possible solutions
- Enable participants to gain insight into some of their own current managerial issues by helping others with theirs
- Benefit from the support of peers

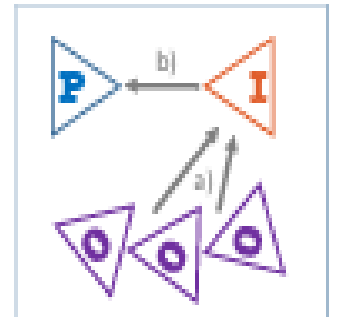
The Process

1. Interviewer/ Chairperson: The individual 'in charge' of the process – keeping time and managing the group dynamics and interactions. This individual 'interviews' the Presenter and acts as mediator between Presenter and Observers, (who join the discussion at the end of step 3).
2. Presenter: The focus of the consulting process. S/he presents his/her issue(s).
3. Observers/ Discussants: The remainder of the group (i.e. other than the Interviewer and the Presenter). The Observers are primarily listeners, then questioners and discussants. One observer takes the role of 'recorder' and keeps notes on behalf of the Presenter

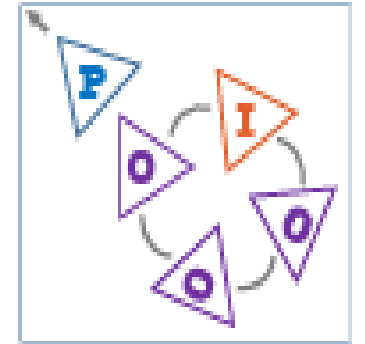
- **Step 1** – Presentation of ‘My Challenge’ – 8m
- Presenter à Interviewer (Observers listen)
- The appointed Interviewer invites Presenter to speak. Presenter ONLY addresses the Interviewer (Observers are on the side). The Presenter's presentation should be given more or less without interruption. However, it is the Interviewer's responsibility to keep the Presenter on track. Observers listen silently and attentively (the recorder takes outline notes and photo of the drawing).



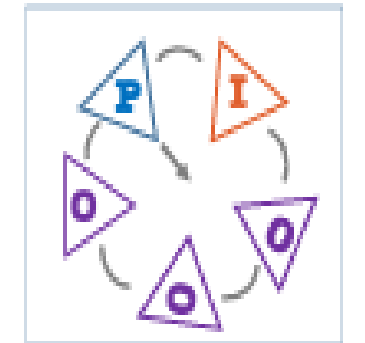
- **Step 2** – Questions for Clarification – 5m total
- Observers à Interviewer (Presenter listens) – 2m
- Interviewer à Presenter (Observers listen) – 3m
- The Observers now have a chance to ask questions for clarification: addressed to the Interviewer who prioritises them and poses to Presenter.
- a) The Interviewer invites the Observers to ask questions to clarify specific points (i.e. no discussion at this stage). The Interviewer collects 3-5 questions. This should take no more than 2m. P I O P
- b) The Interviewer selects the most important questions which the Presenter now answers succinctly. Observers listen silently and attentively. The recorder notes the questions.



- **Step 3 – Discussion – 12m**
- Interviewer à/β Observers (Presenter listens)
- The purpose of this step is to leverage the collective input of the Interviewer and Observers on the Presenter's issue. The Interviewer and Observers discuss the issue and explore possible actions.
- During this process the Presenter turns his/her chair around so that his/her back is to the group. The Presenter LISTENS and takes notes. The recorder joins the discussion.



- **Step 4 – Wrap-up on ‘My Challenge’ – 2m**
- All together
- The purpose of this final step is for the Presenter to ask final questions or provide final comments to the group. The Interviewer and Observers are welcome to respond. Keep it short.
- After the session, the recorder gives the notes to the presenter for additional comment. A copy if given to the organisers.



Recorder Template

- Presenter's Name and job:
- Date of presentation:
- Names of friendly consulting team members:
- The Challenge Headline (what it's about):
- Some more details as presented:
- Questions for clarification
- Some of the ideas raised in discussion
- Additional notes by the Presenter (continue overleaf if needed)
- Please hand this to the LUGF team and email a photo of your finished drawing to pchitapi96@gmail.com

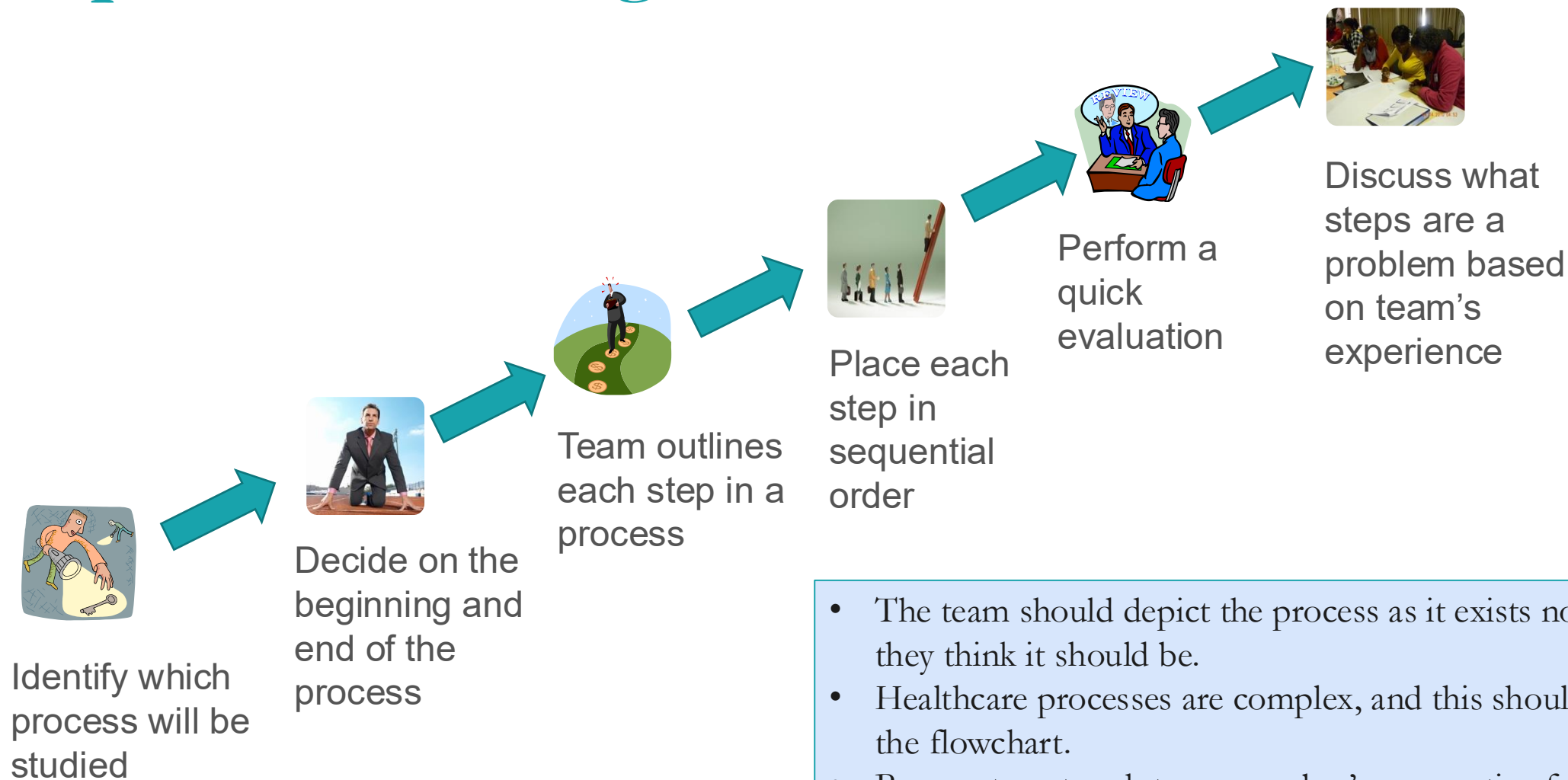
Purpose of Friendly Consulting

- The purpose of this activity is to provide each workshop participant with the opportunity to present a managerial challenge that they are struggling to solve
- Friendly Consulting provides a structured, responsive, and supportive environment to get feedback, insight, and advice from colleagues and peers
- This process has been used by MBA programs and in other executive development and organizational contexts where problem-solving is crucial to progress

Discussion and feedback

Understanding the system and processes: process map/ flow chart

Steps for Creating a Flowchart or Process Map



- The team should depict the process as it exists now – not how they think it should be.
- Healthcare processes are complex, and this should be shown in the flowchart.
- Be sure to get each team member's perspective from their point in the process.



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Group Exercise to Create a Process Map



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Challenge Identification Techniques and Root Cause Analysis

Group Task

- Identify key challenges and opportunities in your group
- Write the key challenges and opportunities on flipchart paper
- Appoint someone who can give brief feedback in the plenary

Guidelines for Key Issues:

- If you are in doubt, include rather than exclude an issue
- Be specific about the issue (e.g. case management is too vague; be more specific: case management – people not reporting on time)



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Root Cause Analysis

Traditional Problem Solving

- Many health care workers and leaders face the same challenge. Individuals believe their own views of the problem are correct.
- The tendency is to jump in and make improvements.
- This increases the risk of a mismatch between the improvement intervention and true cause of the quality problem.

Define "Root Causes"



Symptom of the problem
Above the surface
Relatively obvious

Underlying cause of problem
Below the surface
Not obvious
If not fixed, problem is likely to continue

Direct, Contributing, and Root Causes

The Problem

Poor patient
outcomes



Direct Cause

Directly results in the problem

Contributing Cause

Part of the problem, but not enough to
cause the problem on its own

Root Cause

If fixed, would prevent the problem
from happening

Root Cause Definition

“The most basic cause (or causes) that can be identified, that management has control to fix and, when fixed, will prevent the problem’s recurrence”

Examples of Root Causes

- A process that is not working
- A behavior that is adjustable
- Gaps in knowledge
- Lack of established standards
- Lack of guidelines
- Others?

Example: Direct and Root Cause

- The patient was late for the operating theatre because there was a long wait for a stretcher

Direct Cause: There was a long wait for a stretcher because the original stretcher was broken, and a replacement had to be found

- The stretcher was broken because it has not been regularly checked for wear

Root Cause: It had not been regularly checked because there is no maintenance schedule.

Root Cause Analysis Techniques

To uncover the ***causes*** of identified problems:

- Brainstorming
- Fishbone (cause and effect diagram)
- Five whys

Brainstorming: A Quality Improvement Technique

Helps teams:

- Generate a large volume of ideas
- Investigate a process
- Identify potential causes

Brainstorming Rules

- Go for quantity of ideas
- Do not censor your ideas or others' ideas
- Build on previous ideas
- Record ideas: do not edit and only clarify if necessary, not detailed
- Do not discuss or debate the merit of individual ideas or which are likely to be correct
- When discussing causes, do not discuss solutions

What Can Be Done to Reduce IRS Refusals?

Ask:

- Spray operators
- Vector control officers
- Entomologists
- Community members
- Politicians
- Religious leaders
- Traditional leaders
- Surveillance officers

Reverse Brainstorming

- Reverse brainstorming is a good technique to try when it is difficult to identify solutions to the problem directly
- To use this technique, you start with one of two "reverse" questions:
 - Instead of asking, "How do I solve or prevent this problem?" ask, "How could I possibly cause the problem?"
 - Instead of asking "How do I achieve these results?" ask, "How could I possibly achieve the opposite effect?"

Examples

- What should we do if we didn't want any of the people diagnosed with malaria to take the full course of ACTs?
- What should we do if we didn't want anyone to use a LLIN?
- What can we do to ensure that no child <5 years with malaria is correctly assessed and treated?
- What should we do to ensure that no malaria cases are investigated within 3 days?
- How do we make patients more dissatisfied with our services?

How to Use Reverse Brainstorming

- Clearly identify the problem or challenge, and write it down
- Reverse the problem or challenge by asking, "How could I possibly cause the problem?" or "How could I possibly achieve the opposite effect?"
- Brainstorm the reverse problem to generate reverse solution ideas. Allow the brainstorm ideas to flow freely. Do not reject anything at this stage
- Once you have brainstormed all the ideas to solve the reverse problem, reverse these into solution ideas for the original problem or challenge
- Evaluate these solution ideas. Can you see a potential solution? Can you see attributes of a potential solution?

Comments That Reduce Brainstorming to Braindrizzling

- That won't work
- That's too radical
- It's not our job
- We don't have enough time
- That's too much hassle



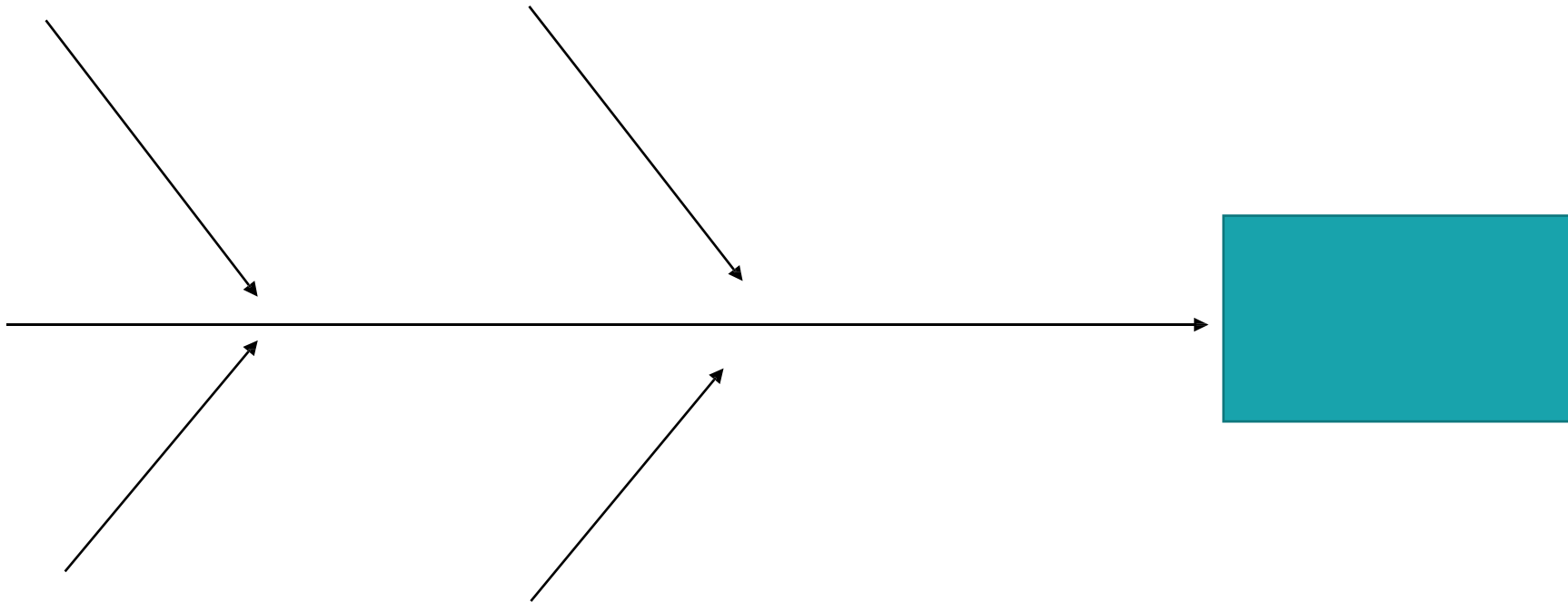
- It's against our policy
- We haven't done it that way before
- That's too expensive
- That's not practical
- We can't solve this problem

Cause and Effect Diagram

- Also called:
 - Ishikawa diagram
 - Fishbone diagram
- Helpful in process investigation
- Used to map variables that may influence:
 - Problem
 - Outcome
 - Effect
- Can use the 5 Whys to fully understand the cause

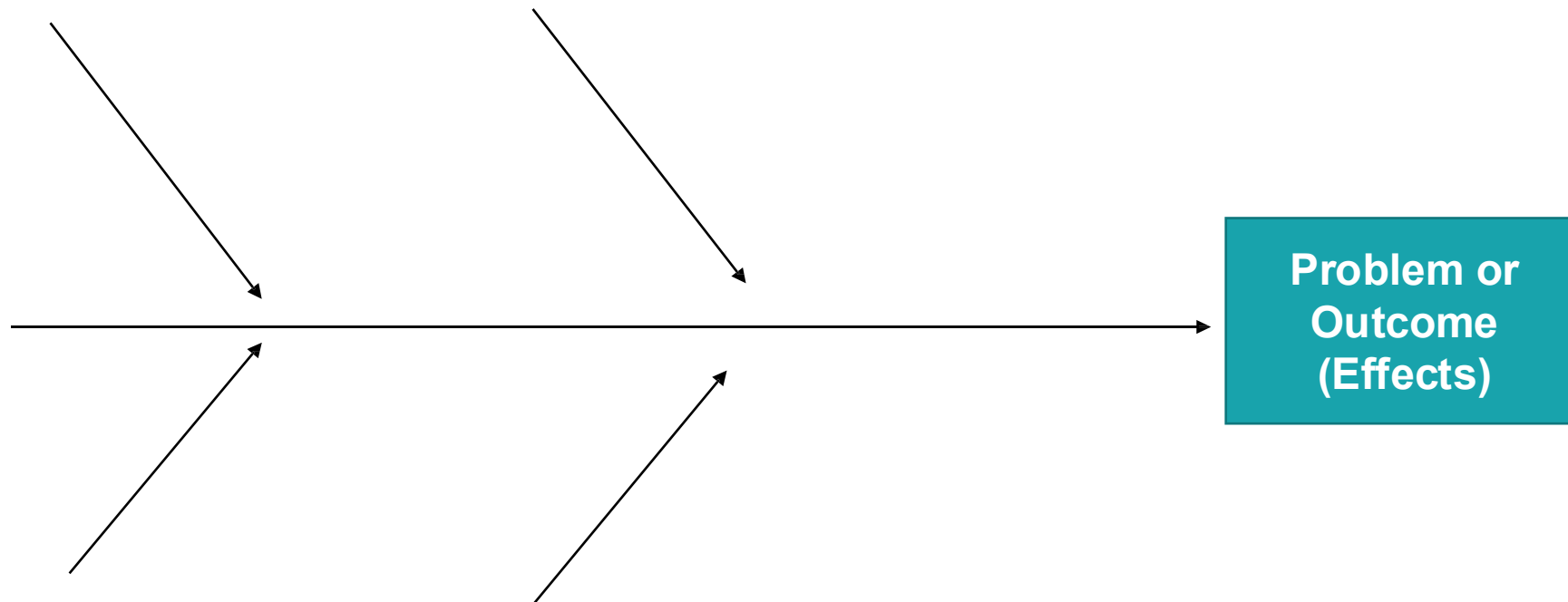
Steps in Designing a Cause and Effect Diagram

1. Draw diagram's skeleton



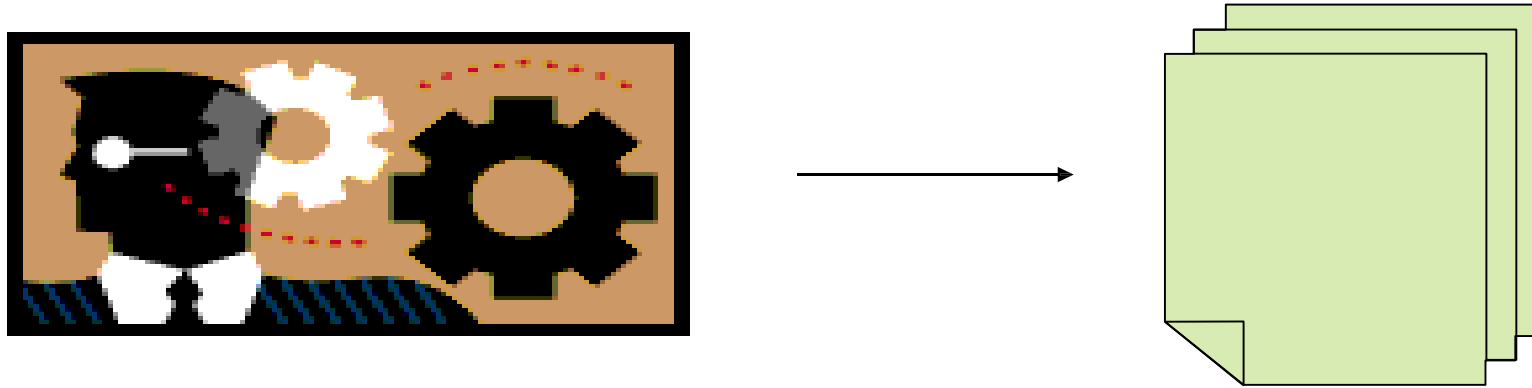
Cause and Effect

2. Write the problem or desired outcome (effects) in the box at the end of the arrow



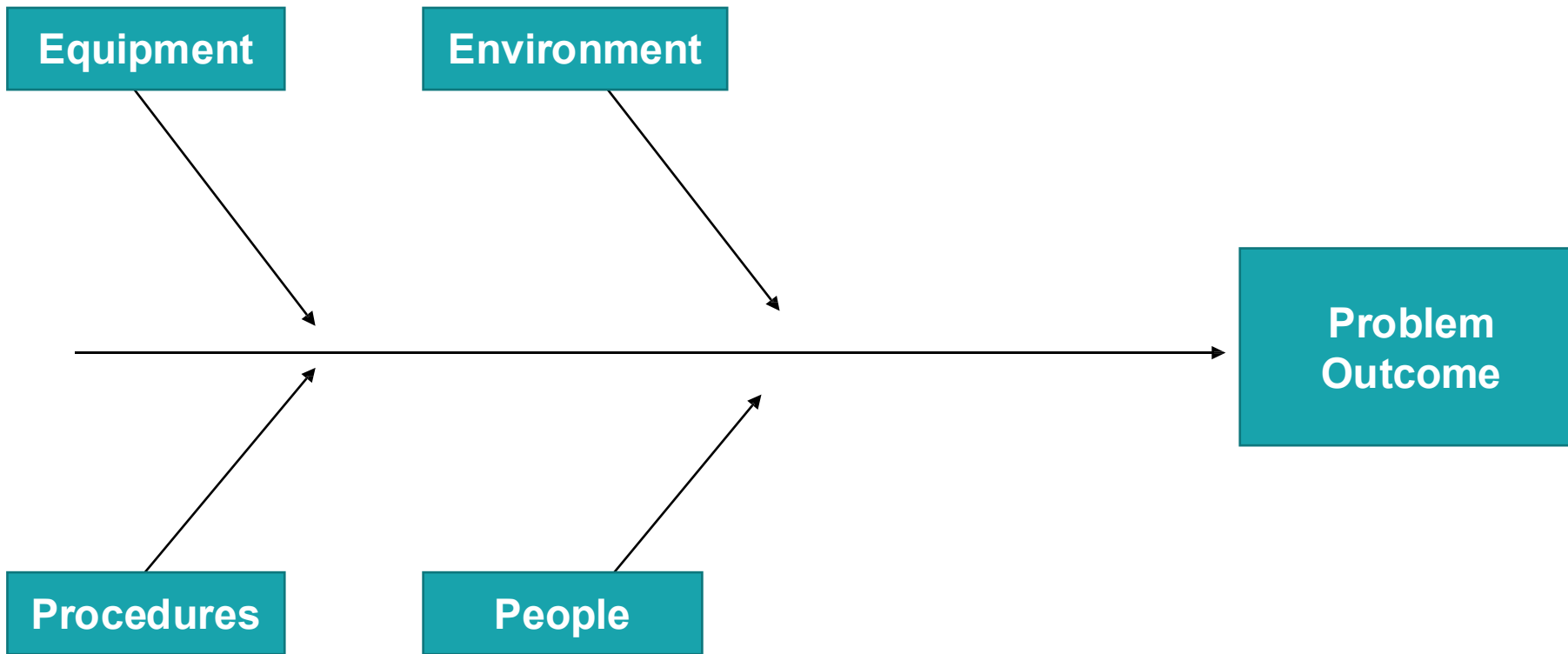
Cause and Effect Diagram

3. Brainstorm and write down potential causes



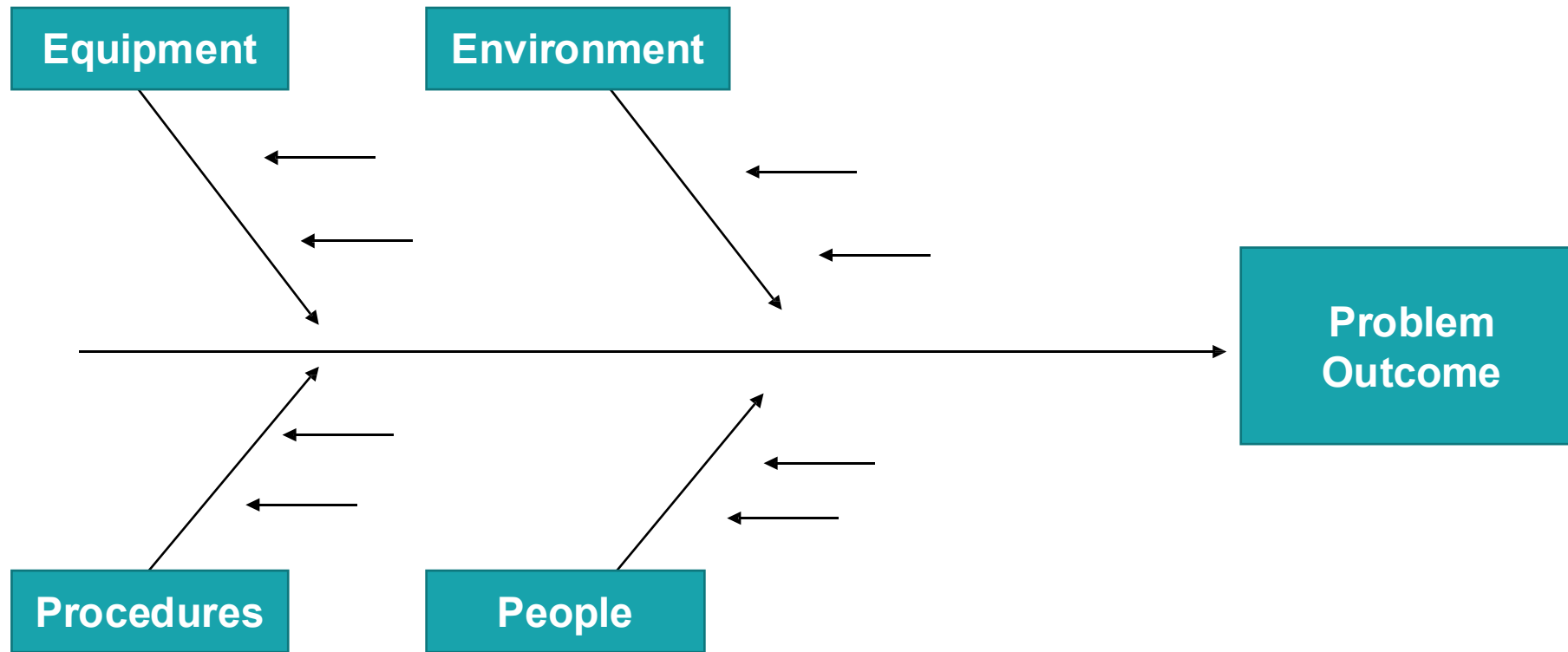
Cause and Effect

4. Categorize the causes

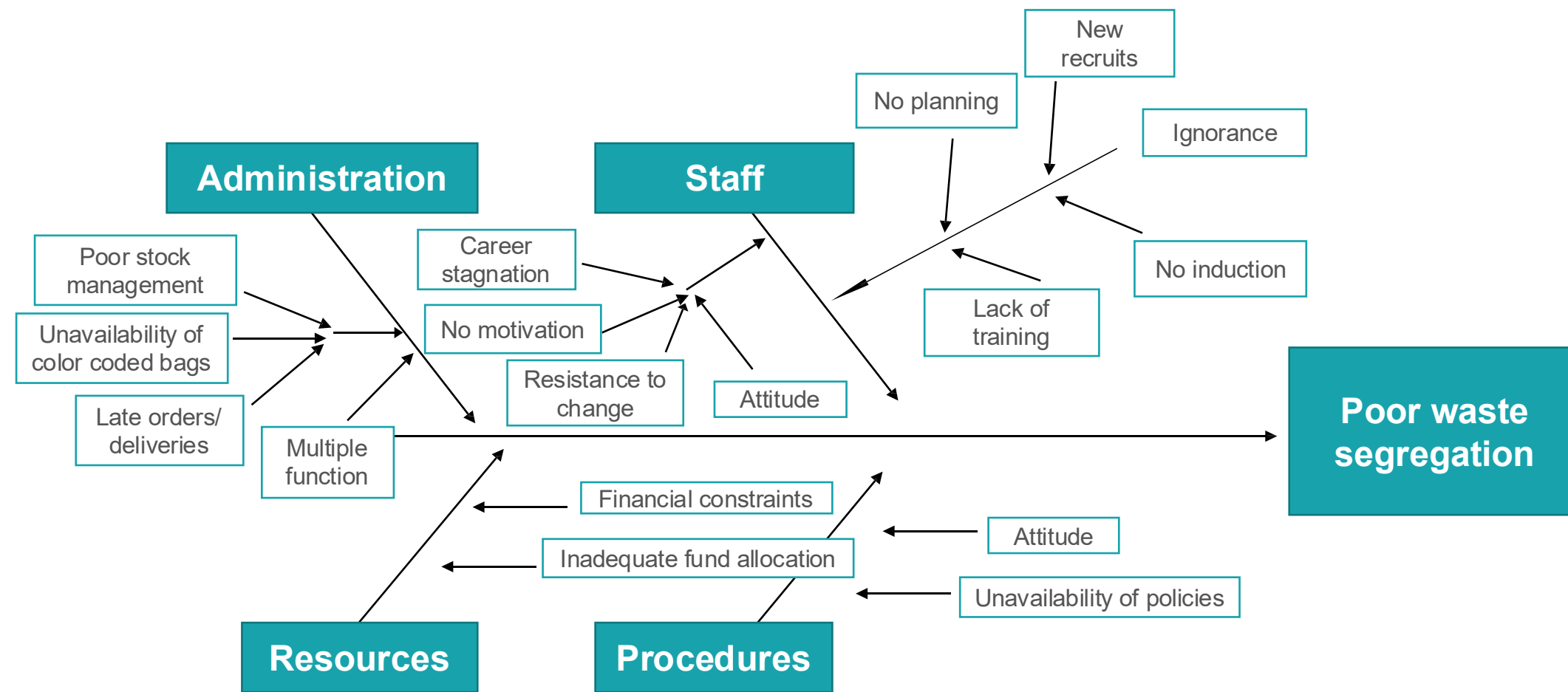


Cause and Effect Diagram

5. Review and refine causes



Cause and Effect Diagram



Group Exercise: Cause and Effect Diagram

- Examine key challenges in each cluster using this QI root cause analysis method



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Challenge and Opportunity Prioritization Techniques

Prioritization: Which underlying causes of the problem should we focus on first?

- Different problems require different (multiple at times) solutions/ strategies
- Prioritization helps the facility direct resources toward the issues that need it them most.
 - Frequency: How many patients received and how many did not receive the standard of care?
 - Impact: What is the effect on patient health if they do not receive this care?
 - Feasibility: Can something be done about it?
- Prioritization of underlying causes is a decision reached through team consensus

Possible Criteria for Prioritization

- Underlying cause within control of the team
- Difficulty in solving the underlying cause
- Quantity and impact to consumers (client inconvenience versus ‘pain’ caused by the problem)
- Impact on delivery system (target those causes that occur most frequently)
- Resources required for addressing the underlying cause (e.g., staff time, money or space)

Other Key Aspects

- Identify possible indicators by keeping in mind four main criteria:
 - *Relevance*- Does it relate to a condition that occurs frequently or have a great impact on the patients at your facility?
 - *Measurability*- Can it realistically and efficiently be measured given the facility's finite resources?
 - *Accuracy*- Is it based on accepted guidelines or developed through formal group decision-making methods?
 - *Improvability*- Can the performance realistically be improved given the limitation of your services and patient population?

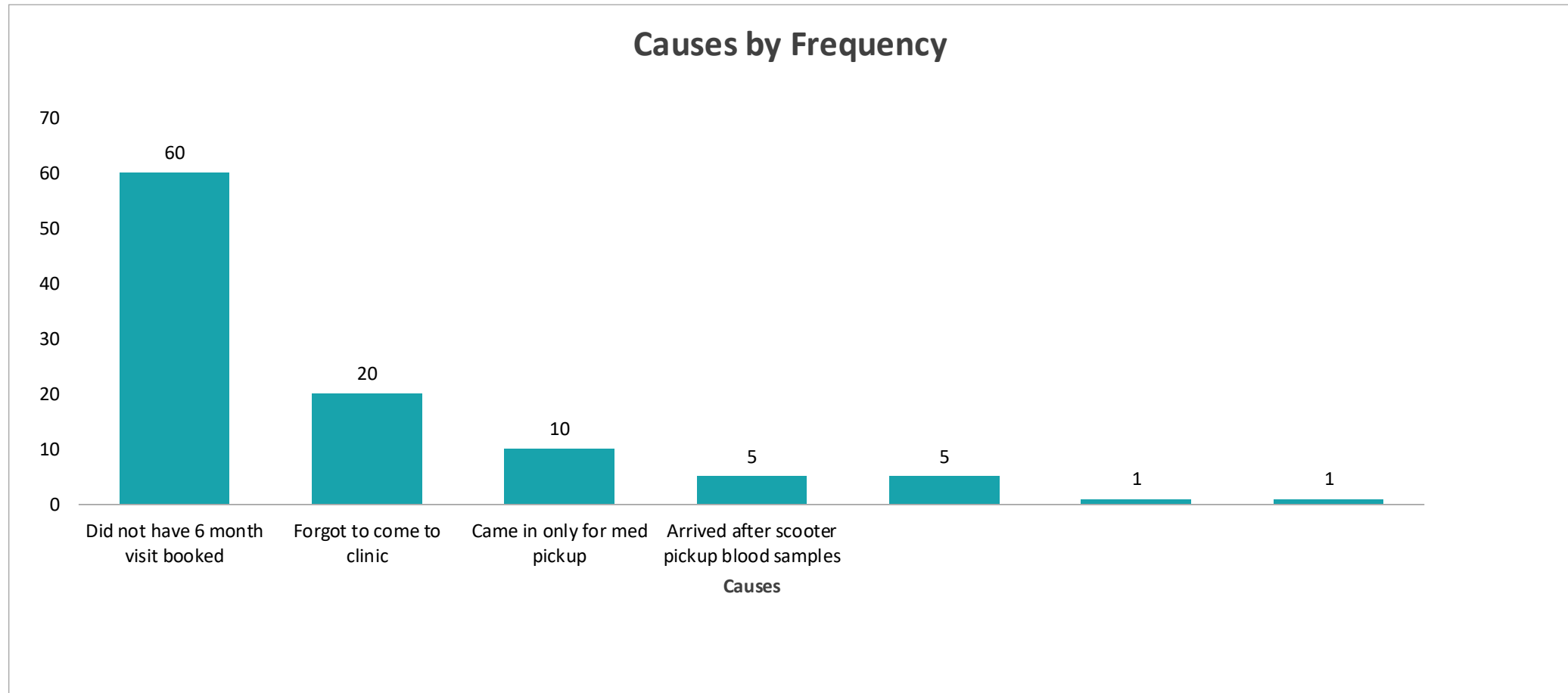
The Pareto Principle: The 80/20 Rule

- The Pareto principle suggests that roughly 80% of the effects come from 20% of the causes
- Based on Italian economist Vilfredo Pareto who noted the 80 / 20 connection
 - e.g. 80% of the land was owned by 20% of the people
- QI example: Roughly 80% of a performance problem is due to 20% of the causes (the vital few)

When to Use the Pareto Principle

- When analyzing data about the frequency of problems or causes in a process
- When there are many problems or causes to help focus on the most significant
- When analyzing broad causes by looking at their specific components
- When communicating with others about your data

HIV Pareto Chart Example: Failure of Clients to Receive Their 6 Month Viral Load Test



Setting Priorities with a Decision Matrix

Potential QI Projects	Criteria				
	Is the problem seen as Important	Reasonable Scope	Likelihood of Success	Potential Impact	Total
1.Project A	5	5	4	5	19
2. Project B	5	5	5	4	19
3. Project C	4	3	4	4	15
4. Project D	5	5	5	5	20

Management Issues Example

		Is the problem seen as important?	Reasonable (Practical) Scope	Likelihood of Success	Potential Impact	Total
1	Lack of strong coordination with stakeholders	5	5	5	5	20
2	Poor budget allocation	5	1	1	5	12
3	Lack of program ownership and shared responsibilities	5	5	5	5	20
4	Poor supervision	5	4	4	5	18

Case Management Example

	Is the problem seen as Important?	Reasonable (Practical) Scope	Likelihood of Success	Potential Impact	Total
Unavailability of commodities	5	3	2	5	15
Lack of adherence to guidelines of case management	5	5	5	5	20
Sharing of medicine by patients leading to drug resistance	5	2	2	5	14
Improper screening of patients at health facilities	5	5	5	5	20

Prioritisation is Key: Start With Low Hanging Fruit

	VERY EFFECTIVE	NOT EFFECTIVE
LOW COST		
HIGH COST		

Very Effective/ Low Cost

- When analyzing data about the frequency of problems or causes in a process
- When there are many problems or causes to help focus on the most significant
- When analyzing broad causes by looking at their specific components
- When communicating with others about your data

Very Effective/ High Cost

- When analyzing data about the frequency of problems or causes in a process
- When there are many problems or causes to help focus on the most significant
- When analyzing broad causes by looking at their specific components
- When communicating with others about your data

Summary of Quality Improvement Techniques

Root Cause Analysis

- Brainstorming: Helps teams to generate a large volume of ideas, investigate a process, and identify potential causes.
 - Reverse brainstorming is a good technique to try when it is difficult to identify solutions to the problem directly.
- Cause and effect diagrams can be used with the 5 Whys
- Flow chart or process mapping helps to dissect a process that you want to understand better.

Prioritization

- Pareto charts are helpful when there are many problems or causes to help you focus on the most significant.
- Decision matrices are useful to tackle the quick wins that will have most impact with the least effort and avoid the hard slogs that will have the least impact for the most effort.



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Group Work Session to Prioritize Challenges

Individual Task

- Consider everything that you have learned and become aware of so far
- Redefine your challenge, adding all the inputs and details necessary for it to be specific and clear
- Think of some pathways/solutions for your challenge that will take you towards achieving the goal of malaria elimination
- Write this as a paragraph or with bullet points (finish this today)
- Think how you can tell this through pictures and a diagram that shows a flow between parts of the picture/story (you will do this tomorrow morning)
- Bring your description with you tomorrow