

Continuous Quality Improvement (CQI) teams to improve South Africa's VMMC programme

Best practices

2022



Why establish CQI teams in your district?

Perhaps you want to...

- Conduct quality assessments in your district's VMMC sites
- Improve commitment to and ownership of VMMC among district DoH officials
- Identify gaps or problems within the system before they become too complex
- Encourage and improve the safety and quality of VMMC services through mentorship by
 - reducing waste
 - increasing efficiency
 - improving internal and external VMMC programme satisfaction
- Change, add, clarify and simplify procedures or inputs to improve the programme
- Address quality issues to avoid/mitigate litigation
- Have your facilities better prepared for annual *External Quality Assurance Assessments (*EQAs)*

Does this resonate with your understanding of the benefit of a CQI team?

*The EQA is an exercise whereby independent assessors, often accompanied by Department of Health officials and implementing partner staff, review and observe how individual VMMC sites perform against pre-determined criteria using standardised tools.

Continuous Quality Improvement (CQI)



In a nutshell

Experience in healthcare quality improvement demonstrated that addressing only inputs (e.g., standards, training) without attention to service delivery processes, does not yield strong results. Quality issues involve the continuum of VMMC services: demand creation, counselling and client communications, supply logistics, staff competency, infection prevention, surgical procedure, waste management, referral and linkages to care and treatment, client follow-up, and management of adverse events.



CQI is therefore the combined and ongoing efforts of stakeholders in the health system to make changes that lead to better patient outcomes and better system performance, in line with NDoH and WHO guidelines. **CQI teams** offer a focused commitment to ensuring and improving the quality of VMMC services, essentially supporting all actors involved in providing or overseeing services.



They do this by monitoring facility performance (including adverse event (AE) reporting and client feedback) to identify potential challenges. CQI teams can encourage a reduction of waste, an increase in efficiency, and an improvement in VMMC programme satisfaction which may ultimately lead to improved programme outcomes – demonstrated by district expenditure, targets and EQA results. They also assist in organising mentorships and ongoing training that expand the capacity of health workers to provide VMMC services.



Incorporating CQI in VMMC programmes

12 stages of incorporating CQI in VMMC programmes

1. Engage stakeholders
2. Adapt standards and tools
3. Plan the CQI baseline assessment
4. Conduct the CQI baseline assessment, give feedback, and develop action plans
5. Form CQI teams
6. Provide training in CQI
7. Test changes at the site level
8. Provide coaching support
9. Conduct CQI re-assessments
10. Share learning
11. Coordinate with stakeholders
12. Sustain high-quality care

Incorporating CQI in your district (content overview)

To establish CQI in your district, **consider these 8 key aspects** 

Preparation

1. Sensitising your district on CQI
2. Getting the right people involved
3. Training the new CQI team(s)
4. Refresher training for existing CQI teams

Implementation

5. Conducting CQI assessments
6. Compiling CQI plans
7. Convening CQI reviews

Up-keep

8. Ongoing monitoring & mentoring



Preparation

Introducing the CQI team

Why sensitise the district on the value of CQI (teams)?

VMMC often competes with other crucial HIV prevention activities. It is therefore critical to develop an understanding of and demand for CQI.

- ❑ Good buy-in from DoH officials may formalise and ease the appointment processes, as well as justify resources for training and conducting CQI activities such as visiting sites regularly.
- ❑ Having responsibility for improving the quality of the VMMC programme also underscores the importance of the service and helps inculcate a district-level commitment to implementing high quality VMMC services

So, to sensitise the district

1. Collaborate with other HIV prevention strategies
2. Allocate resources
3. Develop district-level commitment

2. Get the right people involved

Preparation 2/3

How many CQI teams should a district have? →

Ideally, there should be CQI teams per **facility**, **sub-district** and **district**; however, at a minimum, there must be a *district* CQI team, supported by sub-district CQI teams – depending on the size of the district

How big is your district? Will you have enough VMMC-experienced people at a sub-district level to form sub-district teams? If yes, go for it! Sub-district teams can facilitate assessments and training more regularly than district-level teams but decide whether it is a fair trade-off against a specialised team.

Who should be considered for these teams?

The team will be primarily represented and led by **DoH officials**, though **Implementing Partner** staff can be considered to foster collaboration. Once the district and sub-district teams are established, they can work with facility management to identify **facility-level CQI teams**. See the next page for the recommended cadre per team

How do you get people on-board?

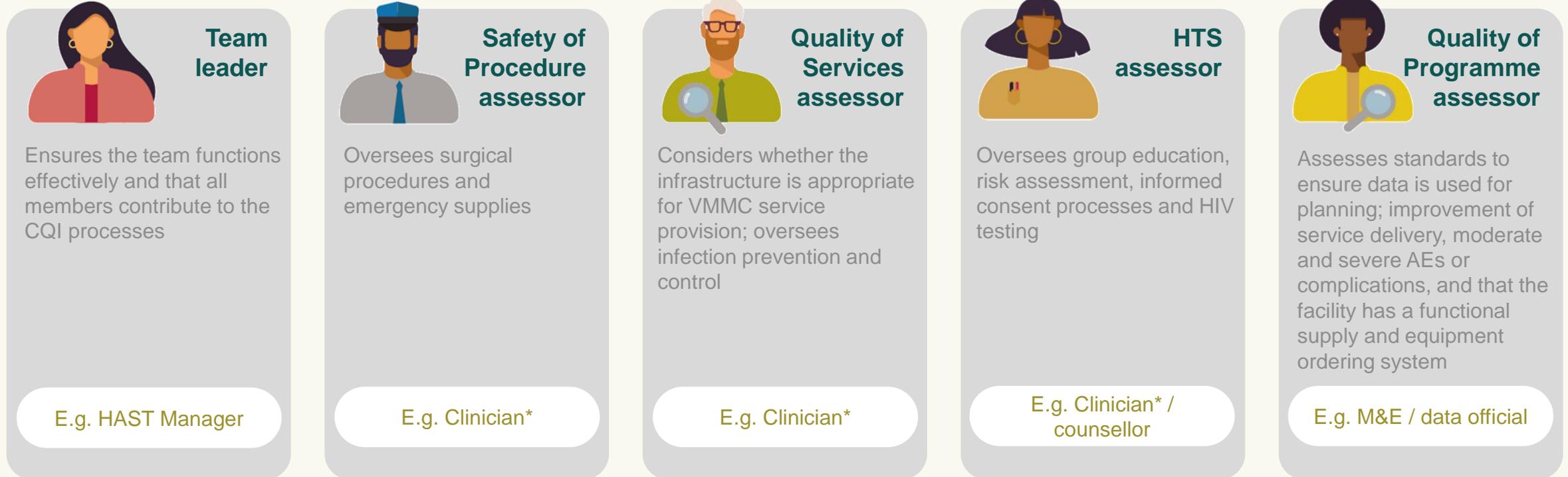
Selected members may be hesitant to assume CQI positions, out of concern for the time commitment or because of their unfamiliarity with the role. For this reason, **involve senior district officials in assigning people** to the CQI teams – a signed letter of appointment from this senior official will help justify the time commitment, formalise the process and deepen official engagement with the VMMC programme

2. Get the right people involved

Preparation 2/3

Fill these 5 different roles to make up a CQI team

Teams should be multidisciplinary, with the ability to evaluate the range of services:



*The category of the clinician differs across provinces. Please reach out to the NDoH's Lisbeth at lisbeth.mathebula@health.gov.za for more information.

3. Train the new team members on VMMC & CQI

Preparation 3/3

Formal training on **both VMMC and CQI** equips teams with the confidence required to perform their responsibilities and is essential for members who do not have a prior background in VMMC. **The training can be considered in three parts:**

Part 1 Theory via the Online Training Hub

CQI team members should enrol for both the VMMC surgical theory course and CQI training on the NDoH's Online Training Hub (OTH)

Part 2 Practical training via RTC

Upon completion of the VMMC surgical theory course on the OTH, clinician CQI team members must complete practical training sessions as coordinated by their Provincial Regional Training Centre (RTC)

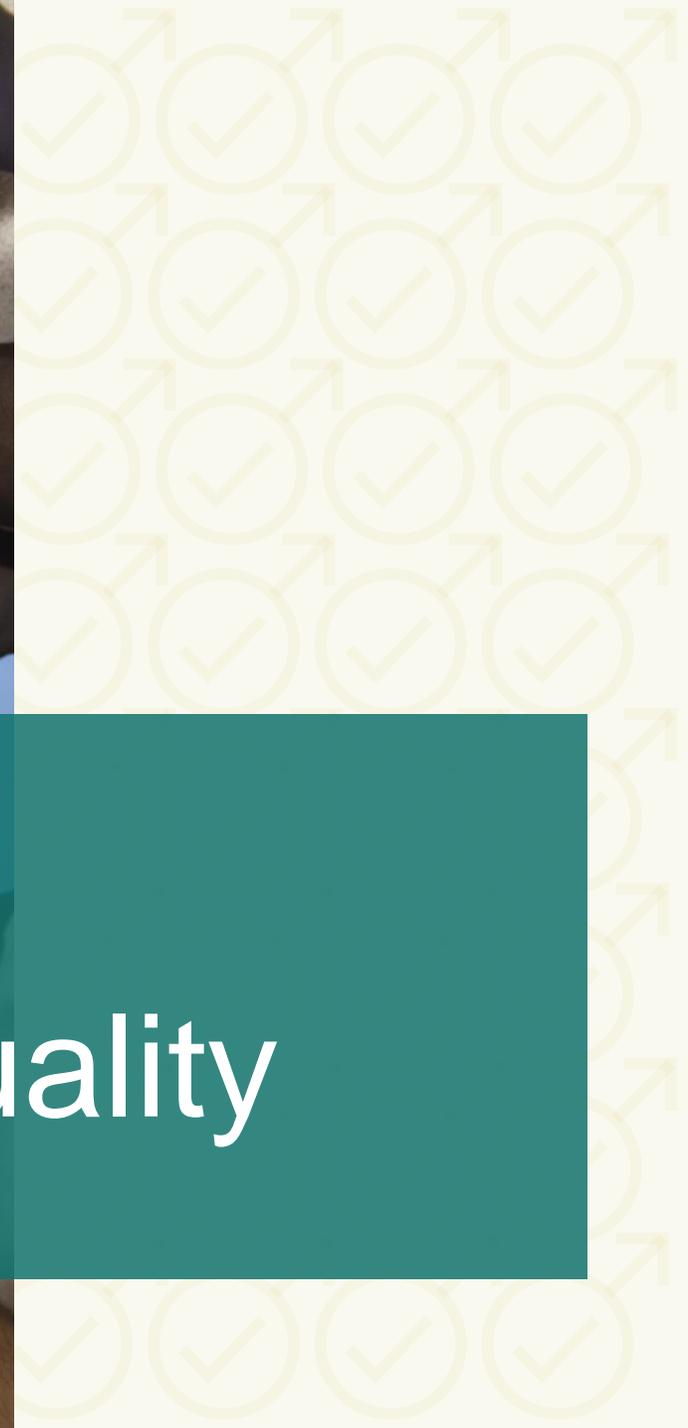
Part 3 Refresher training

Team members may require routine refresher orientations on the CQI tools



The graphic features a green background on the left with the text 'VMMC VOLUNTARY MEDICAL MALE CIRCUMCISION 2021 ONLINE COURSE'. On the right, there is a photograph of three medical professionals in blue scrubs and masks. Logos for the Department of Health, Republic of South Africa, KnowledgeHub, and the 2020 NDP are visible at the bottom. A dark teal button with the word 'Enrol' is positioned below the graphic.

Is VMMC/CQI new to some of your facilities? Perhaps include the VMMC site facility heads in training/orientation activities. This may ease subsequent assessments. Ultimately, all relevant stakeholders should understand the CQI tools and processes.



Implementation

Continuously improving quality

4. Conduct CQI assessments

Implementation 1/3

A CQI team may facilitate any of the following activities (2/5):

1. Assess site readiness & capacity

For facilities that are not currently providing VMMC services but would like to, the CQI teams can help prepare these facilities by conducting readiness assessments using *the VMMC Site Readiness and Preparation Tool** (click [here](#)). This centralises a key task while helping to expand VMMC services

2. Empower facilities for future CQI activities

- The district CQI team should see to it that facilities **establish site-level CQI teams** and then **empower them** to take greater accountability for identifying and addressing potential problems even outside of formal assessments
- The district should then **involve facility heads** in (sub-district and facility) CQI training/orientations to help them gain a better understanding of the CQI tools and procedures
- Each facility should also prepare a **CQI folder** where Quality Improvement Plans (QIPs, CQI meeting minutes and other CQI-related documentation are recorded and kept)

VMMC SITE READINESS AND PREPARATION TOOL
(Complete the table below with details of the site being assessed and names of the assessors)

Site Information				
Name of Site/ Facility/ GP		Implementing Partner		
Date of Assessment:				
Name of Facility Manager:				
Province		District		
Sub-District		Target (MMC per month)		(per month)
Type of Site:	Fixed (F)		Outreach (O)	Mobile (M)
	Routine		Scheduled	Campaign
Name of Assessor(s)				

Interview with the Head of Facility Manager:
Facility manager's name: _____

*CQI tools are currently under review to be updated.

A CQI team may facilitate any of the following activities (3/5):

3. Conduct *baseline* assessments at VMMC sites

For facilities that provide VMMC already, conducting the day-long baseline assessment will determine the level and frequency of quality improvement support required at those VMMC sites. Frequency of support needed summarised below:

Monthly support

For sites with **significant** quality gaps

Red dashboard

- **Data criteria:** <70% for MMC procedure and/or; <70% for infection control and/or; <50% average compliance with all components/indicators.
- **Frequency of support:** Need-based monthly coaching visits accompanied by CQI teams
- **Frequency of CQI re-assessments:** monthly
- **Approach:** Use of quality improvement methodologies and tools; Track MMC indicators; Identify gaps; Test changes; Integrate, hold monthly CQI meetings; Use of data to inform improvement and decision making; Client assessment (history taking and examination)

Quarterly support

For sites with **moderate** quality gaps

Amber dashboard

- **Frequency of support:** Quarterly CQI support visits alternated with quarterly CQI re-assessment visits.
- **Frequency of CQI re-assessments:** quarterly
- **Approach:** The site will be requested to forward its CQI meeting minutes/reports to the district

Annual support

For sites with **minimal** quality gaps

Green dashboard

- **Frequency of support:** Annually. Sites will develop an overall programme-level QIP.
- **Frequency of CQI re-assessments:** annually
- **Benchmarking/Showcasing Results:** Quarterly support sites will be asked to share their best practices at quarterly meetings and learning sessions

Baseline assessments also inform the Quality Improvement Plan (QIP) (see following pages)

4. Conduct CQI assessments

A CQI team may facilitate any of the following activities (5/5):

4. Conduct *routine* facility assessments

Quality improvement assessment tools* cover **eight major areas** or standards:

Infrastructure, Supplies, Equipment & Environment

Evaluates the infrastructure, availability and storage of all VMMC commodities

Surgical Procedure

Assesses the pre-operative client preparation, the surgical room and whether the surgical procedure is conducted as per DoH requirements

Infection Prevention & Waste Management

Evaluates whether staff are adhering to protocols for disposal and management of waste

Group Education, Registration, IEC**

Determines if group education meets standards; considers the availability of age-appropriate IEC materials

Individual Testing & Counselling

Assesses if testing is done according to SA HIV Testing guidelines, including VMMC message reinforcement on wound care, AE identification etc.

Monitoring & Evaluation

Assesses overall data management and availability of data tools on site

Management Systems

Assessing the availability of prescribed guidelines, SOPs; human resources on-site and demand creation plans, including available quality assurance systems

Leader, Planning & Sustainability

Evaluating the facility and district management

5. Diagnose under- and overperformance with a root cause analysis

CQI teams help facilities reach equilibrium: operating above capacity may risk safety breaches due to overworked providers and heavily-burdened counsellors, and operating below capacity may signal inefficient use of resources. A root cause analysis looks at service delivery, staff shortages, demand creation and saturation of the catchment area

*CQI tools are currently under review to be updated. **IEC: Information, Education, Communication Materials

The image shows a screenshot of a quality improvement assessment tool for voluntary medical male circumcision (VMMC) in South Africa. The form is titled 'VOLUNTARY MEDICAL MALE CIRCUMCISION QUALITY IMPROVEMENT ASSESSMENT TOOL' and is associated with the Department of Health, Republic of South Africa. It includes fields for Province, District, and Facility Name. The 'Type of Facility' section has a grid with options: 1. OUTREACH, 2. CLINIC, 3. HOSPITAL, 4. CORRECTIONAL, 5. MOBILE, 6. CHC, 7. PRIVATE, 8. OTHER. There is also a 'SUPPORTED BY' section with options: 1. CDC, 2. USAID, 3. DOH, 4. OTHER. The 'NAME OF PARTNER SUPPORTING THE FACILITY' section has a grid with options: 1. RTC, 2. THE AURUM INSTITUTE, 3. SOCIETY FOR FAMILY HEALTH, 4. JHPIEGO SOUTH AFRICA, 5. MATCH, 6. TB HIV CARE ASSOCIATION, 7. SACTWU. The 'AREAS OF PARTNER SUPPORT' section has a grid with options: 1. STAFF, 2. TRAINING, 3. M&E, 4. DATA MANAGEMENT, 5. MENTORING, 6. DRUGS, 7. SURGICAL PROCEDURE, 8. QI, 9. INFRASTRUCTURE, 10. EQUIPMENT, 11. OTHER: Specify. The 'DELIVERY OF MMC SERVICES' section has 'YES' and 'NO' columns.

Develop Quality Improvement Plans (QIP) with facilities

After facility baseline assessments are concluded, the CQI teams work with facilities to develop Quality Improvement Plans (QIP) responding to the identified challenges. They also establish a timeline for improvement and conducting follow-up assessments to determine progress. Remember to store these QIPs in the facility's CQI folder

6. Convene CQI reviews

Coordinate stakeholder meetings

The CQI teams also organise regular meetings of DoH officials, donor agencies, implementing partners and other representatives to review how VMMC sites are performing across standard areas and to discuss successes and challenges. This has proven effective in addressing common issues and sharing best practices





Up-keep Monitoring & mentoring

7. Continuously monitor & mentor

Up-keep

CQI is not limited to on-site assessments. District-level CQI teams continuously monitor a variety of performance indicators at VMMC facilities to be alert to potential gaps or challenges. These include reports on AEs and quarterly assessments of client perceptions of and overall satisfaction with VMMC service points. **Apart from these, CQI teams also facilitate the following:**



Coordinate ongoing training of VMMC service providers

District CQI teams provide pertinent training to VMMC service providers based on gaps identified during the assessments, alongside regular training designed to share learnings and improve the overall capacity of the facilities in the district



Connect clinicians-in-training to mentors

During the VMMC training process, clinicians are required to secure a mentorship before they can be certified to perform circumcisions. This step ensures they can translate theoretical skills into practice. CQI teams play an important role in connecting these trainees to mentors

Next steps to kick off CQI in your district



Reach out the National Department of Health's VMMC Programme Quality Lead,
Lisbeth Mathebula at
lisbeth.mathebula@health.gov.za



To read MMC SUSTAIN's best practice case study incorporated into this guide, click [here](#) →

To view other best practice resources by MMC SUSTAIN, click [here](#) →

To view official guidelines and documents for VMMC, click [here](#) →

