



Community Defined Quality (CDQ): Creating Partnerships for Improving Quality

MAQ Exchange

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What is CDQ?

A methodology to improve quality and accessibility of health care with greater involvement of the community in

- ◆ Defining,
 - ◆ Implementing and
 - ◆ Monitoring
- the quality improvement process.

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Features of CDQ

- ◆ CDQ can be a complementary strategy to other QI
- ◆ Not a substitute for the technical assessment of quality. Creation of a quality improvement partnership between the community and health workers
- ◆ Exploration and sharing of both community and health worker perceptions of quality
- ◆ Emphasis on mutual responsibility for problem identification and problem solving - not blame
- ◆ Operationalizes a shared rights and responsibilities approach

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Why Use CDQ?

- ◆ **Complements QI process by looking for answers outside health system**
- ◆ **Focuses on health issues that most affect community**
- ◆ **Captures perspectives of both clients and non-clients**
- ◆ **Empowers community through ownership and accountability of QI process**
- ◆ **Gains commitment for community resources**
- ◆ **Engages clients, non-clients and health service personnel in dialogue and action**

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Value Added of CDQ

Beyond Quality Improvement...

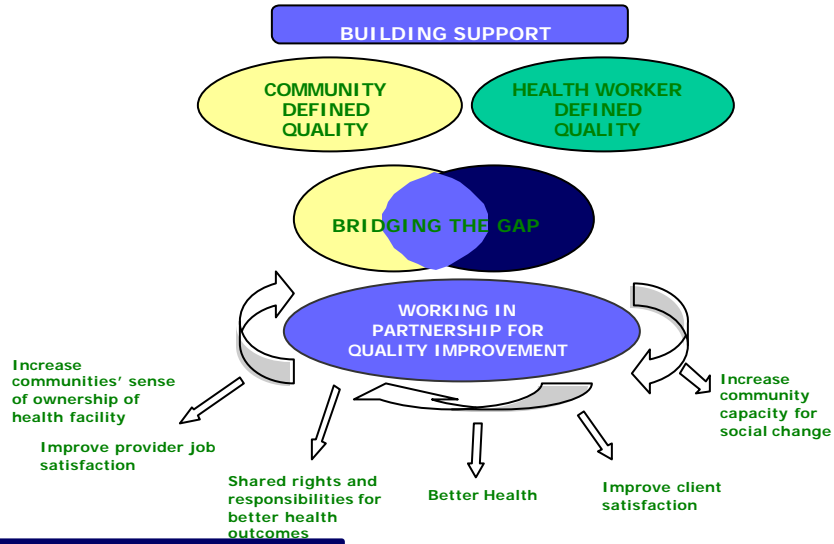
- ◆ Helps eliminate social and cultural barriers to better health
- ◆ Strengthens community's capacity to improve health
- ◆ Creates mechanism for rapid mobilization around health priorities

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CDQ FRAMEWORK



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Adapted for USAID MAQ-CDO Subcommittee
SAVE



CDQ in Action

Examples:

- ◆ PUENTES - Peru
- ◆ SC/US PDQ - Nepal
- ◆ Community Cope - East Africa



Puentes – Building Bridges for Quality

Project Objectives

- ◆ Establish a joint venture between communities and health services to bring client and community perspectives into a QI program
- ◆ Increase utilization of public health services
- ◆ Improve interaction and communication between clients and health service providers



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The Problem

- ◆ Relationship between clients and providers major barrier to utilization of RH services
- ◆ Cultural, educational and socio-economic gaps between clients and providers lead to poor communication



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Usual Remedies

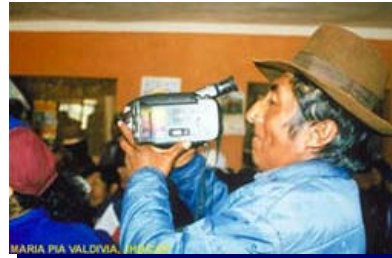


- ◆ Traditionally efforts to improve quality focus on strengthening provider's clinical skills
- ◆ Less focus on interpersonal communication
- ◆ Minimal participation of community in defining and improving quality of care



Innovating CDQ

- ◆ Videos produced by community members and health center personnel
- ◆ Showed how the two groups define quality of care
- ◆ Used interviews, group discussions, frank testimonials & socio-dramas
- ◆ Shared videos during two day interchange of experiences and views



- ◆ Developed action plans together for improving quality
- ◆ Jointly implemented & evaluated project activities

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Preliminary Results

- ◆ **MOH and community members report increasing utilization of health services**
- ◆ **Sites have organized joint committees to coordinate, monitor and document activities**
- ◆ **Communities and service providers meet regularly to review progress on implementing action plans**
- ◆ **Tangible results include: expanded hours of service, additional resources (human and physical) and community participation in improving health centers**

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Save the Children Partnership Defined Quality (PDQ) – Nepal Experience

Objectives

- ◆ **Make services more accessible and friendly to disadvantaged people, ensuring implementation within a cultural context.**
- ◆ **Create the demand for quality services, while forming a sense of responsibility for, and ownership of, services among community members.**
- ◆ **Develop advocates for health services among the community that can assist health workers to make changes within the health care system.**

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The Problem

- ◆ Despite training and ongoing quality improvement efforts, improvements were not sustained at the local health posts
- ◆ Different health priorities between providers and consumers



Applying PDQ

- ◆ Exploration of quality definitions through many focus group discussions with different community members and health center workers
- ◆ Bring the groups together to share the view points, establishing priorities, action planning
- ◆ Electing local Quality Improvement Teams(QIT) from members of the community and health workers
- ◆ QIT engage in a continuous quality improvement process:
 - ◆ Determining priority issues
 - ◆ Mobilizing community members and health center staff to resolve the problems
 - ◆ Monitoring progress in improving quality

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Preliminary Results

- ◆ Improved relations between clients and service providers
- ◆ Early data suggest significant increase in use of some services (tetanus toxoid and measles immunization)
- ◆ Innovative tools developed and used to monitor quality (e.g. pictorial exit survey for non-literates)
- ◆ High level of participation by community members, especially women, and health workers
- ◆ Midterm evaluation found 100% use of clean needles and proper handling of dirty needles

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Community COPE[®] in East Africa

Objective:

- ◆ To build on and strengthen ongoing QI efforts
- ◆ To understand the community's needs and its definition of quality services

Problem:

- ◆ Only reaching current clients - needed to expand to non-clients and discontinuers

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Rationale:

- Service providers and clients/community often have divergent views of the quality of care
- Even in sites where clients are asked their opinions of services, they may feel too shy or intimidated to share negative opinions
- Many community members do not seek services at all, and they will not be heard unless staff go to them



Intervention Site

- ◆ Mission hospital in East Africa
- ◆ Referral hospital for the district
- ◆ 110-bed capacity
- ◆ 60-70% occupancy
- ◆ Provides a wide range of preventive and curative services in a poor rural area



Community COPE® Process

- ◆ Meetings held between community leaders and hospital staff
- ◆ Interviews, group discussions, and meetings in the community
- ◆ Establishment of a QI Team
- ◆ Analysis of issues raised and development of action plan
- ◆ Follow-up with community participants

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Each of these activities involved different stakeholders in defining quality.

Participants in interviews and group discussions included teachers, students, farmers, housewives and local leaders.



Solutions/Results

- ◆ Shortened waiting time
- ◆ Increased specialized services
- ◆ Coordinated outreach services
- ◆ Improved staff attentiveness and friendliness
- ◆ Clarified charges
- ◆ Addressed blood shortage
- ◆ Improved cleanliness
- ◆ Cleaned and renovated mortuary
- ◆ Provided curtains for privacy

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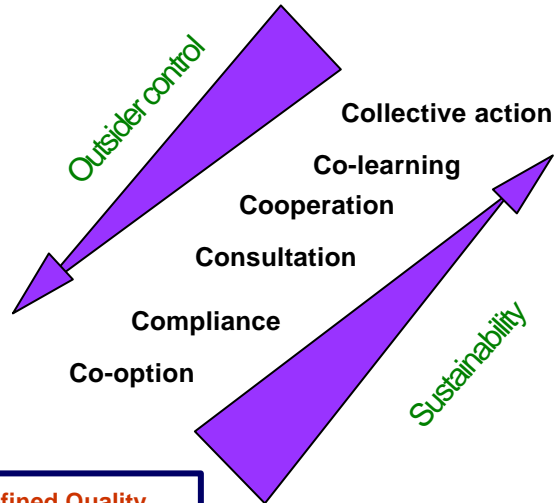
For more detail on these see

Dohlie, MB, et al.

“COPE, a Model for Building Community Partnerships that Improve Care in East Africa” *Journal for Healthcare Quality*, Vol. 22, No. 5. Sept/Oct. 2000.



CDQ: Continuum of Participation



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CDQ: Challenges

- ◆ Time commitment from the participants
- ◆ Maintaining political will to continue CDQ efforts
- ◆ Gaining true community representation and participation at all levels
- ◆ Keeping the process flexible to meet local needs
- ◆ Replication and scaling up



CDQ: Lessons Learned

- ◆ Does not require huge investment of additional resources when built into existing system improvement efforts
- ◆ CDQ can be a catalyst for other initiatives
- ◆ Problems of technical competence and safety may not be mentioned but enter into the prioritization process through standards and health worker input

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CDQ: Lessons Learned *continued*

- ◆ Dialogue often yields solutions – e.g. allows misconceptions to be clarified
- ◆ Skilled and impartial facilitators are essential
- ◆ Formative research is critical to understanding issues and designing appropriate interventions