



A business approach to improving quality of maternity care

THE CHALLENGE: QUALITY OF CARE

More mothers than ever are delivering in hospitals, but better access to care often does not mean better health outcomes. Why? **Poor quality of facility-based care.** This is the issue of the next generation in maternal health.



JACARANDA'S MISSION AND APPROACH





EVIDENCE OF IMPACT

Jacaranda's tools and systems have resulted in unprecedented outcomes among our patient population

0.04%

stillborn rate

57%

of women returned for family planning services, 60% higher than national average



66%

fewer maternal complications than nearby public hospitals

98%

of patients said they were willing to refer friends to our clinics



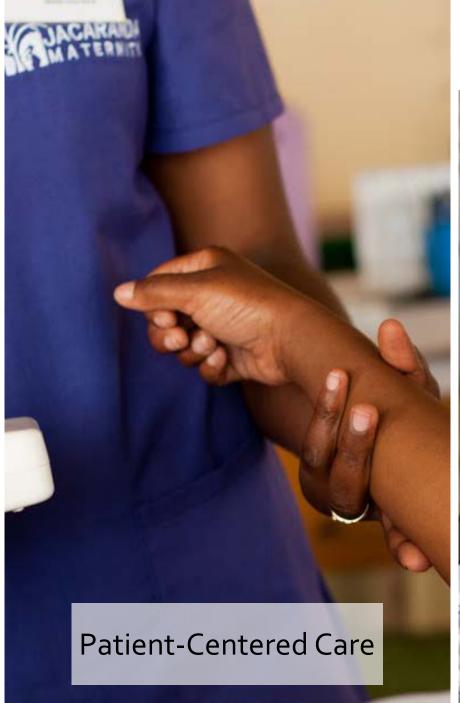
90%

of clients still exclusively breastfeeding at 6 months postpartum (40% higher than the national average in Kenya)

Only ~\$100: cost of delivery in our facilities







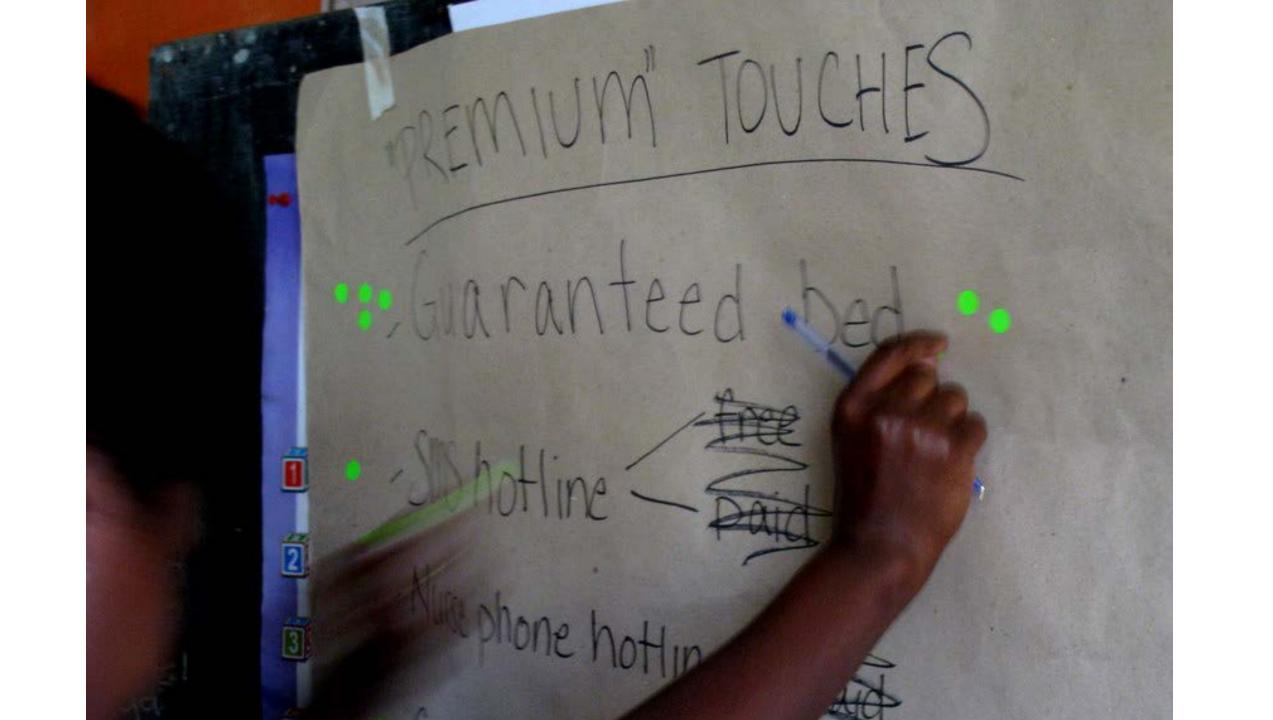




INVOLVING PATIENTS IN SERVICE DESIGN



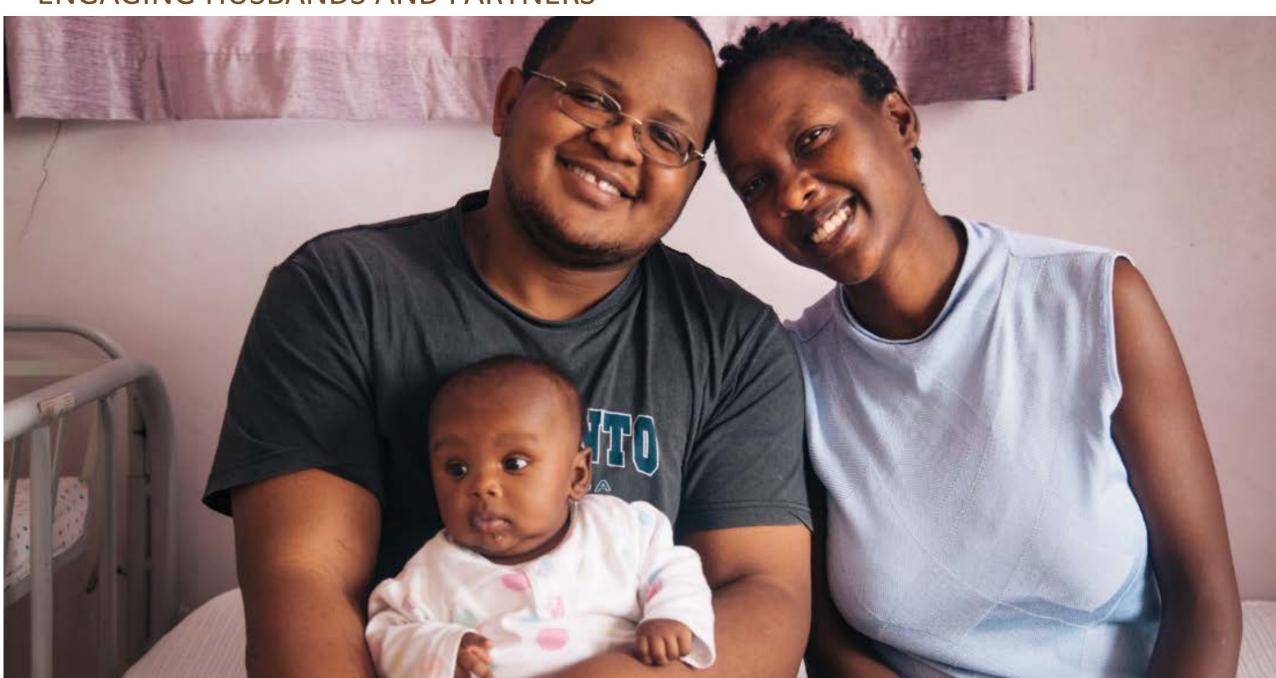






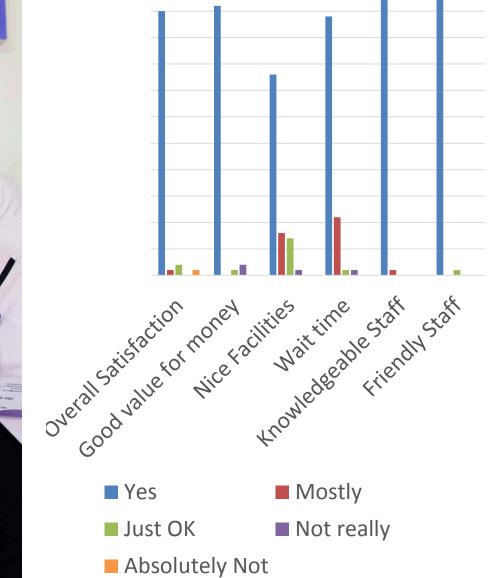


ENGAGING HUSBANDS AND PARTNERS













HOSPITAL SYSTEMS AND **PROCESSES**

Jacaranda Health Protocols and Standard Operating Procedures



ORGANISATIONAL



Documentation Standards



Patient Identification Policy

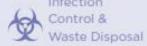


Emergency Response and Referral











ANTENATAL

- · Routine Antenatal Care
- · Management of medical conditions in pregnancy
- Management of Obstetric Complications in Pregnancy
- · Birth Planning
- . Emergency Planning
- · Management of Shock



INTRAPARTUM

- · Triage of Suspected Labour
- · Management, Induction and Augmentation of Labour
- · Episiotomy and Repair
- Management of Obstetric Complications

SURGICAL

- · Consent for Caesarean Section
- · Urgency of Caesarean Section and Decision to Delivery Time
- · Pre-operative Care for Caesarean Section
- Standard Surgical Procedure for Caesarean Section
- Clinical Roles and Responsibilities in the Operating Theatre

NEWBORN

- · Immediate Care of the Newborn
- Neonatal Resuscitation
- · Routine Examination of a Newborn
- Management of Newborn Complications

POSTNATAL

- · Routine Postnatal Care
- · Post-operative Care
- Wound Care (Surgical) incisions)
- Discharge Planning
- Management of Intrauterine Death. Still Birth and Neonatal Mortality



CHILD WELLNESS

- Routine Examination of a Child
- Standard Immunization and Vaccination Schedule
- · Growth Monitoring
- · Management of Medical Conditions in Childhood

FAMILY PLANNING

- · Barriers to Family Planning
- Emergency Contraception
- · Family Planning Methods
- Suspected Pregnancy while using Family Planning





Tools for safety and quality



Patient safety is at the core of clinical practice at Jacaranda Health. This requires standardising practice, creating a culture of quality, empowering nurses, and regular review of our charts and cases.

At Jacaranda, we use a variety of tools to ensure that our clinicians deliver safe, high-quality, patient-centered care:

STANDARDIZING PRACTICE

Clinical protocols and standard operating procedures

We adapt evidence-based clinical protocols to our setting with the input of our expert advisors internationally and in Kenya.

Forms and documentation

We designed our medical records to capture every clinical touch point, and have updated them for usability, protocol adherence, and speed. They incorporate protocols by highlighting abnormal or worrying clinical features that require further investigation or management.



AUDITS AND REVIEW

Weekly case reviews

Cases involving near misses, adverse events or positive outcomes are presented by clinical staff. The reviews assess adherence to protocol, areas for further work, and the impact on clinical outcomes.

Documentation audit

Weekly check completeness of documentation and adherence to protocol. Key metrics are reported to staff on a weekly basis. Routine auditing and feedback have seen an improvement in partograph completion from 26% in September 2013 to 100% in February 2014!



EMPOWERING NURSES

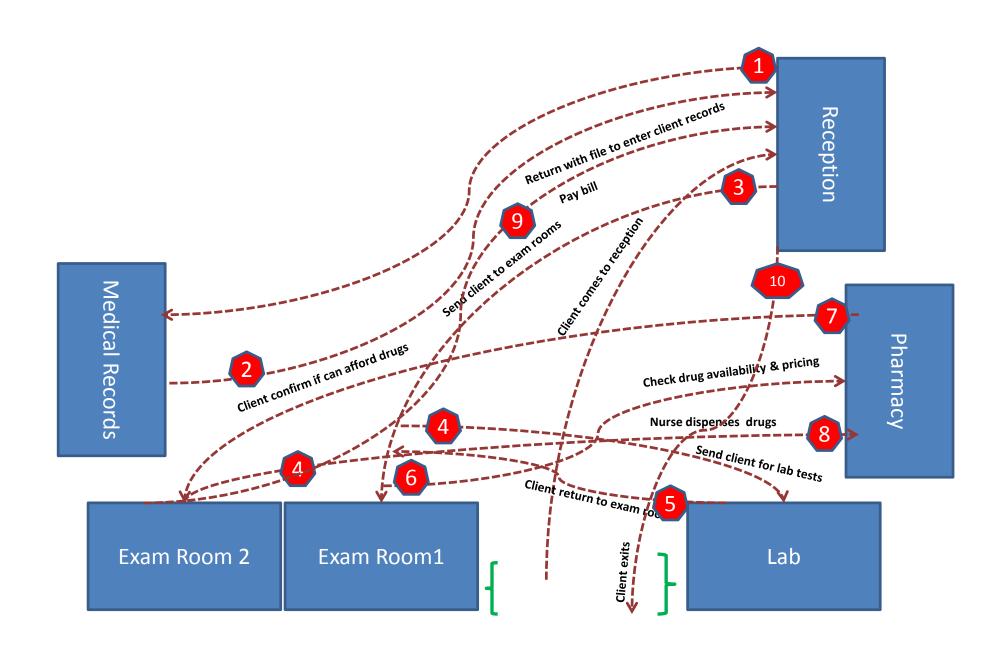
Skills and Drills

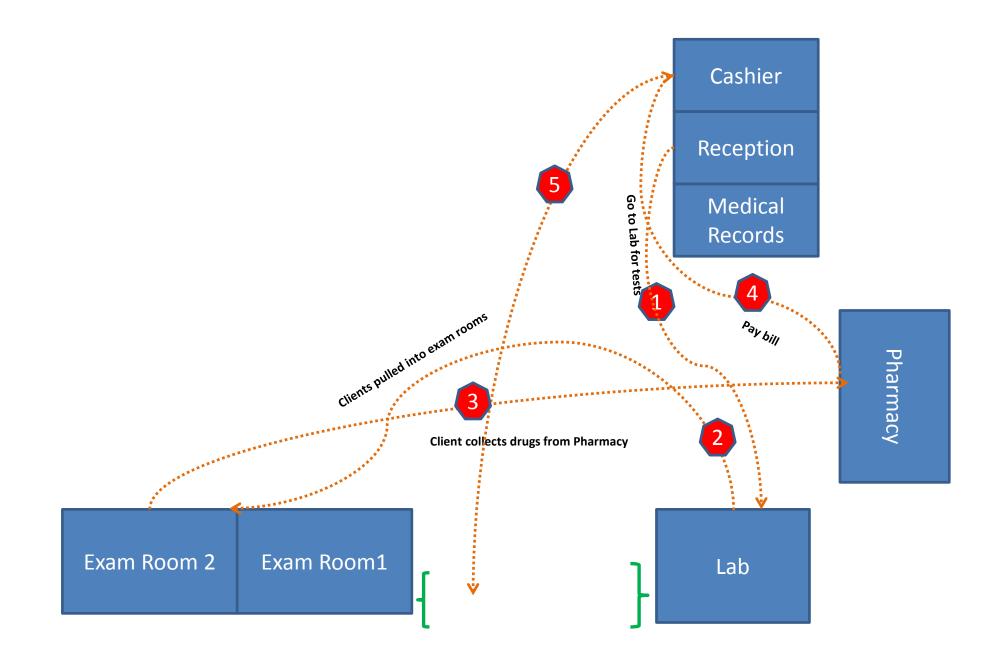
We use simulation training to improve management of obstetric & newborn emergencies. Simulations currently being trialled include: Neonatal & Adult Resuscitation, Shoulder Dystocia Management & Management of Postpartum Haemorrhage.

Clinical Champions

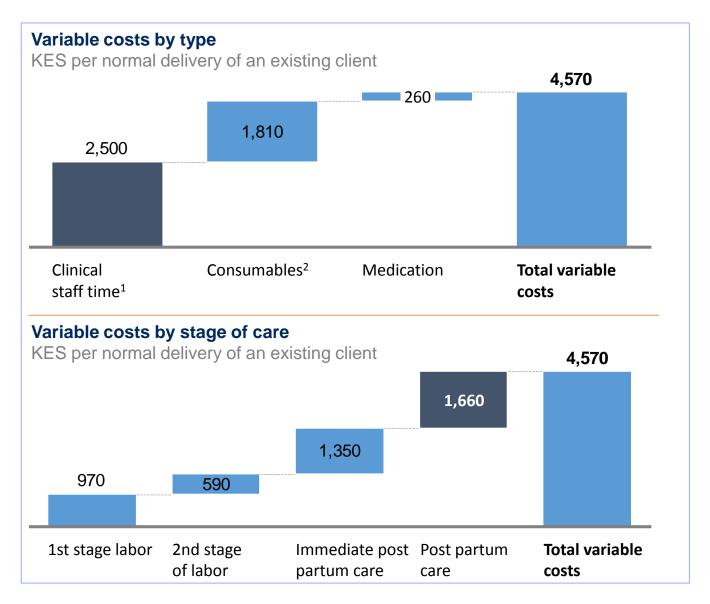
We training clinical staff to be champions in areas of paediatric care, family planning, quality, and obstetric simulations. These nurses will be experts in their designated clinical area, and will be responsible for training and education of their peers.







UNDERSTANDING COSTS



¹ Clinical staff time includes the cost incurred associated with the specific time required to complete the client service;

² Consumables include all non-reusable materials required to deliver the service (e.g., syringes, needles, etc)



JACARANDA'S PORTFOLIO OF SCALABLE TOOLS / PRODUCTS

New Technology

sMS "nudge"
innovations
improve uptake of
care – messages
result in 60% return
visits and higher FP
rates





Patient-Centered Care

We develop tools with clients to facilitate patient respect and satisfaction:
Home visits, Health education, Partner/family engagement



Our HR package includes tools this provides support for midwives, improving their skills and patient outcomes.





Quality Improvement

Tools to improve clinical quality include: Postpartum checklist, Clinical protocols & SOPs, Decision support tools, c-section toolkit

A teachable **Lean Six Sigma QI process** empowers "quality champions" to improve pregnancy and newborn outcomes in their own facilities.



ACADEMIC PARTNERS









THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL



PROFESSIONAL ASSOCIATIONS







National Nurses Association of Kenya

GOVERNMENT PARTNERS

Division of Reproductive Health

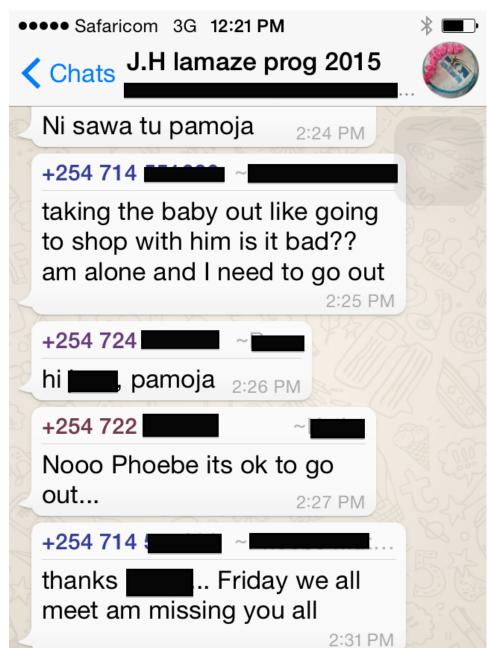
District Health Management

County Level Health commissioners

DFID's Private Sector Partnership for Health

Public Health Facilities in Kiambu County

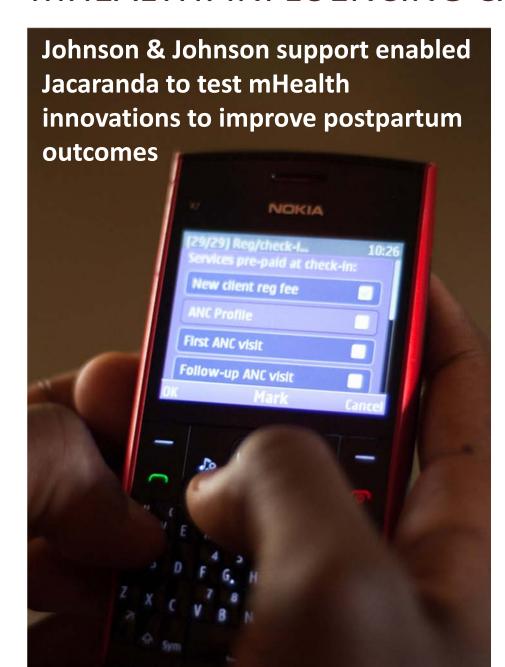
INNOVATIONS IN GROUP-BASED CARE



- Group antenatal and postnatal care
- Group pre-discharge counselling
- Social media-based support networks
- Women who took up family planning at 3 months postpartum
- Inpatient group postpartum education associated with 40% reduction in reported post-discharge complications



MHEALTH: INFLUENCING CARE SEEKING AND FAMILY PLANNING



2016

We messaged over **2,000 women who delivered at Kiambu District Hospital** to provide information on postpartum complications, newborn care, and family planning.

Key Outcomes

Compared to those who did not receive text, women who received the SMS-based postpartum checklists showed a

fold increase in postpartum care-seeking

fold increase in family planning uptake

2017

- We are conducting an RCT in 3 Facilities in Kiambu County for the postpartum checklist
- We are also measuring the impact of chat groups for building social support of 150 pregnant women
- Exploring opportunities to 'package' the content of message for use in other contexts

EXTENDING INFLUENCE THROUGH QUALITY IMPROVEMENT (QI)



2016

Applied QI methods at 5 public facilities, with over 50 frontline providers.

Key Outcomes

- Reduction in maternal infection rates at one facility
- Reported complications in breastfeeding, from a baseline of **33%**

2017

- Scaling the program to 5 more facilities.
- Developing a change package to improve
 Person-Centered-Care
- Support a Ministry of
 Health priority: Influence
 sustainable approaches to
 QI implementation by
 establishing strategic
 partnerships with QI
 practitioners



