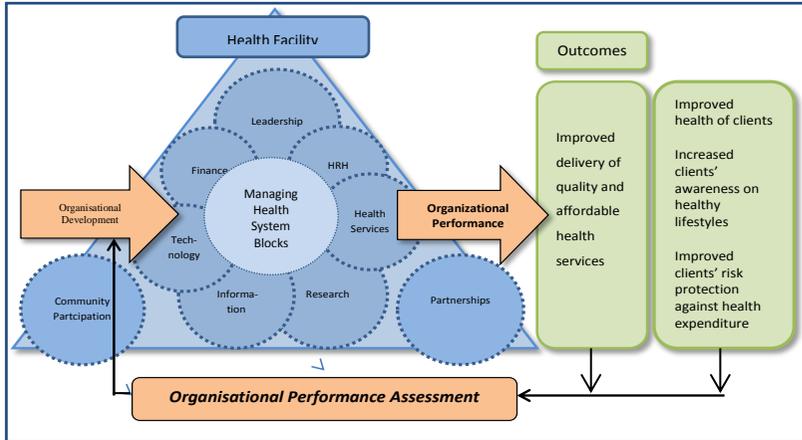


Adapting the WHO 'HSS' Concept for usage by the Health Facility

A Model to Induce Organisational Change for Improved Performance and Outcomes

Conceptual Framework

The WHO/Ouagadougou concept of 'Health Systems' for the National Health Sector is modified into an 'Integrated Organisational Model' and applied at the health facility. The model appreciates the interdependencies of the nine health system blocks with respect to health facility performance and outcomes.



Background

In 2008, Ghana subscribed to the Ouagadougou Declaration on Primary Health Care and Health Systems, to develop a country framework of 9 main priority areas to achieve better health for its population in the new millennium.

Health Systems in Local Context

In 2010, the Christian Health Association of Ghana (CHAG) adopted the Ouagadougou declaration for use in its health facilities. A conceptual framework was designed and tested in 60 health facilities. Based on the same framework a health facility performance assessment tool was developed and is currently being tested.

CHAG

CHAG is the 2nd largest health service provider in Ghana. It comprises a network of 183 health facilities, of which 58 are major hospitals situated in remote localities. CHAG accounts for 30% of all in-patients and 20% of all out-patients in Ghana's health sector.



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Results

Presbyterian Hospital, Agogo

Presbyterian Hospital, Agogo is a CHAG referral hospital in Ashanti Region in the East of Ghana. It serves a catchment population of about 150,000 and has an average monthly OPD of 10,000 pp and IPD 1,500 pp. Bed capacity is 250 beds. Total staff is 319.

Problem	High Institutional Maternal Deaths
Contributing Factors by Health System Block	<p>Community Ownership & Participation</p> <ul style="list-style-type: none"> * Late referrals from referral centres * Referred patients unaccompanied by health staff * Lack of transport for referral patients <p>Health Information</p> <ul style="list-style-type: none"> * Poor documentation from referral centres * Poor feedback on referral to referral centres <p>Health Technology</p> <ul style="list-style-type: none"> * Non-compliance to protocols, no use of partograph <p>Human Resources</p> <ul style="list-style-type: none"> * TBAs not aware of danger signs of pregnancy and labour
Root Cause	Non-appreciation, non-recognition of causes of maternal mortality
Interventions addressing root cause	<p>Human Resources</p> <ul style="list-style-type: none"> * On-site training in customer care * Training on eclampsia, Mag-Suf, use of partograph (protocol development) * Select, sensitize, train and upgrade TBAs to prioritise maternal health * Provide incentives for early referral * Deploy pharmacist assistant for ANC and PNC <p>Community Ownership & Participation</p> <ul style="list-style-type: none"> * Sensitisation meeting with all referring facilities, community leaders, TBAs and transporters <p>Health Technology</p> <ul style="list-style-type: none"> * Establish contact and telephone network with referral centres and staff * Provide delivery kits to TBAs <p>Service Delivery</p> <ul style="list-style-type: none"> * All severe cases of PIH to be referred to next level of care * Midwives retrieve ANC cards for pregnant women
Review, adjust	Continuous Quality Improvement
Outcomes	<ul style="list-style-type: none"> * 27% increase in ANC registrants and 23% increase in PNC attendants * Reduction in number of neonatal deaths by 8 * Strong stakeholder commitment and community engagement * Reduction in institutional maternal mortality by 15%

System Thinking

Health Facilities are coached to analyse organisational performance from a systems perspective and to address critical problems using a health system strengthening approach.

Systems Perspective	'Old-Style' Approach
'Context' as opposed to 'Detail'	
Appreciates details in relation to wider environment and setting	Overly focused on detail and largely neglecting contextual factors
'Cause-Effect' as opposed to 'Symptom'	
Recognizes critical and fundamental cause-effect relationships	Primarily concentrated on unconnected signs rather than root causes
'Multi-dimensional' as opposed to 'One-dimensional'	
Understands interaction and interdependencies of multiple factors	Complexity is essentially reduced to simplistic proportions
'Dynamic' as opposed to 'Static'	
Adopts a longer-time perspective	Fixated on static or isolated events
'Pro-active' as opposed to 'Re-active'	
Supports attitude for taking charge and managing change in a timely manner	An un-decisive, 'Laissez faire' attitude and approach

Health System Blocks

System Block	Functions	Outcomes
Leadership and Governance	Stewardship, setting health system performance goals, developing strategic plans and managing operations and resources in line with regulatory frameworks.	Accountability, transparency, efficiency, effectiveness and synergy amongst the health system building blocks towards the achievement of health sector goals.
Human Resources	Planning, managing and utilizing the numbers, quality and distribution of health staff.	Required health workforce to deliver quality health services is available, motivated, satisfied and functional.
Service Delivery	Provision of essential, accessible, affordable and integrated health services.	Availability, accessibility and affordability of health services that meet patient needs.
Financing	The mobilization, management and accountability of funds and resources.	Required inputs for services are available at the most competitive prices.
Technology	Ensuring access to and appropriate utilization of medicines, vaccines, technologies and infrastructure.	Availability and use of scientifically sound and cost effective technologies.
Health Information	Monitoring and Evaluation, the use, analysis and dissemination of reliable and timely information.	Reliable and timely information for evidence-based decision making.
Community Participation and Ownership	Engaging communities and leadership in determining health activities and taking ownership for their own health.	Increased responsiveness to the health needs of the community and improved health seeking behavior of community members.
Partnership	Working with stakeholders in the context of mutual respect to fill in gaps within the health system and address them in a coordinated manner.	Improved collaboration and coordination among actors and increased efficiency and effectiveness in service delivery.
Research	Study and analyze system functioning.	Evidence-based, locally relevant system improvements.

Lessons learnt

Health Facility

The model:

- ✓ resulted in improved performance and outcome of the health facility;
- ✓ is an effective tool to analyse and address problems more rationally, helping to differentiate between causes and symptoms;
- ✓ clearly shows interaction and interdependencies between the various health system blocks, and it supports staff to understand these;
- ✓ supports ownership, teamwork and collaboration across disciplines and departments;
- ✓ supports engagement between health facility and the communities;
- ✓ provides a framework for organisational performance and outcome assessment;
- ✓ provides a simple framework to carry out an implementation research and delivery agenda.

Local Level Health Sector Administration

- ✓ The model provides a rational framework for a comprehensive health sector M&E system at the local level.

National Level Health Sector

- ✓ The model is replicable to improve national health sector systems.
- ✓ It also provides a rational framework for a comprehensive health sector M&E system at the National level.