

## Implementing Quality Improvement Projects to Enhance Contraception and Abortion Care Service Provision and Pre-Service Training of Health Care Providers

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**Abstract :** Improving the quality of sexual and reproductive health services that women receive is expected to have an impact on women's satisfaction with the services, on their continued use and, ultimately, on their ability to achieve their fertility goals or reproductive intentions. Surprisingly, however, there is little empirical evidence of either whether this expectation is correct, or how best to improve service quality within sexual and reproductive health programs so that these impacts can be achieved. The recent focus on quality has prompted more physicians to do quality improvement work, but often without the needed skill sets, which results in poorly conceived and ultimately unsuccessful improvement initiatives. As this renders the work unpublishable, it further impedes progress in the field of health care improvement and widens the quality chasm. Moreover, since 2014, the Center for International Reproductive Health Training (CIRHT) has worked diligently with 11 teaching hospitals across Ethiopia to increase access to contraception and abortion care services. This work has included improving pre-service training through education and curriculum development, expanding hands-on training to better learn critical techniques and counseling skills, and fostering a "team science" approach to research by encouraging scientific exploration. This is the first time this systematic approach has been applied and documented to improve access to high-quality services in Ethiopia. The purpose of this article is to report initiatives undertaken, and findings concluded by the clinical service team at CIRHT in an effort to provide a pragmatic approach to quality improvement projects. An audit containing nearly 300 questions about several aspects of patient care, including structure, process, and outcome indicators was completed by each teaching hospital's quality improvement team. This baseline audit assisted in identifying major gaps and barriers, and each team was responsible for determining specific quality improvement aims and tasks to support change interventions using Shewart's Cycle for Learning and Improvement (the Plan-Do-Study-Act model). To measure progress over time, quality improvement teams met biweekly and compiled monthly data for review. Also, site visits to each hospital were completed by the clinical service team to ensure monitoring and support. The results indicate that applying an evidence-based, participatory approach to quality improvement has the potential to increase the accessibility and quality of services in a short amount of time. In addition, continued ownership and on-site support are vital in promoting sustainability. This approach could be adapted and applied in similar contexts, particularly in other African countries.

**Keywords :** abortion, contraception, quality improvement, service provision

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