

# Quality improvement of leprosy control activities within integrated setting

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## Lay out of presentation

- A. Leprosy in Africa
- B. Leprosy control activities
- C. Integration
- D. Quality improvement
- E. Application of QI to leprosy control in low endemic situations.
- F. Summary

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## A. LEPROSY IN AFRICA

- MDT Programmes:– downward prevalence trends.  
– stable new case detection trends.
- Does prevalence overlap with endemicity?
- Leprosy Elimination Programmes: integrated or combined?
- Leprosy one of the “neglected diseases.”
- The puzzle: low endemicity + integration + good quality + sustainability.<sub>3</sub>

## B. LEPROSY CONTROL ACTIVITIES

1. Case finding
2. Treatment and case holding
3. Reactions management
4. Care for disabled patients (normal and special)
5. Training (First Level Health Workers and others including Doctors)
6. Supervision (First level, District)
7. Health Information System
8. Drug supply management
9. Planning

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## C. INTEGRATION / COMBINATION

### INTEGRATION=

a process of bringing together common functions within and between organizations to solve common problems

*Also = optimizing the use of scarce resources and responding to people's needs more effectively*

### Degrees of integration:

If present: full, partial, none

If only anticipated: ready, partly ready, not ready

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## Integration continued:

### Combination: e.g with TB programme

- Functions, resources and logistics combined to achieve common operational objectives.

MAY ONLY SERVE TO CREATE A LARGER VERTICAL PROGRAMME !!!!

### Semi-integration as an option :

- Cost effective
- Facilitates more complete integration in future
- A way to keep leprosy on the agenda

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## D. QUALITY IMPROVEMENT

### Quality Improvement (QI):

- One aspect of Quality Assurance:(QA all the actions taken to make health care better.)

QI: identifies where gaps exist between services and expectations for services; it lessens the gaps to meet customer needs and expectations then exceeds them to achieve unprecedented levels of performance.

*Lessening gaps is not just about adding resources!*

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## Quality improvement continued

### In-puts and processes:

Both resources (in puts) and activities carried out (processes) must be added together to ensure quality improvement (output/outcome)

### QI integrates:

the CONTENT and the PROCESS of providing care.

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## Quality improvement continued

- Content defined in the form of guidelines and should follow evidence based medicine.
- The process of care involves CHANGING the system to allow implementation of the guidelines.

### THE CONCEPT OF IMPROVEMENT:

Improvement requires change but not every change is an improvement.

To achieve a better level of performance, make changes in the system that will make it yield BETTER results.

*An unchanged system will yield (at best) exactly*

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## Quality improvement continued.

Principles of improvement: (these are related to the principles of quality management)

### 1. CLIENT FOCUS

Designed to meet the needs of the client and the community.

### 2. UNDERSTANDING WORK AS PROCESSES AND SYSTEMS

Provides most understood service systems in order to improve them.

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## Principles of improvement continued:

3. TESTING CHANGES AND EMPHASIZING THE USE OF DATA
  - Test in order to determine whether they yield the required improvement. Data are required to determine whether the changes have resulted in improvement.
4. TEAM WORK
  - Improvement is achieved through team approach to problem solving and quality improvement.

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## Quality improvement continued

### Use of measurements and data in QI:

- a. identify and assess problems
- b. verify possible causes
- c. allow us to make informed decisions
- d. show if a change yields improvement and by how much.
- e. monitor processes over time to see if changes and associated improvement are maintained.

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## Quality improvement continued

Steps to quality improvement:

1. Determine what to improve : IDENTIFY
2. Determine what must be understood before changes are considered: ANALYZE
3. Determine what changes will yield improvement: DEVELOP (hypothesis, intelligent guess)
4. TEST the change to see if the proposed intervention yields the expected improvement and IMPLEMENT if it does.

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## Quality improvement continued.

Testing and implementing:

The PDSA cycle

**Plan:** chose most appropriate hypothesis

**Do:** Test the hypothesis

**Study:** Was change tested as planned?  
Did it yield improvement?

**Act:** according to the result of study.

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## E: Application to leprosy control in integrated settings in low endemic situations

1. Go back to list of essential leprosy control activities.
2. Determine what MUST be changed and why.
3. Determine the required improvements.
4. Which changes will lead to each required improvement?
5. Test and implement: 

Plan	the changes
Do	the changes
Study	the outcome
Act	accordingly.

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## E: Application to leprosy control in integrated settings in low endemic situations

Example:

Leprosy control activity: CASE FINDING

What should improve in integrated set up in low endemic situation? APPROACH

Why? – much less exposure of staff to leprosy.

–higher chance of missing new cases of leprosy.

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## E: Application of QI to leprosy control in integrated settings in low endemic situations

Example continued:

The options:

a. Conventional leprosy control approach:

Active awareness about leprosy needed at all levels.  
Staff at all levels need leprosy skills and practical experience.

Special leprosy specific materials for learning are required.

b. Dermatological approach:

Looks at leprosy as a rare dermatological condition.

Awareness only at a specific level.

Peripheral staff need to know how to manage common dermatological conditions counting on a referral system for differential diagnosis.

Simple materials to use for management of skin conditions with guidelines regarding referral. This is the more appropriate for low endemic situations.

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## E: Application to leprosy control in integrated settings in low endemic situations

Example of list to address for quality improvement.

1. Case finding : Dermatological approach for low endemic districts.
2. Treatment and case holding
  - a. Focal person or unit per health district.
  - b. Modify AMDT
  - c. VMT once in 3 months but by person with additional skills.
  - d. Well defined referral system

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## E: Application to leprosy control in integrated settings in low endemic situations

3. Reactions:
- a. Patient education tools
  - b. Criteria for field vs Health Unit management well defined.
  - c. Referral system.

4. Rehabilitation:

- Role of general CBR programme
- (coordination mechanism)
- Define what constitutes a special service and for whom?

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## E: Application to leprosy control in integrated settings in low endemic situations

5. Training:

- Exert influence on content of curricula of medical schools and other training institutions.
- Design training for focal persons
- Agree on regional or international training for maintaining referral system and programme management skills.

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## E: Application to leprosy control in integrated settings in low endemic situations

### 6. Supervision:

- a. General supervisor with leprosy skills
- b. Leprosy supervisor with general skills

### 7. Information management:

- Incorporate into basic HIMS
- Special collection system
- ? National registers

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## Application contd.

### 8. Drugs management

- a. Incorporate into General Drug procurement and distribution and ensure adequate training and technical support for this.
- b. Define levels at which MDT drugs should be provided (not in every health unit!)
- c. Monitoring as part of other monitoring mechanisms

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## E: Application to leprosy control in integrated settings in low endemic situations

### 9. Planning:

- a. National commitment to include leprosy on the agenda (in strategic plan)
- b. Maintaining expertise to initiate plans.
- c. Task forces
- e. Coordinating body for stake holders

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## Summary

1. The present status of leprosy in Africa is characterized by a mixture of low and high endemic areas at different levels.
2. Low endemic states face challenges of sustainability in the first place and then of maintaining quality.
3. Integration into the general health services has for a long time been advocated as the strategy for leprosy in low endemic situations but has only been implemented to a limited extent by some countries.

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### Summary continued

4. While essential leprosy control activities will continue to be required, the way in which they are implemented will need to be adapted to changes in the leprosy endemicity and in health care provision in general.

Quality improvement programmes work by implementing such changes.

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### Summary continued

5. A systematic approach to quality improvement to be applied to each of the main leprosy control activities is proposed.
6. There is no standard approach that will satisfy all areas and situations hence the need to invest in quality improvement programmes in every country and region.

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