Facility to facility mentoring to drive sustainable improvements in health facilities

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Expanding Maternal and Newborn Survival (EMAS)

• In Indonesia, strong infrastructure with public/private hospitals and public/private health centers networked within a district

• EMAS is working with 150 hospitals, 300+ health centers across 30 districts to:
  – Improve quality of BEONC and CEONC services
  – Improve efficiency of referral system in each district

• Using a mentoring approach for all aspects of our work
EMAS Expansion Timeline

**PHASE 1**
- **Sept 2011**: EMAS Awarded
- **May 2012**: Clinical & Referral Mentoring Begins
- **Year 1**: 10 Districts, 23 Hospitals, 93 Puskesmas

**PHASE 2**
- **Sept 2013**: Clinical & Referral Mentoring Begins
- **Year 2**: 13 Districts, 6 Cities, 68 Hospitals, 116 Puskesmas

**PHASE 3**
- **January 2015**: Referral Mentoring Begins
- **April 2015**: Clinical Mentoring Begins
- **Year 3**: 7 Districts, 50 Hospitals, 70 Puskesmas

**YEAR 1**
- Sept 2011

**YEAR 2**
- Oct 2012

**YEAR 3**
- Oct 2013

**YEAR 4**
- Oct 2014

**YEAR 5**
- Oct 2015

*EMAS also provides support to approximately 800 puskesmas in Phase 1, 2 and 3 districts in a limited capacity*
Budi Kemuliaan Hospital

- Oldest and largest maternity hospital and midwifery school in Indonesia (102 years)
- ~ 8000 births/year
- Model for clinical practice and governance
- Nurture change through mentoring
“Unknowns” at Program Outset

- Would facilities be receptive to mentoring?
- Could private hospitals mentor government facilities?
- Would mentors be available to leave their workplace?
- Could facilities improve quickly enough to become mentors within 9-18 months?
EMAS Mentoring Approach - Phase 1

MAIN MENTORS

MUHAMMADIYAH NETWORK

BUDI KEMULIAAN HOSPITAL

EMAS REFERRAL AND GOVERNANCE ADVISORS AND SPECIALISTS

DISTRICT

CLINICAL GOVERNANCE MENTORING

POKJA
CIVIC FORUM
PF TEAM

ICT
AMP

REFERRAL SYSTEM STRENGTHENING MENTORING

10 Districts
23 Hospitals
93 Puskesmas
EMAS
Mentoring
Approach
Phase 2

MAIN MENTORS

BUDI KEMULIAAN
HOSPITAL

MUHAMMADIYAH
HOSPITALS

DISTRICT

CLINICAL GOVERNANCE MENTORING

POKJA
CIVIC FORUM
PF TEAM

REFERRAL SYSTEM STRENGTHENING
MENTORING

ICT
AMP

PHASE 1
DISTRICT (N=10)

POKJA
CIVIC FORUM
PF TEAM

ICT
AMP

13
Districts

6
Cities

68
Hospitals

116
Puskesmas

USAID
FROM THE AMERICAN PEOPLE

Solving loss of mothers and newborns
EMAS Mentoring Approach

Phase 3

EMAS MENTORS

BUDI KEMULIAAN HOSPITAL

MUHAMMADIYAH: Pondok Kopi Hospital
Cempaka Putih Hospital

PHASE 1 & PHASE 2 MENTORS

HOSPITALS

PUSKESMAS

DISTRICT

CLINICAL GOVERNANCE MENTORING

POKJA
CIVIC FORUM
PF TEAM

REFERRAL NETWORK

POKJA
CIVIC FORUM
PF TEAM
SJARIEMAS
AMP

7 Districts

50 Hospitals
70 Puskesmas
Facility-facility Mentoring

- Mentoring cycle with visits to and from mentee facility
  - 2 visits to Mentee hospital
  - Approximately 4 visits by mentoring hospital to mentee hospital
- Mentor teams consist of approximately 6 mentors:
  - 1 obgyn, 1 pediatrician, 1 general doctor, 2 midwives, 1 nurse
  - Peer mentoring
- Length of mentor visit: 5-6 days
- Systematic, ongoing mentoring over 9-18 months
- Follow up through phone/sms/video conference
Content of Mentoring

- Teams of mentors work side-by-side facility staff to strengthen **clinical governance**:
  - Create shared vision and strategic **leadership**
  - Strengthen data recording and **improve data use**
  - Establish use of performance **standards**
  - Identify **emergency teams** and introduce **emergency drills**
  - Establish death and near miss **audits**
  - Establish use of clinical **dashboards**
  - Facilitate or strengthen use of **service charters**
  - Improve or develop facility **feedback mechanisms**
Mentoring: Where Are We Today?

77 Hospitals and 251 Health Centers were mentored with EMAS support.

- 50 Hospitals Mentoring
- 132 Community Health Centers Mentoring
- 450 Individual Mentors
Sustaining Mentoring

- Roster of mentors in each province
- Roster signed and managed by the Provincial Health Office
- Districts in need of mentoring are paying for mentoring
Lessons learned

Openness to mentoring and to LKBK

• Shared vision that quality improvement is part of national obligation to respect human rights by implementing principles of good care/respectful care
• Created champions “working from the heart”
• Improved providers skill to perform dialogue

Facilities have begun mentoring

• Mentoring is working!
• Playing the role of a mentor is motivational and is accelerating progress

Strong receptivity to mentoring by mentors and mentees

• Midwives and nurses more available
• Specialists generally available for 1-2 days
• Both private and government facilities able to mentor each other
Thank You!