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Research paper

Guidelines for implantation of a quality improvement training programme for health professionals in the ministry of health and social services in Namibia

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Abstract

This paper is focuses on the description of the guidelines for implantation of a quality improvement training programme for health professionals. The formulation of the guidelines also borrowed the CDC (2001) steps and UNFPA phases of developing the guidelines for successful implementation of the training programme at the health care facilities in the MoHSS. The facilitator(s) and implementers of the training programme are advised to first understand the background and the development process of the training programme for successful implementation. These guidelines have been developed to assist quality manager(s) and facilitator(s) with the implementation of the quality improvement training programme for health professionals at the health care facilities (MoHSS).
The guidelines enhance consistency in steps and methods to be followed during the implementation of the programme. The guidelines were derived from the conceptual framework that was developed during the exploratory and situation analysis of quality health care delivery at the health care facilities. Two prominent theories were adapted in developing these guidelines. Firstly, Deming's PDSA model of quality improvement and secondly, Kolb's experiential learning theory. These theories were used to understand the teaching and learning styles. The guidelines outlined the process, activities, and elements required to implement the such programme.

Keywords: *Guidelines; Implantation; Quality Improvement Training Programme and R Health Professionals.*

1. Introduction

Health care systems are becoming more complex with paradoxical challenges resulting into inefficiencies due to ever increasing science and knowledge in medicine, which makes it difficult to internalise and understand, as well as to implement certain procedures (Casali et al., 2013). On the other hand, health professionals seem to be blamed and humiliated due to contradictions and disputes that leads to less improvement in quality health care while hampering "…innovation to improve the quality of care and health outcomes" (Towne, Solovy & Hoppszalern, 2006). Research indicates that health care systems in both developed and developing countries seem to lag behind, consistent with preventable medical errors and sluggish methods that are often blamed upon health professionals (health providers) (Leape, 1994). Research indicates also persistent variations in the degree of providing care resulting in unpleasant results, inefficiencies, constant mistakes, unacceptable services, and poor health care outcomes. Aasland and Forde (2005) attest that at times the consequences of mistakes and errors during treatment and care are borne by the health professionals who suffer the blame and humiliation from their patients and family members. While "…the full responsibility for quality lay beyond individual physicians' immediate reach, requiring organizational action" (Towne et al., 2006). "…[W]e need to turn our cultural approach to recognize that bright, well-educated, skilled and well-intentioned professional will make errors" (Casali et al., 2013). Unless they are continually equipped and capacitated with the appropriate knowledge, skills, and aptitudes to perform their duties effectively and efficiently
According to Shekelle, Woolf, Eccles and Grimshaw (1999), the evidence informing the programme development guidelines are generated through a systematic review and discussions with the people involved at the operational level. These guidelines were informed by a situation analysis carried out at the health care facilities and the MoHSS head office to gather information about existing approaches to QI and QA. Moreover, the guidelines were enlightened by rich information from published and unpublished government documents, literature, and QI and QA information. The study was to develop the guidelines for implementing the quality improvement training programme for health professionals in the MoHSS.
The MoHSS in Namibia has prioritised the training of health professionals; however, 37% of health professionals indicate that no formal programme is in place to empower health professionals to improve quality health care delivery at the health care facilities (MoHSS, 2014). Health care facilities can no longer remain static given the increasing demand and public pressure to improve quality health care (MoHSS, 2013). The National Quality Management System Report has pointed at the burden of staff shortage as one of the reasons for transferring some functions to inexperienced health personnel, at least one person (15.4%) out of the staff complement at a health care facility, since the remaining staff members had to attend to long queues with no time to focus on quality (MoHSS, 2014). Most health care systems have existing quality assurance (QA) standards but often these standards are not properly followed to respond to the needs of the clients (WHO, 2000).

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On the other hand, absence of rewards and a recognition system seem to contribute to poor quality health care delivery by the MoHSS. At the time of this study, there were no effective strategies to retain or attract health professionals to the public health sector. More than sixty per cent (62.5%) of staff members at the assessed health care facilities indicated that staff recognition was only informally done by immediate supervisors but no incentive strategies existed to recognise good performance with the purpose of improving the quality of health care. The result of "…poor performance is few staff or staff not providing care according to standards and not being responsive to the needs of the community and patients" (WHO, 2006).

In Namibia, QA and QI activities depend to a large extent on effective management of resources (human, physical infrastructure, and finance). In addition, the components of quality health care and services are largely dependent on accessible health care and services to those people who need it. Offei, Sagoe, Owusu Acheaw, Doyle and Haran (2004) explain that a number of quality health care components influence the access and provision of health care and services. For example, access to quality health care can be used as an indicator for the ability of individuals to obtain health care and services.

Technical competencies are another aspect that empowers health professionals with adequate knowledge, skills, and aptitudes to provide excellent and professional care and services. Secondly, it facilitates the functions proficiently according to the standards of quality health care services. Hence, health professionals need to be empowered in order to provide the type of care that produces positive change in the patients' health or quality of life.

The Ghanaian Ministry of Health has prioritised a similar initiative to improve the quality of health services since 1989 and the country has been making advances to increase service coverage but their efforts have not yielded the anticipated improvements in health status; the quality of health services has actually declined (Whittaker, Lynam, Burns & Doyle, 1998).

Furthermore, increasing reports of irregularities and dissatisfied patients about the Ghanaian health system continue to surface in both electronic and print media in Namibia due to "…uneven health care quality, bad interpersonal relations and poor communication between health care providers and clients, mistreatment and missed-treatment" (McLaughlin & Kaluzny, 2006). Similarly; Meyer, Carroll, Kutyla, Stepnick and Rybowski (2004) and Lynn, Baily, Bottrell, Jennings, Levine, Davidoff, Casarett, Corrigan, Fox, Wynia, Agich, O'Kane, Speroff, Schyve, Batalden, Tunis, Berlinger, Cronenwett, Fitzmaurice, Dubler and James (2007) point out that the "…United States health care system consists of preventable errors, unnecessary surgeries and inappropriate use of medications, procedures, misuse and underservices". In Namibia, the "…public health facilities are described by the public and health professionals to be below standards, overcrowding at outpatient department (OPD), long queues and long waiting times, as indicators of poor quality patient care" (MoHSS, 2013). These and other problems raise serious concerns, which necessitate immediate actions to adopt appropriate methods to improve health care services.

In context of quality management policy and positive improvement in the area of the HIV / AIDS programme in the MoHSS, there have not been comprehensive approaches to assist and empower health professionals with the necessary competencies to provide quality care at the health care facilities. At the time of this study, the focus of the health facilities was neither on systematic checks, safety controls, nor on significant activities on quality assurance training programmes. Other quality control mechanisms were scattered under different directorates.

On a policy framework, the Namibian Public Service Charter (2008) outlines the principles that guide the actions of the public servants. Despite efforts, there seems to be no significant or deliberate underlying structure to constantly insist on holistic quality care measures. Consequences would include poor performance, ineffective communication, inappropriate systems, as well as demotivated and dissatisfied staff members and patients. Extreme risks may include escalating diseases, social problems, and a fragile health care system. Although the MoHSS has endeavoured to reorganise and restructure some functions, no tangible results seem to focus on quality improvement at the public health care facilities. The main focus seems to be increasing the numbers of personnel to respond to emerging and re-emerging diseases and additional services. Countrywide, this approach has little or insignificant consideration for addressing quality care at the health care facilities. Often, public health care facilities are perceived as not performing and irresponsive to patient needs. Inappropriate methods, weaknesses, and negligence may result in a loss of lives due to ineffective practices and measures. "…[D]eficiencies in quality of care represent neither the failure of professional compassion nor necessarily a lack of resources rather a result from gaps in knowledge, inappropriate applications of available technology" (Murray & Frenk, 2000), or the inability of organisations to change (Berwick, 1989). The absence of strong leadership and partnership may also jeopardize an effective and timely response to patients' needs. At the time of the study, there seemed to be no appreciation or persuasion of quality approaches to help leaders and employees address quality care problems at the health care facilities. Research presents several models applicable to the health care environment but few or nonspecific studies are focusing on quality improvement at public health care facilities in Namibia. Without a common understanding of quality improvement principles and the value of health care realities, patients' care might be compromised. A need exists, therefore, to (a) broaden the knowledge about quality improvement; (b) assist managers, employees, and patients to appreciate quality improvement models; (c) apply practical tools or techniques to improve quality care; and (d) encourage active participation and involvement of all stakeholders in quality health care delivery. The main focus of this study was to develop a quality improvement training programme, which focused on a situation analysis to understand the approaches on QI and QI to improve health care and service delivery.

These guidelines have been developed to assist quality manager(s) and facilitator(s) with the implementation of the quality improvement training programme for health professionals at the health care facilities (MoHSS). The guidelines enhance consistency in steps and methods to be followed during the implementation of the programme. The guidelines were derived from the conceptual framework that was developed during the exploratory and situation analysis of quality health care delivery at the health care facilities. Two prominent theories were adapted in developing these guidelines. Firstly, Deming's PDSA model of quality improvement and secondly, Kolb's experiential learning theory. These theories were used to understand the teaching and learning styles, as discussed in Chapter 1. The formulation of the guidelines also borrowed the CDC (2011) steps and UNFPA (2013) steps for developing the guidelines for successful implementation of the training programme at the health care facilities in the MoHSS. The facilitator(s) and implementers of the training programme are advised to first understand the background and the development process of the training programme for successful implementation.

2. Aim and objectives

The aim of the guideline is to guide the health professionals on how to implement the educational programme the objectives for this guidelines is based on the component of the programme and described as follow:

- Describe the guidelines for situational analysis;
- Describe the guidelines for facilitation;
- Describe the guidelines for implementation and
- Describe the guidelines for evaluation.

3. Methodology

The formulation of the guidelines also borrowed the CDC (2001) steps and UNFPA phases of developing the guidelines for successful implementation of the training programme at the health care facilities in the MoHSS. The facilitator(s) and implementers of the training programme are advised to first understand the background and the development process of the training programme for successful implementation.
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4. Findings

The guidelines for the situation analysis, facilitation, implementation, and evaluation of the programme and discussed as follow:

5. Guidelines for a situational analysis

The aim of the guidelines is to provide the facilitator with knowledge and skill on how to do the situational analysis in health facilities regarding quality health care delivery.
A situational analysis in this study was regarded as an important starting point whereby the facilitator acquired the insight on quality health care delivery in health facilities. The activities or the items to be captured during the situational analysis, include policies and guidelines on QA and QI; key elements of QA and QI, management of the resources; interpersonal relationships and research and information.

5.1. Policies and guidelines on QA and QI

In this component it is expected that the facilitator looks at the availabilities of such policies and guidelines in the health facilities and as well as the competences of the health professionals in this regards. The aspects to be considered are, as follows:

- Institutional frameworks that guide the operations of quality health care delivery.
- Important issues and priority needs for the policy development process for inclusion in QI and QA policy.
- Process for implementing QA and QI policies and guidelines to improve quality health care delivery.
- Policy points to be considered for improving quality health care delivery
- Structures to facilitate quality health care delivery at the health care facilities at health care facilities.
- Procedures and standards to deliver quality health care at the health care facilities.

5.2. Key elements of QA and QI

According to MacLaughlin and Kaluzny (2006), among the key elements of QA and QI that the facilitator needs to analyse are:
Research done regarding quality improvement and methods to be used in quality research.

- Clarify the relationship between evidence-based practices (EBP) with quality health care delivery.
- Strategies or mechanisms to improve data management (collecting, analysing, interpretation, and reporting).
- Quality indicators (input, process, and outcome) measures for quality health care delivery.
- Quality management monitoring and evaluation tools for health care delivery.
- Application of methods and standards on problem solving based on practical scenarios to improve quality health care delivery.
- Use statistical tools to collect and analyse data on quality health care delivery.
- Quality indicators for planning and decision making specific to quality health care delivery in the health facilities.

5.3. Management and utilization of the resources

In term of this management of the resources .in this study it essential the utilization of the resources such as human, materials and building are available to strength the smooth running of quality improvement in health facilities. It is now responsibilities of the facilitator tor to re- look and on the availabilities and utilization of such resources in health facilities:

- Availabilities of material and resources
- Management of the workload
- Time management
- Stress management
- Current human resource issues hampering quality health care delivery in a health care facility context.
- Strategies that could be applied to enhance quality health care delivery in a health care facility context.
- Appropriate strategies that could be used by the health care facilities to attract and retain health professionals, and maximise adequate utilisation of human resources to improve patient care.
- Current issues and challenges in the field of human resource management obstructing quality health care delivery.
- Issues that contribute to the impediment of change management in healthcare context.
- Roles and responsibilities of quality teams at health care facilities.
- Quality management and coordination plan for quality improvement at the health care facility.
- Organisational structures and their advantages to quality health care delivery.
- Appropriate structure to facilitate quality health care delivery at the health care facilities.
- A quality improvement team for adequate structure at health care facilities
- Factors influencing an adequate structure at the health care facilities.

5.4. Interpersonal relationships

Interpersonal relationships are important to enhance the facilitators work in establishing effective communication strategies and quality teams within the health care facilities. To succeed on this continuum, the facilitators should be able to:

- Process of communication such formal and informal communication.
- Interpersonal communication and relationship among the health professionals.

- Motivational strategies to encourage health professionals take responsibilities for their learning towards health care delivery.
- Organizational culture would enable the health facilities create a niche to address those aspects to promote a conducive work environment.
- Conflict management is relevant to understand and increase awareness and mechanisms to manage conflict.
- Team building in health care facilities is an inseparable element to health care delivery that the facilitator should develop.
- Types of interpersonal communication.
- Propose strategies to enhance and improve communication for quality health care delivery.
- Factors influencing effective communication.
- Methods for effective communication.
- Structure to facilitate quality health care delivery. Explain the importance of effective communication.
- Critical competencies required to improve communication between health care professionals and patients.
- Factors that would contribute to ineffective quality teams at the health care facilities.
- Communication plan to improve quality management and coordination of interpersonal relationships at the health care facilities.
- Effective communication strategies at the health care facility.
- Verbal and written communication skills.

5.5. Research and information

Among the important components required in implementation and evaluation of QI training programme is enhancing research at the health facilities. The facilitator is advised to be acquainted with:

- Research conducted to facilitate quality health care delivery.
- Available research methodology and methods to be used for enhance quality health care delivery at health care facilities.
- Evidence-based practice (EBP) regarding quality health care delivery.
- Available strategies for the application of fundamental ethical principles of research in relation quality health care delivery.
- Available guidelines, policies for research activities and agenda in the health care environment.
- Available quality assurance standards and the improvement process to enhance quality health care delivery.
- Information management and information systems to enhance quality health care delivery.
- Health information systems (HIS), human resource information systems (HRIS), and health management information systems (HMIS).
- Different types of information systems and technologies used to support quality health care delivery at health care facilities.
- Types of tools used to facilitate quality health care delivery at the health care facilities.
- General functions, purposes, and benefits of health information systems in various health care settings.
- Health care initiatives and significant developments that have influenced the evolution and adoption of health information systems.
- Different types of health information systems and how these systems are helping one to meet and respond to health care deliveries
- Available electronic health records affect patient safety, quality care, efficiency, performance, and quality health care delivery in general (reporting, documentation, and implementation).
- Strategies to minimise barriers to using electronic health records.

6. Guidelines for a facilitating training programme

The purpose of facilitation guidelines is to assist the facilitator to effective apply educational programme based on the principles of teaching and learning within the educational framework of the Namibia Qualification Authority. For successful implementation of the training programme, the facilitator need to be acquainted with the educational approaches in order to guide the health professionals toward the understanding of quality assurance and quality improvement for quality health care delivery. The following are the guiding activities under this continuum.

6.1. Educational approaches

Two theories of adult learning adopted as guiding principles in developing the learning and teaching methods are, as follows.
Kolb's theory of experiential learning emphasises that adult learning occurs during concrete experiences, observation and reflection, abstract conceptualisation and active experimentation. Based on Kolb's theory, it was assumed that adult learners in this study would be done in accordance with learning styles and specific designed learning content. For the successful implementation approaches, the following activities for adult learners should be employed to address the quality health care delivery challenges at the health facilities:

- Concrete experience should be encouraged in order to empower health professionals to generate ideas and align their thinking to solve practical problems in their work environment regarding challenges on availability of policies and guidelines at the health care facilities.
- Reflective observation should be applied in order for health professionals to assimilate and translate observed information into abstract concepts to create meaning and experiences regarding quality health care delivery.
- Abstract conceptualisation should be applied in order for health professionals to solve problems and find practical solutions on the challenges experienced in health care facilities regarding quality health care delivery.
- Active experimentation style should be employed in order for the health professionals to work in teams in response to challenges faced by the health facilities regarding quality health care delivery.

6.2. Knowles' theory of adult learning (1996)

According to Knowles theory, the application of adult learning emphasise that adult learners prefer to learn in situations whereby the following elements are considered and incorporated in the learning process, as follows:

- Practical and problem-centred should be applied in order to assist health professionals participate fully in designing their own learning content to establish connections between prior learning and experiences of quality health care delivery.
- Promote positive self-esteem for health professionals to make concrete decisions on matters related to quality assurance and quality improvement challenges.
- Integration of new ideas with existing knowledge should be encouraged for health professionals improve quality health care delivery.
- Respect for the individual health professionals should be exercised for them to feel accepted and equally accommodated to facilitate learning in matters concerning quality health care delivery.
- Experiences of health professionals should be encouraged because they are more inspired when activities related to

QA and QI are based on previous experiences and knowledge.
- Self-determination and self-direction should be encouraged in order for health professionals to develop interests in the learning activities related to QA and QI.

6.3. Learning content of the programme

The learning content for the training programme should focus on the following aspects, which were derived from the study findings, as follows:
- Policies and guidelines on QA and QI to facilitate quality health care delivery.
- Management and utilization of resources to enhanced quality health care delivery.
- Interpersonal relationship to facilitate quality health care delivery.
- Significance of research and information to facilitate quality health care delivery.
- Application of QA standards and QI process and methods.

6.4. Facilitation techniques

For the facilitation techniques and learning methods, the facilitator should employ the following elements:
- Icebreakers are discussion questions or activities used to help participants relax and ease into group meetings or learning situations (Dover, 2004). They also allow for a student to become emotionally connected with school and increase motivation (Kelly, 2004).
- Lecture should be applied to facilitate presentations and feedback of information for about 10-15 minutes with interactive experiences, such as asking stimulating questions during class or small group discussions
- Role play should focus on real situations experienced by the health professionals in the health facilities, which are common to their work environment. These would make learning more interesting by incorporating different scenarios and case studies to enable learners apply creative and critical thinking.
- Simulation techniques should be used for clinical skills without involving human being in trialling medicines, no any harm to patients during the learning process (Ziv, Wolpe, Small & Glick, 2003). The technique is useful in assessing practical learning and facilitates defining concepts or acquires knowledge based on observable or unobservable human or animal body parts to search for treatment of certain health condition (Begg, Ellaway, Dewhurst & Macleod, 2007). According to Galloway (2009) simulation uses interactive approaches and models to present cases.
- Case scenarios are based on real situations about the conditions of patient's that require treatment and care, which should be presented to students or participants to find solutions. One of the skills to be learnt during case scenarios is problem solving, critical thinking, self-directed learning and decision making.
- Group discussion Group discussions work usually involves groups of students formally working together on projects or assignment, though it may sometimes take place in formal classroom settings. When setting group work tasks, it is useful to consider student time and resources availability to meet the expected outcomes.
- Plenary discussions and feedback should be used to summarise sessions or topics or lessons discussed in the group (Oxford Dictionary, 2009) defines plenary discussions and feedback as group of participants in a meeting or conference. The facilitator should encourage discussions and feedback methods to gain confidence during learning process.

7. Guidelines for conducting training programme

The purpose of these guidelines is to support the facilitators appreciate the three components to be applied in the process of implementation, namely: orientation, working and termination. The process of implementation of the training programme has three phases that focus on orientation, working, and termination

7.1. Orientation phase

The facilitator(s) should follow certain steps to introduce the programme to the participants, stakeholders and beneficiaries in the health facilities. He / she should welcome all participants and invites them to introduce themselves. Try to summarize the objectives of the training programme and expectations of participants, as outlined below.
- Welcoming address and introduction;
- Briefly explain the purpose and objectives of the training; and
- Discuss about the expectations and ground rules of the meeting / workshop.

7.2. Working phase

A working phase enables the facilitators to elaborate on the training content of the programme. The working phase should focus on the following content, namely:
- Policies and guidelines to facilitate common understanding of QA and QI principles and standards
  - Essential components of QA and QI policies
  - Strategic planning issues regarding QA and QI should be incorporated in day-to-day activities to track any problem that need to be addressed with emphasis to quality health care delivery.
  - Organisational structure should be part of strategies to enhance quality health care delivery and enable create a favourable environment whereby health professionals are willing and motivated to work towards quality health care improvement.
  - Implementing a quality improvement programme requires the facilitator's understanding of the steps involved in implementing the programme.
- Management of the resources
  - Material resources include the physical property, such as buildings, equipment, medicine, transport, infrastructure that enhance quality health care delivery. When health professionals are empowered to provide affordable, accessible and reachable health care and service delivery, it makes them proud.
  - Human Resources are among the components that enhance quality health care delivery and nurturing these resources through training and career development would contribute to quality health care delivery in the health facilities.
  - Workload should be part of strategic planning to manage or control the indicators that contribute to workload and long waiting times, delayed services. The facilitators should ensure that health professionals understand how to determine their Workload Staffing indicators to reduce unnecessary workloads.
  - Time management is essential aspect in quality management to enhance quality health care delivery. Hence the facilitator should ensure that time is effectively and efficiently utilised, as a resource to enable health professionals deliver timely quality health care and services when needed at the right time, right place and cost.
  - Stress management in health care facilities is necessitated due to the overwhelming competing factors that contribute to stressors at the work environment. Although

stress might not be completely eliminated, it can be adequately managed to improve quality health care delivery. The facilitator should propose strategies to manage stress at the health facilities context. Assist health professionals to think differently and change their work environment to address their needs positively.

- Interpersonal relationships
  - Interpersonal communication maybe referred as communication or relationships between different groups of people who share common or differing goals. These relationships need to be harmonised to facilitate quality health care delivery. The facilitator should determine the criteria to establish effective teams to facilitate quality health care delivery. Ensure that the right communication strategies, mediums / methods are clearly defined and understood by both engaged either in formal or informal communication processes.
  - Quality culture is referred as positive elements of MoHSS that holds health care facilities together, which defines the actions, attitudes and behaviours of health workers. It transmits patterns of meanings and symbols by which health workers communicate and develop their knowledge and attitudes (Ogrinc et al., 2003). A culture should be carefully moulded, nurtured and strengthened to improve quality health care delivery. The facilitator therefore should ascertain those aspects that could be celebrated and form the basis for achievement of the mission, vision and common values to enhance quality health care delivery in the health facilities. The facilitator should emulate and encourage good culture that focuses not only on organisation's objectives but recognises the needs and aspirations of health professionals, which would enable the achievements of quality health care goals towards improved health care services.
- Research and information management
  - Purpose of conducting research is important to keep abreast with change in medical science and technological inputs, which shape and prompt the need to learn and unlearn the method to address the changing health care environment. Research provides evidence for planning and decision making to facilitate quality health care delivery; hence the facilitator should be acquainted with research topics and agenda within the health care facilities.
  - Research knowledge for evidenced-based practice: In order to generate evidence-based information, rigorous knowledge and application of information is important. The facilitator should promote research knowledge for evidence-based practice, which would enable health professionals provide the expected health care service. The facilitator should describe the components of scientific research methods to enhance quality health care delivery in the health facilities. Further, the facilitator should explain the importance of data for quality improvement and quality assurance. He / she should encourage health professionals to conduct research to generate evidence-based-information in the health facilities.
  - Fundamental ethical principles of respect, beneficence, and justice in research to prevent harm to patients: These are ethics, moral values and obligation to ensure that human dignity and the rights of patients are protected at all times. Health professionals might be very clear on these aspects, as each has taken an oath to uphold the integrity, honesty and truthiness in his / her actions. However, despite this, the facilitator should assist health professionals to live to this promise and help them to change attitudes towards patients. However, the facilitator should be acquainted with relevant process models to analyse the causes and effects of events and occurrences in the health facilities.
  - Procedures and mechanisms for protecting rights in research
  - Types of information that facilitate quality health care delivery
  - Quality improvement tools for monitoring and evaluating quality health care delivery: In clinical care setting, measurement instruments, such as flowcharts, diagrams and others are used to monitor patient activities daily. The facilitator should encourage health professionals to take active role in learning statistical process control charts to analyse and interpret data for quality health care delivery.

7.3. Termination phase

The facilitator should be able to terminate or close off, as the final phase of the programme based on two steps, as follows:

- Evaluation of the activities; and
- Suggestions for improvement

8. Guidelines for evaluation a quality improvement training programme

Evaluation of a training programme refers to "...[t]he process of identifying and quantifying or measuring the relationships between student [trainee] inputs and educational [training] outputs and determining the combination of mediating factors which maximizes [sic] the educational [training] outputs, given a constant financial input and controlling for the effects of external systems" (Alkin, 1968). The process of measuring whether the outcomes of the quality improvement training programme

The purpose of this evaluation is guide the facilitator to establish whether the goals and objectives of the training programme had addressed the needs of participants to improve knowledge, skills, and aptitudes in QI and QA. It also assessed whether the programme brought about meaningful change to improve participants' performance after attending the training; the results improved quality patient care at the health care facilities.

8.1. Guidelines on the preparation of evaluation

The evaluation of the programme was necessary to determine the achievements and constraints of implementing the programme, as well as to compare the progress against the planned objectives. An "…[e]valuation of any training programme must inform us whether the training programme has been able to deliver the goals and objectives in terms of cost incurred and benefits achieved" (Farjad, 2012). The researcher followed a phased approach to evaluate the training programme, as discussed below. The guideline for preparation include

- Desk review

The facilitator with the assistance of the evaluation team should conduct a desk review on all available documents and information to support the data and should prepare for the field work. After the desk review, the facilitator should be able to present the design of evaluation to the management for further decision to be considered

- Field work

The field work would be conducted at the health care facilities through a designed methodology by the facilitators that would be approved by the management. The facilitator should advise the management on the most cost effective approach for field work to gather from various stakeholders.

- Synthesis

In this step, the facilitator would also serve as coordinator of the evaluation team to produce and present reports on the findings, which should include mayor conclusions and recommendations based on the responses to the evaluation questions, as well as a general assessment. The recommendations should be prioritized for inclusion to improve the training programme. The completed report should be submitted to the Permanent Secretary for policy

decisions on the future of quality improvement training programme in the MoHSS.

- Dissemination and follow-up

The facilitator should present the findings from the evaluation report by presenting an executive summary to the MoHSS management, policy-makers, planners, stakeholders, and interested community members for discussion and recommendations to improve the programme.

Table 1: Summary of Guiding Steps for Implementing and Evaluating the Training Programme for Health Professionals

Components	Guidelines	Activities
Situational analysis	Situational analysis	Policies and guidelines Management of the resources Interpersonal relationships Research and information management
Facilitation	Educational approaches	Kolb Knowles
	Learning content of the programme	Policies and guidelines Management of the resources Interpersonal relationships Research and information management
	Facilitation techniques / teaching and learning methods	Icebreaker Lecture Role play Case scenario Debating Group discussion Plenary discussion and feedback
	Evaluation technique	Informal technique Written reflection Polls / surveys Check for understanding Formal technique Quizzes Online learning modules Class deliverables
Implementation	Orientation phase	Welcoming address and introduction Purpose and objectives of the training Expectations and ground rules
	Working phase	Focuses of the module, namely: Policies and guidelines Management of the resources Interpersonal relationships Research and information management
	Termination phase	Evaluation of the activities Suggestions for improvement
Evaluation of the programme	Evaluation techniques (Formative assessment)	Checklist Written questions and answer formats Oral discussions
	Formative evaluation	Process of evaluation Outcome evaluation Impact evaluation
	Feedback process	Feedback and communication Types and forms of feedback Formative assessment feedback process

9. Conclusion

Given diverse challenges faced by the health care facilities and technical aspects involved to adopt the methods, the implementation of a QI training programme may require a lot of commitment and support. Firstly, rigorous collection and interpretation of information to generate reports might be slow, especially in the rural areas where public health care facilities may not have adequate equipment and enough skilled personnel. Secondly, health professionals might view a high level of involvement and commitment as an additional burden on their workload. Thirdly, quality needs to be part of the daily actions and behaviour of both health care providers and patients. It requires a particular mind set to understand the roles of improving health care services. For QI to be successful at health care facilities, several factors need to be enhanced; such as understanding policies and standards, adequate resources, infrastructure, research and information to generate evidence for quality planning, and decision making (World Health Organisation, 2003).

Research indicates that TQM and continual quality improvement (CQI) principles can be applied to strengthen a health system to improve its quality (Coulter & Magee, 2003). This could be particularly useful in Namibia where people demand basic services and the health service users raise their issues with the Ministry of Health and Social Services (MoHSS). It becomes essential to ascertain the extent to which health care facilities have responded to this call. Against this background, it is important to analyse the responses to QI and QA and how it could be used to develop a framework for quality health care delivery at the health care facilities in Namibia.

This process can only be achieved

The capacity of health professionals to understand the standards and processes would facilitate effective implementation of policies and guidelines. Facilitating an understanding of polices is one of the essential elements that points at the KSAs of health professionals and management to enhance quality health care. Quality is knowledge driven; without anyone to facilitate an understanding of policies and guidelines, the implementation would be ineffective. That was evident from the health professionals' discussion that there was a lack of common understanding and no sufficient support to facilitate the implementation of a QI and QA policy to improve quality health care delivery.

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