Country: ______________________________
Date of OA: ______________________________
Completed by: ______________________________

Leadership
The definition of a "leader" will vary from country to country and program to program. Before completing this section, it will be important to specify who the leader is and at which level within the Ministry of Health this title applies. For these purposes, senior Ministry of Health leadership are responsible for setting clear goals, expectations, priorities and assuring accountability for all staff associated with the national Quality Management Program (QMP). This includes hands-on participation in reviewing performance data, asking relevant questions about their meaning, and guiding the way forward based on the data. Leadership support is characterized by efforts to secure adequate financial and human resources for the QMP, as well as verbal commitment in the form of convening meetings, speaking at quality conferences, and participation in regional QI activities. Leadership promotes buy-in and solicitation of feedback from community groups, professional networks, stakeholders and content experts in the field of improvement. Senior leaders help create an environment based on continuous QI staff learning and skills building, without fear of punishment, and with recognition of success and active participation in the QMP. Senior leaders model expected behaviors through their active involvement in the QMP, and in their vocal and visible support for application of principles to improve systems of data use and processes of patient care. Leadership actions and communication establish a vision of shared values, attitudes and beliefs comprising a 'culture' of QI throughout the organization. Senior leaders foster an environment where quality and safety are fully integrated into the national care delivery system, regularly measured, reported and used for learning to set priorities and to improve patient outcomes.

A.1. Senior leadership creates an environment (culture) where improvement, learning, communication, teamwork, measurement, reliability, transparency and safety are standard.					
Score 0	**Score 1**	**Score 2**	**Score 3**	**Score 4**	**Score 5**

Score 0	Senior leaders are not visibly engaged in the national QM program.
Score 1	Leaders are: ☐ Primarily focused on reporting requirements ☐ Inconsistent in the use of clinical performance data for improvement ☐ Not engaged in improvement efforts ☐ Not involved in establishing MOH QM goals and objectives ☐ Not involved in the national quality committee ☐ Not supporting provision of resources for QI activities, including dedicated time for improvement
Score 2	Leaders are: ☐ Using data to identify opportunities for improvement ☐ Participating in improvement efforts ☐ Establishing clear QM goals and objectives ☐ Involved in quality meetings ☐ Attentive to external clinical guidelines, policies and standards relevant to the national QM program
Score 3	Leaders are: ☐ Providing leadership to support the national QM program ☐ Allocating staff or staff time for QI ☐ Ensuring staff participation in QI learning opportunities, seminars, professional conferences, publications, etc ☐ Involved in planning and evaluation of the QMP ☐ Managing/leading national quality committee meetings ☐ Communicating quality goals and objectives to all staff ☐ Recognizing, supporting and motivating staff involved in the QM program ☐ Reviewing performance measures and patient outcomes to inform national priorities and use of data for improvement
Score 4	Leaders are: ☐ Working to secure financial resources from within the health sector for QI activities ☐ Prioritizing quality goals based on data and critical areas of care ☐ Providing input and feedback to the national QM team
Score 5	Leaders are: ☐ Creating an environment where quality and safety are integrated throughout the MOH and among health care facilities ☐ Promoting patient-centered care and patient involvement through the QMP ☐ Actively participating in QI activities, such as meetings, conferences, etc. ☐ Encouraging open communication by dedicating time and soliciting staff feedback ☐ Directly linking QM program activities to strategic plans ☐ Directly engaged in QM program sustainability planning and integration into the public health system
Comment:	

Quality Management Plan
The quality management (QM) plan is a written document outlining the organizational processes for setting improvement priorities and goals, planning and allocating resources for quality activities, and assigning timelines to achieve desired results. The QM plan describes methods for achieving programmatic sustainability for national improvement implementation, with accompanying timelines for scale-up, spread and fiscal autonomy from external donor funding. The QM plan is made available and visible for all Ministry of Health staff and for anyone with relevant interest. The plan is written with sufficient detail for others to understand and direct/manage implementation as described. The QM plan explicitly outlines the planning and implementation of national quality technical assistance activities through QI coaching and mentoring to health care staff and providers.

B.1. A comprehensive national quality management plan is written and includes descriptions of program

leadership, roles, priorities, goals, actions, resources, intended outcomes and key program elements defined during the planning process.					
Score 0	**Score 1**	**Score 2**	**Score 3**	**Score 4**	**Score 5**

Score 0	The national quality program has no written quality plan in place.
Score 1	The national quality management plan: ☐ Is under discussion but not yet written
Score 2	The national quality management plan: ☐ Is written describing the organizational quality structure which includes: program leadership and accountability, frequency of quality committee meetings, roles and responsibilities of members, and goals and objectives of the national QM program ☐ Is not yet widely shared with staff or routinely reviewed
Score 3	The national quality management plan: ☐ Is reviewed and revised at least annually ☐ Includes an organogram visually depicting the MOH quality management program structure but is not yet integrated with other areas of care
Score 4	The national quality management plan: ☐ Clearly defines responsibilities and accountability across MOH ☐ Describes the quality committee infrastructure ☐ Outlines performance measurement strategies ☐ Includes the process for routine review and revision ☐ Includes the process for setting national improvement priorities ☐ Identifies stakeholders ☐ Is shared with staff
Score 5	The national quality management plan: ☐ Describes the process for ongoing implementation and evaluation ☐ Includes engagement of other MOH department representatives ☐ Is aligned with other quality management activities, including quality assurance and/or M&E activities ☐ Includes a QM workplan describing implementation details and activities (see B2) ☐ Fits within the framework of other national QI/QA activities ☐ Is aligned with any other national health sector quality plans or policies ☐ Is shared widely with staff and providers who are involved in reviewing and updating the plan annually.
Comment:	

<table>
<tr><th colspan="7">B.2. The QM workplan describes implementation details and activities to achieve the specific goals, including timelines and corresponding actions with assigned responsibilities, appropriate resources and accountability for completion.</th></tr>
<tr><th colspan="2">Score 0</th><th>Score 1</th><th>Score 2</th><th>Score 3</th><th>Score 4</th><th>Score 5</th></tr>
<tr><td colspan="2"></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>Score 0</td><td colspan="6">No workplan is specified for the implementation of the national quality of care program.</td></tr>
<tr><td>Score 1</td><td colspan="6">The workplan:
☐ Is outlined according to a list of key activities but with no specific timelines for implementation</td></tr>
<tr><td>Score 2</td><td colspan="6">The workplan:
☐ Includes a timetable for implementation</td></tr>
<tr><td>Score 3</td><td colspan="6">The work plan:
☐ Defines all essential components of the national QM program. This includes: annual goals and objectives, roles and responsibilities, performance measurement and aggregate data review processes, identification of annual goals and national priorities, QI tools and methods, communication strategy, and program evaluation procedures.
☐ Is reviewed and updated for discussion at QM program TWG meetings
☐ Reflects the goals of the national QM plan</td></tr>
<tr><td>Score 4</td><td colspan="6">The workplan:
☐ Is implemented and regularly used to manage the national QM program
☐ Includes a process for performance measurement data review
☐ Describes use of data to define national priorities through engagement of national program leadership, key stakeholders and staff
☐ Is routinely used to track longitudinal improvement, and is modified as needed to achieve annual goals/targets</td></tr>
<tr><td>Score 5</td><td colspan="6">The workplan:
☐ Is adapted to changes in national policy and to ensure that the QM program continues to meet the changing needs of patients as the evidence base and guidelines evolve</td></tr>
<tr><td colspan="7">Comment:</td></tr>
</table>

B.3. The national Quality Management Program includes plans for sustainability, including integration throughout the MOH and fiscal autonomy from external donor funding.

Score 0	Score 1	Score 2	Score 3	Score 4	Score 5

Score 0	No sustainability plan is in place.
Score 1	Plans for sustainability: ☐ Have been discussed but not yet written
Score 2	Plans for sustainability: ☐ Are outlined according to key activities ☐ Are under review by the MOH ☐ Include a point of contact within the Ministry
Score 3	Plans for sustainability: ☐ Are complete, defining all essential components, including timelines for scale-up and spread; specific plans for fiscal autonomy from external donor funding, such as a QM program budget; and roles and responsibilities for implementation ☐ Are reviewed and updated for discussion at QM program TWG meetings
Score 4	Plans for sustainability: ☐ Are implemented and integrated into the national QM Plan ☐ Are used to track progress toward fiscal autonomy from external donor funding, and are modified as needed to achieve annual goals/targets ☐ Are communicated to and reviewed by MOH leadership
Score 5	Plans for sustainability: ☐ Are fully integrated into the national QM Plan with efforts underway to merge into the public health system ☐ Include a budget for dedicated, full-time staff salaried by the MOH ☐ Include plans for development of a national data system ☐ Include a timeline and workplan that is reviewed annually, and addresses integration of all aspects of the program, including staff, program activities and all relevant resources for implementation of the national QM program

Comment:

Human Resource Management
The health care workforce should actively participate in implementing and refining the national QM plan and achieving a sustainable national QMP. To reinforce these processes, the workforce is provided routine coaching, mentoring and peer learning to enhance improvement knowledge, skills and aptitude in QI methods required to fully implement sustainable national QI work. The workforce is organized around clearly written job descriptions, goals, expectations and priorities – established in collaboration with senior leadership and described in the QM plan. Coaching, mentoring and peer learning for the health care workforce is fully integrated into the national QMP and used to identify strengths, weaknesses and opportunities for improvement. These educational, capacity building activities include openings for networking with other QM staff doing similar work. As previously described, the workforce should actively work with patients, families and community members when planning and implementing QI work. As described in the leadership section, the workforce adheres to shared values, attitudes and beliefs comprising an organizational 'culture' of improvement. Challenges and successes are routinely shared and active participation in improvement activities is formally acknowledged and rewarded, when appropriate.

C.1. Human resource management					
Score 0	**Score 1**	**Score 2**	**Score 3**	**Score 4**	**Score 5**

Score 0	The health care workforce is not actively engaged in QI activities in the health sector, with no representation or workforce representatives in the national program
Score 1	Workforce engagement in QI includes: ☐ Participation of some staff in formal training in QI methodology ☐ Feedback on an ad hoc basis, and no formal process is in place for ongoing and systematic representation in the national quality program
Score 2	Workforce engagement in QI includes: ☐ Defined roles and responsibilities in formal QM job descriptions ☐ Training opportunities in QI methods ☐ Plans to develop policies to involve the workforce in QI in the health sector ☐ Healthcare workers as members of the technical working group or core group
Score 3	Workforce engagement in QI includes: ☐ Formal support by leadership in job functions, through feedback, coaching and joint problem solving to optimize health workforce satisfaction ☐ A formal process for regularly recognizing staff performance in QI via performance appraisals and/or public recognition during staff meetings which are integrated into the national program ☐ Formal representation from the professions in the national technical working group
Score 4	Workforce engagement in QI includes: ☐ Opportunities for advancement based on recognition of QI ☐ Plans for pre-service QI ☐ Written standards for workforce involvement in QI in healthcare settings
Score 5	Workforce engagement in QI includes: ☐ Recognition of achievement in QI by healthcare workers ☐ Full engagement of the health workforce in QI throughout the health sector, with support from the national level ☐ Integration of QI into pre-service education for all professions ☐ Routine and continuous QI education and training in QI methodology ☐ Standards for workforce involvement that are regularly monitored ☐ Representation from all professional councils and groups in the national technical working group ☐ Formal and informal discussions where teamwork is openly encouraged and leadership shapes teamwork behavior ☐ Opportunities for workforce input to inform quality management program decisions at the national level
Comment:	

Patient and community involvement
Patients, families and community members should be actively engaged in planning and participating in the Quality Management Program at all levels – national, regional and local. To accomplish this process of engagement, these stakeholders should be routinely asked for their input through formal and informal needs assessment activities, such as surveys, focus groups and in-depth interviews, which are considered an important part of assessing quality in the health sector. Patients, families and community members should be actively involved in educational sessions and community outreach, where their own stories are captured (stories, video) and presented. Patients, families and community members should be solicited to identify relevant improvement resources and engaged in development of printed materials to advance QM program implementation.

D.1. Patients and community members/groups are effectively engaged in the national QM program.					
Score 0	**Score 1**	**Score 2**	**Score 3**	**Score 4**	**Score 5**

Score 0	The national quality program does not involve patients or community members/groups.
Score 1	Patients and community members/groups: ☐ Are solicited for feedback on an ad hoc basis, and no formal process is in place for ongoing and systematic participation in the national quality program
Score 2	Patients and community members/groups: ☐ Are solicited, as part of a targeted strategy, to provide feedback to the MOH through a formal process for ongoing and systematic participation in the national quality program, such as through surveys and focus groups. This participation is defined in the national quality plan.
Score 3	Patients and community members/groups: ☐ Are engaged by the MOH through convening of a formal patient advisory committee
Score 4	Patients and community members/groups, through a formal patient advisory committee: ☐ Are involved in the following activities: • Review of national clinical performance data and discussing quality during formal meetings • Membership on the national quality committee • Training in quality management principles and methods • Engagement to make recommendations based on performance results • Increasing documentation of how recommendations by patients are used to adapt/implement national quality strategies
Score 5	Patients and community members/groups, through a formal patient advisory committee: ☐ Review QI initiatives with MOH program staff based on formal engagement processes with opportunities to offer refinements ☐ Provide well documented input to inform priorities, and to assess and improve quality of care at the national level ☐ Are involved in the national QM program, at a minimum, on an annual basis. This includes review by the national quality committee of successes and challenges associated with patient/community involvement with the goal of enhancing patient collaboration in the QM program. Information gathered during this process is used to inform program priorities. ☐ Routinely participate in formal regional/provincial group meetings, help to set group priorities and QI activities
Comment:	

Performance Measurement
Performance measurement data should be systematically analyzed to identify areas of patient care that can be improved through national decision making, policy or priority setting. The national Quality Management Program develops and implements a clinical data collection system from which local performance measurement data on prioritized measures will be collected, aggregated nationally, and analyzed for local and national improvement. Data collection will follow standardized methods and a timeline as prescribed in the QM plan.

E.1. Appropriate clinical performance data are collected and analyzed to assess the quality of health care and services nationwide.					
Score 0	**Score 1**	**Score 2**	**Score 3**	**Score 4**	**Score 5**

Score 0	No clinical performance data are collected to assess the quality of health care and services nationwide.
Score 1	Performance measurement: ☐ Reflects minimum requirements, e.g., as per guidelines and recommendation in the clinical area of focus ☐ Involves planning for a system to collect and report on data at the facility-level
Score 2	Performance measurement: ☐ Addresses key components of healthcare including national guidelines in the specific clinical area of focus ☐ Captures data from most providers across the country based on identified MOH measures ☐ Includes clinic or supportive service indicators ☐ Includes measures that are delineated by eligibility criteria and specifically defined numerator/denominator and expected data sources ☐ Adheres to well described/defined data collection methods ☐ Is conducted with minimal input from MOH representatives and not analyzed for improvement
Score 3	Performance measurement: ☐ Has been developed and implemented to measure and collect national data based on core components of health care and treatment ☐ Reflects national priorities ☐ Captures data from all providers of health care services measured by the indicators ☐ Can be disaggregated based on sex/gender and geographic region ☐ Is clearly documented and subject to a written plan for longitudinally tracking, analyzing and reviewing national data to identify gaps in quality of care and to inform national improvement priorities ☐ Is conducted with input from MOH staff across service areas ☐ Is documented in PM data reports, which are disseminated at the national and local levels
Score 4	Performance measurement: ☐ Captures data on all selected performance indicators from clinical providers nationwide, and includes outcome measures ☐ Is directly linked to a defined set of national goals and priorities ☐ Is conducted to routinely evaluate and analyze data for the purposes of improvement prioritization at the local and national levels ☐ Is conducted to generate PM data reports, which are disseminated internally AND to providers, patients, community members/groups and key stakeholders ☐ Is assessed and refined on an annual basis ☐ Includes desired health outcome wherever appropriate, which are aligned with health sector and international population health goals (e.g., MDGs)
Score 5	Performance measurement: ☐ Captures data on all selected performance indicators, as above, and is integrated with other public health reporting systems ☐ Results are publicly transparent and disseminated widely through PM data reports as part of a written data communication and dissemination plan ☐ Reports include analysis based on geographic regions and key population groups ☐ Results are systematically reviewed through a formal Data Quality Assurance unit or program using defined data quality assurance process steps ☐ Is addressed through routine QI team review of PM data flow and processes as a system to discuss improvement of PM systems at the national level
Comment:	

E.2. Clinical performance data are used to identify areas for improvement.					
Score 0	**Score 1**	**Score 2**	**Score 3**	**Score 4**	**Score 5**

Score 0	Clinical performance data are not used for improvement.
Score 1	Clinical performance data: ☐ Are available and informally reviewed
Score 2	Clinical performance data: ☐ Are formally documented in writing ☐ Are routinely reviewed by the core team using defined analytic methods documented in an analysis plan
Score 3	Clinical performance data: ☐ Results are prioritized to inform national-level QI and program improvement ☐ Are packaged and shared with MOH staff and stakeholders in written reports ☐ Results are used to demonstrate effectiveness
Score 4	Clinical performance data: ☐ Are used for QM program planning ☐ Are used for QM program decision making which is supported by leadership ☐ Use is monitored and tracked ☐ Are used for QM program accountability ☐ Are presented at conferences, regional group meetings, in written reports, online, etc.
Score 5	Clinical performance data: ☐ Use supports national strategies to most effectively disseminate lessons learned, best practices, and evaluation results to all relevant stakeholders and the general public
Comment:	

Organizational Infrastructure
The organizational infrastructure includes formal QI committees and technical working groups who provide routine technical support and feedback to national QM program leadership and staff; systematic collection and communication of improvement evidence; implementation of national QI activities to improve population health and/or quality of care issues; and knowledge management to demonstrate results, share improvement work, successful strategies and support implementation science.

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F.1. A national quality management committee with appropriate membership has been established to oversee, guide, assess and improve the quality of services					
Score 0	**Score 1**	**Score 2**	**Score 3**	**Score 4**	**Score 5**

Score 0	A national quality committee has not yet been developed or formalized.
Score 1	The national quality committee: ☐ Has been formed ☐ May review national performance data triggered by an event or problem, but no systematic process is in place ☐ Has not yet developed a systematic process for aggregate data use to identify and prioritize national goals/targets ☐ Has not yet defined roles and responsibilities for participating individuals
Score 2	The national quality committee: ☐ Is formalized, with a written charter or terms of reference, representing most institutional departments, outlining the purpose and objectives of the national committee ☐ Has plans to convene regular meetings, but meetings do not occur regularly and/or do not focus specifically on improvement issues ☐ Has identified roles and responsibilities for participating individuals including the MOH QM focal person ☐ Has developed but not yet implemented a structured process to review and analyze national aggregate performance data results
Score 3	The national quality committee: ☐ Is formally established and led by a senior MOH leader ☐ Has established an annual calendar of meeting dates ☐ Has defined roles and responsibilities as codified in the national quality plan, including the MOH QM focal person ☐ Formally reviews national performance data, as available ☐ Discusses national improvement priorities ☐ Introduces processes for review and management of guidelines, policies, standards, systems and tools for improvement ☐ Utilizes the work plan to track activities and implementation progress
Score 4	The national quality committee: ☐ Includes a senior MOH leader who actively oversees the work of the national quality program ☐ Represents other complementary MOH departments/units, e.g. Quality Assurance, M&E, etc. ☐ Has established a performance review process to regularly evaluate clinical measures and respond to results, as appropriate ☐ Communicates with key stakeholders, partners and other MOH departments/units through formal channels, which may include meeting reports, conference calls, etc. ☐ Utilizes the national quality plan to closely monitor progress, achievement of outcomes in improvement implementation
Score 5	The national quality committee: ☐ Has a systematic and well documented review process, including structure, process & outcome measures for performance data ☐ Considers changes in treatment guidelines during indicator development and in selecting national QI activities, which inform national policies and priorities ☐ Routinely reviews QI projects from a central database or through another systematic process to identify themes for national improvement and to inform decision making and priority setting nationally ☐ Evaluates effectiveness of its work and achievement of goals, with routine updating of priorities to achieve those goals ☐ Effectively communicates improvement activities, annual goals, performance results and national progress on QI initiatives through published reports, conference calls and websites (where appropriate) to key stakeholders, including staff, patients and community members
Comment:	

F.2. The national QM program systematically collects evidence linked to improvement implementation to facilitate improvements in care and organizational learning					
Score 0	**Score 1**	**Score 2**	**Score 3**	**Score 4**	**Score 5**

Score 0	The national QM program does not systematically collect evidence linked to improvement implementation.
Score 1	Evidence linked to improvement implementation: ☐ Is collected through internal reporting or generated through informal discussion, without a systematic process for capturing this information
Score 2	Evidence linked to improvement implementation: ☐ Is collected by MOH staff during site visits to health care facilities and transcribed based on verbal communication or captured through facility-level notes on improvement implementation ☐ Is not collected systematically or uniformly
Score 3	Evidence linked to improvement implementation: ☐ Is documented through a standardized form distributed by the MOH to health care facilities implementing improvement projects ☐ Is in narrative or note form including basic information about the project - e.g., team, clinical indicator/area of focus, activities tested - and may include, at a minimum, pre- and post-intervention performance measurement data associated with the implemented project(s)
Score 4	Evidence linked to improvement implementation: ☐ Is systematically documented using a combination of electronic (where possible) and paper forms distributed by the MOH ☐ Includes all relevant project information in sufficient detail for the work to be replicated, e.g., demographic details of facility and catchment area/patient population, QI team with roles and responsibilities, area of focus, process analysis with meeting notes and ‘fishbone’ diagrams or other QI tools used, performance goal/aim, intervention description and changes tested, implementation challenges and lessons learned ☐ Includes, at a minimum, baseline and follow-up data with additional review periods wherever available ☐ Submission of QI information represents 80% of implementing health care facilities, with a system to follow-up with non-submitting facilities
Score 5	Evidence linked to improvement implementation: ☐ Is aggregated and housed at the MOH in a database (Excel, HQI QI database) with advanced functionality, including reporting by indicator/area of care, facility type, region, date ☐ Is organized by domain and subject to a taxonomy or categorization scheme designed to identify successful interventions in specific areas of care which is linked to clinical performance measurement data to identify best practices ☐ Is packaged and disseminated in a variety of modalities (print, web, face-to-face) by the MOH internally and externally to providers, patients, key stakeholders, donors, etc. in support of spread of evidence-based improvement interventions ☐ Is used to draft abstracts for professional conferences and manuscripts for publication in journals
Comment:	

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F. 3. The MOH quality program conducts national QI projects to improve population health and/or quality of care issues					
Score 0	**Score 1**	**Score 2**	**Score 3**	**Score 4**	**Score 5**

Score 0	The national quality program does not conduct national quality improvement projects to improve internal MOH systems and/or quality of care issues at the provider level.
Score 1	National quality improvement activities: ☐ Focus on individual cases or incidents only ☐ Are primarily used for inspection ☐ Are not team-based ☐ Do not adhere to specific methods or tools to understand causes and make effective changes
Score 2	National quality improvement activities: ☐ Are responsive to program goals linked to patient outcomes as defined by clinical performance measures ☐ Are determined based on national performance data results ☐ Involve some health care workers, however they are not full-time ☐ Include adequate health care worker training to conduct QI ☐ Include provision of necessary resources to implement QI projects ☐ Are beginning to follow QI methods, principles and tools to understand causes and make effective changes in national systems of care delivery
Score 3	National quality improvement activities: ☐ Are ongoing based on analysis of national PM data and other program information, including reviews and assessments ☐ Focus on issues related to structures and processes only ☐ Include at least one national quality project conducted in the last 12 months to improve MOH systems and/or quality of care issues ☐ Are tracked internally ☐ Are linked to the QM Committee and TWG with identifying systems issues and suggesting changes for implementation ☐ Include formation of QI teams to address identified issues
Score 4	National quality improvement activities: ☐ Reflect systems to identify gaps in care at the national level, including prioritization for national QI work ☐ Are ongoing based on analysis of national performance data and other relevant program information, including program reviews and assessments ☐ Can be identified by any MOH team member through direct communication with senior leadership ☐ Reinforce and promote a culture of quality improvement and patient safety throughout the MOH, through shared accountability and responsibility of identified improvement priorities ☐ Are supported with appropriate resources at the MOH, including dedicated personnel directly responsible for QM program management and implementation to achieve effective and sustainable results ☐ Involve support of performance data collection with results routinely reported to senior leaders, key stakeholders, providers and patients/community members
Score 5	National quality improvement activities: ☐ Are ongoing in core service categories with plans to spread to other service areas ☐ Are prioritized based on analysis of national performance data, and feedback from providers, key stakeholders and patients/community members ☐ Adhere to robust process improvement, characterized by identifying actual causes of variation and applying effective, sustainable solutions ☐ Involve patients and community members ☐ Reflect the work of the QM Committee, with appropriate feedback and communication to senior MOH leadership ☐ Are evaluated based on results to assess effectiveness ☐ Are systematically shared in narrative form through storyboards, manuscripts, newsletters, on websites, etc. throughout the MOH and externally
Comment:	

F.4. The national QM program implements a communication and knowledge management strategy to demonstrate results, share improvement work and successes, and support implementation science. The focus of this section is to effectively communicate QI and PM data to inform programmatic priorities and policy to accelerate improvements in care. This includes the sharing of QI and PM data with stakeholders and other essential partners to increase buy-in and cooperation to achieve program objectives and enhance opportunities for collaboration among Ministry staff and across implementing partners.					
Score 0	**Score 1**	**Score 2**	**Score 3**	**Score 4**	**Score 5**

Score 0	Communication and knowledge management for improvement are not addressed by the national QM program.
Score 1	Communication and knowledge management: ☐ Occurs randomly and infrequently through email communication and is primarily focused on emergencies
Score 2	Communication and knowledge management: ☐ Is linked to a formal, written strategy ☐ Is led by personnel at the MOH according to a defined implementation calendar ☐ Is characterized by specific activities and use of standard modes of communication, e.g., print, electronic, face-to-face ☐ Activities lack adequate resources
Score 3	Communication and knowledge management: ☐ Is formally integrated into the national QM program to build, spread and support improvement implementation knowledge – to demonstrate results, share improvement work to bolster implementation science and leverage and share successful strategies ☐ Is led by a staff person at the MOH ☐ Is adequately resourced to implement specific communication and KM activities ☐ Is multi-modal, e.g., print, electronic, face-to-face ☐ Involves convening of MOH staff, physicians, patients/community groups and stakeholders who represent formally organized communities of practice or similar groups of individuals with common interests and goals
Score 4	Communication and knowledge management: ☐ Is formally integrated into the national QM program ☐ Is implemented at various levels by audience (internal MOH, providers, patients, key stakeholders, donors) ☐ Is used to demonstrate results ☐ Is used to share improvement work to bolster implementation science ☐ Is used to share and leverage successful implementation strategies nationally and globally ☐ Measurement and evaluation of KM does not take place, but KM indicators are in development
Score 5	Communication and knowledge management: ☐ Is formally integrated into the national QM program e.g., implemented internally across MOH departments and externally among a variety of audiences across clinical areas ☐ Is led by one or more full-time MOH staff ☐ Is characterized by a diverse portfolio of multi-modal activities which are tested, observed, adapted and implemented to maximize effectiveness and coverage across audience groups ☐ Is measured and evaluated based on defined KM indicators and criteria
Comment:	

Capacity Building
Capacity building activities revolve around coaching, mentoring and training at the national MOH and local health care provider levels, and focus on building knowledge and skills for implementation of a sustainable national quality management program. This includes specific activities to reinforce patient safety and reduction of medical error. Capacity building activities also include systematic peer learning strategies, facilitated through formal mechanisms including regional quality management groups to accelerate implementation nationally and throughout the public health system.

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G.1. The quality management program provides QI technical assistance through coaching and mentoring to build capacity and competencies for quality improvement nationwide (clinic/regional/national) to providers and MOH staff					
Score 0	**Score 1**	**Score 2**	**Score 3**	**Score 4**	**Score 5**

Score 0	The quality program does not provide coaching and mentoring on quality improvement.
Score 1	Coaching and mentoring: ☐ Are unstructured by MOH; coaching is not incorporated into staff roles and responsibilities ☐ Are not defined, with limited skills building opportunities or a one-time coaches training ☐ Are limited by inadequate resource allocation ☐ Are limited by inadequate improvement knowledge and capacity for coaching
Score 2	Coaching and mentoring: ☐ Are a learned skill, which is supported and implemented routinely by the national QMP to build coaching capacity with MOH and provider / health center staff ☐ Are a component of the quality improvement training program ☐ Are conducted as needed by QM Program staff with a systematic process for MOH and provider requests ☐ Include ongoing/routine check-ins, e.g. by email/phone/video between in-person visits
Score 3	Coaching and mentoring: ☐ Are part of the ongoing quality management planning process, including defining who, how, when, and where coaching will be conducted ☐ Are an assigned responsibility and integrated into MOH staff roles at the national and regional levels ☐ Are conducted as an ongoing problem solving process between the assigned coach and assigned health care facilities using facility level PM data results and QI tools to openly discuss and plan improvement opportunities ☐ Include defining an improvement activity work plan / next steps with the health care facility to strengthen their ability to remain focused on implementation and for use during subsequent coaching meetings to discuss progress, barriers, changes, and improvements. ☐ Capture QI data and interventions as part of a process designed to learn what did and didn't work by defining and utilizing coaching tools, such as the QI work plan and site visit guides, with process mapping as needed.
Score 4	Coaching and mentoring: ☐ Are driven by a structure for sharing and communicating new knowledge and skills developed during coaches trainings, at the facility, regional and national levels, including opportunities for online/distance learning wherever possible ☐ Are supported by multiple sources of information and data to inform coaching discussions, including facility level Organizational Assessments, PM data and facility level QM plans. ☐ Include a defined process to capture QI data, in combination with regional PM data, to identify quality themes for national level discussion.
Score 5	Coaching and mentoring: ☐ Are integrated into the QM program, with ongoing skills building, defined coaching roles and responsibilities at the facility, regional and national levels. ☐ Is characterized by a cadre of coaches applying a defined coaching process. These individuals lead/facilitate expansion of coaching capacity in-country ☐ Include coaching tools to assist with problem solving and materials to capture interventions and QI data in conjunction with PM data. ☐ Include a process for defining/credentialing QI coaches ☐ Are used to reinforce implementation and sustainability of the Quality Management Program ☐ Include a structure to facilitate use of the information gained from coaching for decision making, policy and priority setting at the regional and national levels
Comment:	

G.2. The quality management program provides QI technical assistance through improvement training nationwide to providers and MOH staff					
Score 0	**Score 1**	**Score 2**	**Score 3**	**Score 4**	**Score 5**

Score 0	The quality program does not conduct QI training.
Score 1	Training for improvement: ☐ Is irregular or planned as a one-time activity ☐ Is limited by inadequate resource allocation
Score 2	Training for improvement: ☐ Is conducted for MOH staff, providers and/or health care facilities ☐ Is part of a formal process based on requests from individual providers and/or health care facilities instead of a planned expansion
Score 3	Training for improvement: ☐ Is part of the ongoing quality management planning process, including who, how, when, and where training will be implemented ☐ Is understood as the main component to building capacity ☐ Includes an assigned group of national staff with skills and responsibilities to conduct training ☐ Is tracked to capture who has been trained, including number and sites trained
Score 4	Training for improvement: ☐ Includes plans to expand training capability to groups of local, regional and national staff to strengthen sustainability. ☐ Is one of several components to building capacity, including coaching, peer exchange, group QI sharing opportunities, and online/distance learning wherever possible ☐ Includes routine tracking of trainer competencies
Score 5	Training for improvement: ☐ Is planned and established as a quality workshop program, routinely training clinical and service providers nationwide on quality improvement priorities, tools and methodologies; ☐ Follows an annual training schedule with quality topics based on needs assessment, including input by providers ☐ Is evaluated by participants and used to improve future training ☐ Includes a train the trainer component to enhance spread of training capabilities ☐ Includes a coaching component to reinforce improvement training and technical assistance ☐ Includes an evaluation of the training to adapt as trainee needs change and as the program evolves including expanding to pre-service
Comment:	

G.3. The quality management program facilitates and supports peer learning through formal mechanisms, including Regional QM Groups and health care facility visits to promote sharing knowledge and expertise for QI strategies and to accelerate QM implementation nationally beyond project funded initiatives and within the public health structure/system					
Score 0	**Score 1**	**Score 2**	**Score 3**	**Score 4**	**Score 5**

Score 0	☐ There are no formal mechanisms for peer learning, e.g., regional group development, site-visit sharing, etc.
Score 1	Peer learning ☐ Is being integrated into the formal QM workplan, including any budgeting necessary for meetings. Peer learning should include regional groups, site visits, conferences, and opportunities for group presentations.
Score 2	Peer learning: ☐ Is in the initial stages with regional group activities, ☐ Activities are ad-hoc and do not adhere to a formal schedule
Score 3	Peer learning: ☐ Is established through a regional QM group structure, including defined meeting schedules, roles and responsibilities, and appropriate support. ☐ Encourages multidisciplinary representation, e.g., clinical providers, nurses, health care administrators, patients, MOH staff and other stakeholders to participate and share different perspectives in the regional groups ☐ Includes opportunities to present and discuss local data for benchmarking and to set regional QI priorities
Score 4	Peer learning: ☐ Includes defining a mechanism for formal regional groups to engage in regular peer exchange including site visits between in-person meetings ☐ Includes group engagement in QI projects aimed at regional level QI priorities and issues
Score 5	Peer learning: ☐ Is fully integrated into the QM program model with multiple opportunities defined and implemented to support peer learning and sharing ☐ Includes peer site visits and discussions, which are reinforced by ongoing coaching and mentoring activities ☐ Includes formal regional groups embedded in the regional public health structure/system, where peer learning occurs, with the goal of sustainable networks focused on quality ☐ Is defined by formal expectations and processes to reinforce structures designed to support peer learning and sharing e.g., formal charter and work plan describing roles and responsibilities, meeting frequency, group composition, attendance expectations and processes for setting priorities

Comment:

G.4. The quality management program includes specific activities associated with patient safety and reduction of medical error					
Score 0	**Score 1**	**Score 2**	**Score 3**	**Score 4**	**Score 5**

Score 0	The national quality program does not specifically address patient safety.
Score 1	Patient safety: ☐ Activities are planned but do not yet include a time line for implementation
Score 2	Patient safety: ☐ Activities are clearly outlined and include a time line for implementation ☐ Includes a point of contact within the Ministry to manage associated activities and implementation
Score 3	Patient safety: ☐ Is prescribed in an official work plan based on nationally adopted standards of patient care and characterized by the following: • existence of guidelines and standard operating procedures (SOPs) for clinical/service oriented procedures • health care worker safety standards and training opportunities • a process to monitor whether prescribed guidelines are followed • a system to ensure adequate health care worker capacity through training and retraining of health care workers around key processes • a system to support tracking and reporting of errors and adverse events to learn from and prevent similar errors • identification of high risk areas, e.g. infection control, surgical services, pharmacy maternal child health, and waste management/sanitation to implement enhanced safety guidelines that reinforce reliable performance • training on multidisciplinary teamwork and communication ☐ Includes application of an established patient safety model or framework, e,g., WHO
Score 4	Patient safety: ☐ Involves staff at the national and health care facility levels ☐ Is characterized by physician or focal person engagement and leadership ☐ Is integrated into the national QM program ☐ Is enshrined in formal national policy ☐ Is reinforced through the following: • Continuing medical education • Graduate medical education • Accreditation programs • Safety curriculum • Adoption of standards and guidelines, e.g., WHO
Score 5	Patient safety: ☐ Is promoted through a formal recognition/incentive program ☐ Involves advanced skills building activities, including certification and recertification in patient safety standards and protocols ☐ Includes a learning agenda based on routinely updated patient safety curricula
Comment:	

Achievement of outcomes
The QMP should demonstrate evidence of measureable improvement in clinical performance measures based on organizational goals and priorities across all service areas. Results of these measures are tracked, routinely captured in performance data reports, and disseminated internally and externally. Achievement of measurable outcomes and results of measures demonstrate organizational ‘levels,’ ‘trends’ and ‘comparisons’ for clinical performance data reflecting organizational goals and requirements. Each organization should establish a scoring range that is consistent with organizational goals and expected achievement over time. For example, scoring from 0% to 100% for measures may reflect no organizational performance results to excellent results, with scoring moving from low to good toward the established goal. The purpose of this section is to capture and reflect progress over time in advancing results from one level to the next consistently across measurement periods. Because measures differ from country to country, the selection of specific outcome measures should be chosen accordingly. For HIV programs, measures for CD4 at entry to care and retention should be included. If viral load testing is routinely available, viral load suppression should be chosen as a measure as well. For example, to move from a 3 to a 4: when comparing performance of these measures to a larger aggregate data set, targets should be met for at least 50% of measures and results for viral load suppression and retention in care scores should be equal to or greater than the 75th percentile of the comparative data set.

***Before beginning this section it is important to define your benchmarks and adapt scoring language with specific and progressive measurements to achieve major results as described above.**

H.1. The national QM program routinely monitors patient outcomes and utilizes national clinical performance data to improve patient care

Score 0	Score 1	Score 2	Score 3	Score 4	Score 5

Score 0	No clinical performance measurement results are routinely reviewed or used to monitor patient outcomes and guide improvement activities.
Score 1	Clinical performance data results: ☐ Are measured using a clinical database (EMR, database, register) ☐ For most measures of patient care are routinely reviewed and used to guide improvement priorities ☐ Are trended for some measures and reported to determine aggregate improvement over time
Score 2	Clinical performance data results: ☐ For most measures are routinely reviewed and used to guide national improvement priorities ☐ Are trended for most measures demonstrating overall improvement in trends over time
Score 3	Clinical performance data results: ☐ For most measures are routinely reviewed and used to guide national improvement priorities, including core health outcome measures (e.g., for an HIV program these may be viral load, entry to care, retention in care, late diagnosis, MTCT transmission rate). ☐ Are trended and reported for all measures with many showing improving trends over time ☐ Are compared to national or regional benchmarks (e.g., for an HIV program: MTCT <5%; Universal Access targets of 85% for testing, ART initiation, ART for all pregnant women, viral load suppression among those eligible)
Score 4	Clinical performance data results: ☐ For ALL measures are routinely reviewed and used to guide national improvement priorities, including outcome measures and social & environmental determinants of health and health seeking behaviors ☐ Are trended and reported for all measures with most showing improving trends over time
Score 5	Clinical performance data results: ☐ Are used to guide policy and national guideline development ☐ Are trended and reported for all measures with most showing sustained improvement over time in areas of importance aligned with stated QM program goals

Comment: