

**Kingdom of Cambodia
Nation Religion King**



**Master Plan
for
Quality Improvement in Health**

**Ministry of Health
2017 - 2022**

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ACRONYMS

CPA	Comprehensive Package of Activities
DHS	Department Hospital Services
DLI	Disbursement Linked Indicator
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
HEQIP	Health Equity and Quality Improvement Project
HPs	Health Partners
HSP3	Third Health Strategic Plan 2016 - 2021
M & E	Monitoring and Evaluation
MoH	Ministry of Health
MPA	Minimum Package of Activities
NGO	Non-Government Organisation
NIPH	National Institute Public Health
OD	Operational Department
PHD	Provincial Health Department
QAO	Quality Assurance Office
QI	Quality Improvement
QIMP	Quality Improvement Master Plan
QIWG	Quality Improvement Working Group
QEMT	Quality Enhancement Monitoring Tools
Q & S Policy	National Policy on Quality and Safety in Health
SA	Strategic Area
WHO	World Health Organisation
UNFPA	United Nations Population Fund
URC	University Research Co. LLC
WB	World Bank

CHAPTER 1: BACKGROUND

This is the second five-year Cambodian Ministry of Health Master Plan for Quality Improvement (QIMP). This second plan builds on the progress of the first QIMP, the review and revision of the Quality and Safety Policy for Health carried out in 2017 which was based on the strategic objectives articulated in the third Health Strategic Plan (HSP3) 2016 – 2021. This QIMP will guide implementation, monitoring and evaluation of the strategic areas included in the revised policy. This QIMP is a key planning document for the Quality Assurance Office (QAO) of the Ministry of Health (MoH) the organic unit of the government tasked and resourced to lead and coordinate quality assurance efforts within public and private sectors.

The QAO is supported in its decision making by the MoH Quality Improvement Working Group (QIWG) composed of decision-makers within the Ministry of Health and other key stakeholders from within the health system. This QIMP has been developed within a QIWG consultative workshop including invited key stakeholders (see list in annex 1).

CHAPTER 2 STRATEGIC APPROACH FOR IMPLEMENTING THE MASTERPLAN

There has been some progress in quality improvement in the Cambodian health systems, especially in the previous five years, but many areas for improvement remain. This QIMP builds on this progress and identifies actions that if resourced and implemented, will fill the most significant gaps in this quality improvement journey.

2.1 Strategic Areas

The Quality and Safety Policy in Health (2016) includes six priority Strategic Areas and 20 sub-strategic areas:

1. Empowerment of the consumers
1.1 Promotion of patients' rights 1.2 Disseminating information on quality and safety 1.3 Improving client satisfaction
2. Health facilities and services regulation and management
2.1 Licensing of health facilities and services 2.2 Promoting national standards for service delivery 2.3 Establishing reliable assessment processes 2.4 Supporting infrastructure development and maintenance 2.5 Promoting organisational development 2.6 Establishing Healthcare Accreditation of public and private facilities and services.
3. Clinical and management practice
3.1 Evidence-based guidelines 3.2 Healthcare service direction
4. Professional development
4.1 Strengthening National frameworks for competency based education 4.2 Strengthening health professional regulation

4.3 Continuing Professional Development requirements
4.4 Capability building in governance and management
5. Institutional Development
5.1 Strengthening general management
5.2 Decentralization of management authority
6. Institutionalization of quality improvement
6.1 National coordination
6.2 Institutionalizing Quality Improvement Methodologies
6.3 Strengthening Local management

The sub-strategic priorities have been divided into three categories to guide MoH actions in this plan, these categories build on current QI initiatives and other existing health sector strategies and workplans. The three categories are (1) Quality Improvement of Health Services, (2) Leadership and coordination of Quality Improvement within the health system and (3) Human Resources for Quality Improvement.

For the following action plan, the first category of strategic priority areas, **Quality Improvement of Health Services**, was generally based on the current MoH Quality Improvement (QI) initiative, the SDG/HEQIP project 2016-2021. This initiative provides the building blocks towards healthcare accreditation in Cambodia, currently these building blocks are focused on the public healthcare sector but they can be adapted and used for healthcare accreditation in the private healthcare sector. The actions included in the plan below outline known plans for this QI initiative but also indicates gaps. The second category, **Leadership and Coordination of Quality Improvement in Health** focuses on developments in actions supporting evidence based practice, training in management and leadership of QI initiatives in the health sector. The third category, **Human Resources for Quality Improvement** includes further development and strengthening established professional councils and laws regulating professional practice.

The action plan uses the following headings to conceptualize implementation of actions to achieve these three QI strategic area priorities:

1. Necessary action,
2. Time-line,
3. Responsible teams/institutions
4. Resources,
5. Means of verification,
6. Linkages with other strategic area priorities, and
7. Challenges or necessary support.

2.2 Overview of Recent Progress, Existing Challenges and Risk Management Strategy

This QIMP 2017 – 2022 builds on the previous QIMP and lessons learned in the previous five years implementation. These lessons include the need to decrease the number of prioritized strategic areas, to identify linkages between priority areas, to ensure priority areas build on and strengthen current QI Initiatives, to identify implementation factors including timeframes, resources and institutions responsible and to include a monitoring and evaluation framework in the plan.

There are multiple challenges that need to be considered in implementing this master plan. During the workshop several challenges and risks were identified, possible means to mitigate the five key ones are elaborated below:

Table 1. Risk management strategy

	Risk	Mitigation/lessen impact
1	Lack of permanent key staff in QAO to carry out, promote and coordinate the actions.	<ul style="list-style-type: none"> • Draft organisational diagram for QAO with clear roles and responsibilities • Identify knowledge and skills needed to complete actions • Complete selection of new staff by end of 2016 • QIWG, DHS and QAO leaders advocate for increase in permanent QAO staff with relevant skills
2	Magnitude of the actions are not defined or understood	<ul style="list-style-type: none"> • Action Plan further developed by QAO • Action Plan used by the QAO to guide them in their work • Q & S Policy in Health and QIMP used as key documents for planning QI in public and private sector
3	Resources for action plan not available when needed	<ul style="list-style-type: none"> • Health care quality oriented plan developed first and then identify in more detail and seek for resource sources • Identify in more detail resource sources • Develop and manage budgets within QAO
4	Inadequate implementation of Q & S Policy in Health and QI Master Plan	<ul style="list-style-type: none"> • Communicate both documents to current practice on an ongoing basis • Well understood and coordinated implementation of both documents among relevant stakeholders • Monitor and Evaluate Action Plan
5	Lack of support for QI within the health sector	<ul style="list-style-type: none"> • Strengthen designated roles and capability building for quality improvement in the sector

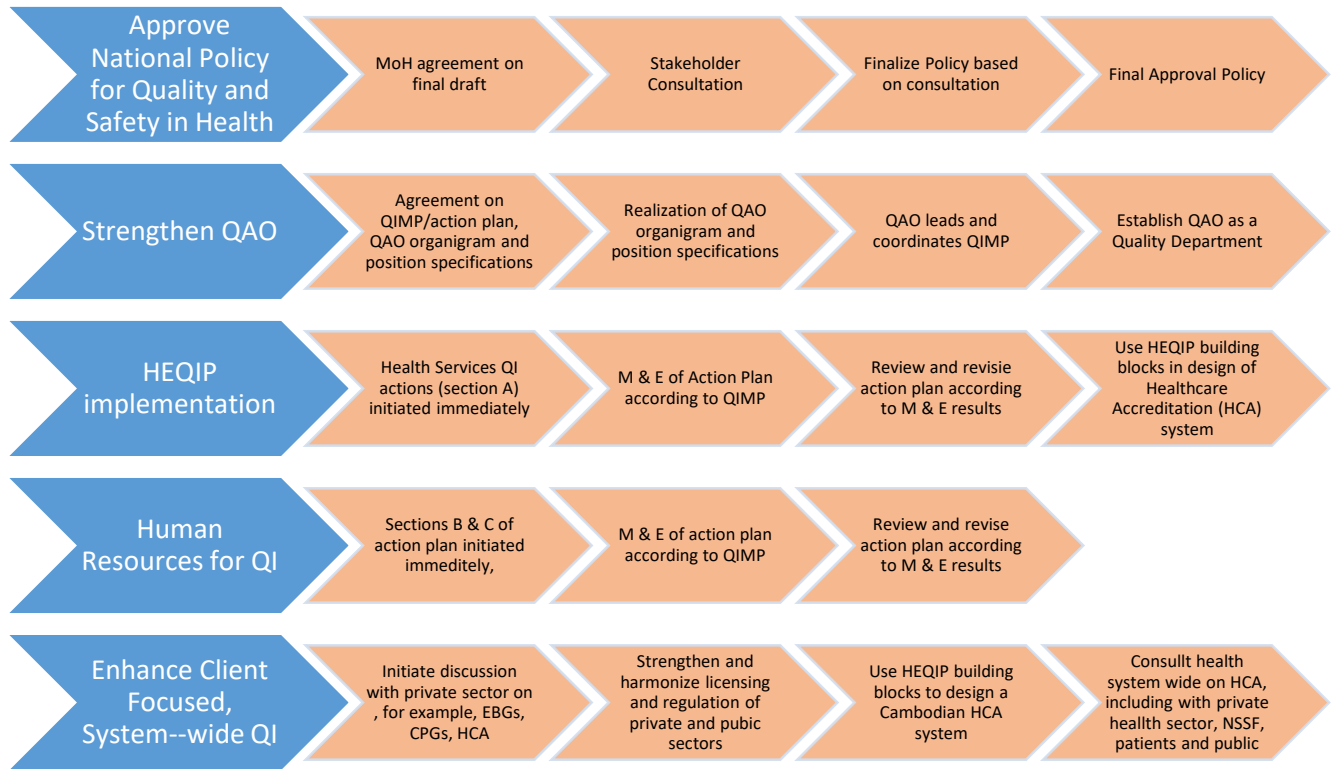
		<ul style="list-style-type: none"> • Implement HEQIP with clear roles and responsibilities as identified in key documents • As much as possible for medium term upgrade Q & S Policy in Health to be national policy so that it can be secured with package of national budget for implementation phase.
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2.3 Implementation Framework

The National Policy for Quality and Safety in Health places key responsibility on the QAO for leading and coordinating policy implementation. The key mechanism to guide the implementation is this QIMP. This Master Plan identifies organisations for each action or group of actions within the action plan but there are gaps. A QAO organigram and positions specifications has been drafted based on the needs identified during the action planning workshop.

The implementation framework consists of five processes that reinforce and are dependent on each other. The framework includes monitoring and evaluation to support decision making, learning and accountability. Details of the implementation are outlined in Chapter 3 and 4 below.

Diagram 1. QIMP Implementation Framework.



CHAPTER 3: QUALITY IMPROVEMENT ACTION PLAN

QUALITY IMPROVEMENT ACTION PLAN

Necessary action (sub-Strategic Area priorities)	Time-line: Start/end	Responsible teams/institutions	Resources/ Resource source	Means of Verification	Link to other SA	Challenges/ necessary support
A- Quality Improvement of Health Services						
2.2 Promoting national standards for service delivery						
Finalize Quality Enhancement Monitoring Tools (QEMT) I.e. supervisory checklist, patient satisfaction survey, vignettes	Q1-2017	QAO-HSD	MoH World Bank (WB)	QEMT finalized	3.1	Challenge will be to use HEQIP tools and processes to establish a national QI system thus linking to SA 6 and SA 2.6
Revise level 1 and level 2 tools	Q3-2017	SC DPHI NIPH HSD	HEQIP Disbursement Linked Indicator (DLI) 4	Level 1 and Level 2 tools updated	2.1 2.6	Resource source and budget unclear
Data collection reassessment in public and private health facilities using revised L1 & L2 tools	Q2-2018	SC DPHI NIPH HSD	HEQIP DLI 4	Results of L1 & L2 quality assessments using revised tools analysed and used for improvement	2.1 2.6	Resource source and budget unclear
2.3 Establishing reliable assessment processes						
Master Training of Quality Assessor Trainers (ToT of 40 persons)	Q1-2017	QAO-HSD	MoH WB	Master Trainers trained Curriculum developed	5 6.2 6.3	Additional resourced QAO staff with the appropriate

Necessary action (sub-Strategic Area priorities)	Time-line: Start/end	Responsible teams/institutions	Resources/ Resource source	Means of Verification	Link to other SA	Challenges/ necessary support
Field testing QEMT	Q1-2017	Technical committee team	MoH WB	QEMT finalized		knowledge and skills and with clearly defined QAO roles and responsibilities needed Challenge will be to use HEQIP tools and processes to establish a national QI system thus linking to SA 6 and SA 2.6
Training plan for Quality Assessors (approximately 510 assessors)	Q1 2017	Technical Committee team	MoH WB	Training plan developed with clear budget		
Information and Communication Tools (ICT) developed	Q1 2017	QAO focal point staff member with appropriate skills	HEQIP	Tablet used by the Quality Assessors		
Information and Communication Tools (ICT) training plan developed	Q1 2017	QAO focal point staff member with appropriate skills	HEQIP	Tablet used by the Quality Assessors	5 6.2 6.3	
Retrain Quality Assessor Trainers on ICT application and use	Q2 2017	QAO focal point staff member with appropriate skills	HEQIP	Tablet used by the Quality Assessors		
Conduct Training for 510 Quality Assessors	Q1 – Q4 2017	40 Quality Assessor Trainers + QAO	HEQIP	510 Quality Assessors trained		
Ongoing monitoring and coaching of Quality Assessors	Start from Q2-2017	QAO coordination	HEQIP	(Certified) Quality Assessors using appropriate skills	2.5 5.1 6.3	
Ongoing application of Quality Assessment mechanism (quarterly)	April 2017	Quality Assessors, coordinated by QAO staff member(s)	HEQIP	Quarterly Assessment Reports linked to Performance Based Grant (PBG)	All SAs	Skills for this additional QAO staff member(s) to coordinate, and implement include data analysis,

Necessary action (sub-Strategic Area priorities)	Time-line: Start/end	Responsible teams/institutions	Resources/ Resource source	Means of Verification	Link to other SA	Challenges/ necessary support
						report writing, management, leadership, coordination/project management, training
Immediate feedback on the results of the assessments (i.e. to facility, OD, PHD)	Quarterly basis from Q2 2017	Quality Assessors, results analysed and Quality Assessors coordinated by QAO staff member(s)	HEQIP	1. Results analysed with feedback documented 2. Documented feedback of key themes for each facility/district/PHD 2. Quarterly Assessment Reports linked to Performance Based Grant (PBG)	2.4 2.5	1. Guidelines for feedback mechanisms of assessment results not yet developed 2. Skills for this additional QAO staff member(s) to implement this include qualitative and quantitative analysis skills (i.e epidemiologist)
Develop QI follow-up action plan	Immediately following QI assessment results feedback session	Provincial Health Department (PHD) Operational District (OD) QI Focal Point	HEQIP	Quality Assessment Data analysed and used for improvement	1.3 2.4 2.5 5.1 5.2 6.3	Protocols/guidelines for coaching after the assessment not yet developed
Post quality assessment coaching to Health Facilities	Month following each quality	PHD + OD, QAO/QI focal point	HEQIP	Skills of staff and management at health facilities and	1.1 1.3 2.5	Resourced provincial and OD, QAO staff with the

Necessary action (sub-Strategic Area priorities)	Time-line: Start/end	Responsible teams/institutions	Resources/ Resource source	Means of Verification	Link to other SA	Challenges/ necessary support
	assessment , start Q2 2017			operation of health facilities improved	4.3 5.1 5.2 6.3	appropriate knowledge and skills and with clearly defined QI roles and responsibilities needed
1.2 Disseminating information on quality and safety						
Identify and use mechanisms for sharing information on quality and safety in health (i.e. to other Ministries, professional councils, general public, private sector)	Q3-2017	Technical Committee	HEQIP	Quality Improvement mechanisms for information sharing identified and used	1.1 1.2 1.3 6.1 6.2 6.3	
B- Leadership and Coordination of Quality Improvement in Health						
3.1 Evidence Based Guidelines						
Identify existing clinical practice guidelines	Q2-2017	HSD	Office materials Stationary Resources needed and resource source unknown	Inventory list with prioritization and seek for support		1. Need technical support 2. Existing EBGs: MPA, CPA, IPC, CPG, Injection Safety, Waste Mgmt., other maternal program guidelines

Necessary action (sub-Strategic Area priorities)	Time-line: Start/end	Responsible teams/institutions	Resources/ Resource source	Means of Verification	Link to other SA	Challenges/ necessary support
Action plan for implementation of coaching on CPGs (include introducing CPG during internship of students)	Q2-2017	HSD	Resources needed and resource source unknown	Checklist	Links with all SAs	1. Additional financial supports needed 2. Motivation a challenge 3. CPG Application set up and maintenance needed but a challenge 4. Involvement of private sector needed but a challenge
Update/ revise existing guidelines	June end 2017	HSD	Technical support from government, GIZ, URC, WHO	Updated guidelines	Links with all SAs	
Identify and develop new EBGs (Priority is a nosocomial infection surveillance system)	Dec. 2018 finish	HSD	Technical support from government, GIZ, URC, WHO	List of developed guidelines		
4. 4 Capability building in governance and management						
Training monitoring and coaching	2017-2021	QI Team of QAO QI Team of PHD	HEQIP Development Partners	Training Reports	2 3 5 6	1. Skills needed are Public Health, Hospital

Necessary action (sub-Strategic Area priorities)	Time-line: Start/end	Responsible teams/institutions	Resources/ Resource source	Means of Verification	Link to other SA	Challenges/ necessary support
			NGOs, Government			Administration and Clinical 2. Challenges are Human Resource availability and Funding
C- Human Resources for Quality Improvement						
4.1 Strengthening national framework for competency based education						
Improve/update national preservice training curricula: • EBM and • Link to clinical practice • competency based	From Q3- 2017	Training university	Training university	EBM in Updated curricular with scope of practice	3.1	
Developing graduate competencies for each health profession • Develop guidelines • implementation	Q1-2018 continuous	Professional councils	Professional councils	Improved graduate performance in clinical practice		
4.2 Strengthening health professional regulation						
Develop further legal document as indicated by law on health professional: • Royal decree • Sub-decree • Prakas...	Q2-2017	Department of Legal	Only HR needed	Adopted law, Royal decree, Sub-decree, Prakas	1 2	

Necessary action (sub-Strategic Area priorities)	Time-line: Start/end	Responsible teams/institutions	Resources/ Resource source	Means of Verification	Link to other SA	Challenges/ necessary support
Develop action plan based on new law <ul style="list-style-type: none"> • Development phase • Implementation phase 	Q4-2017	HRD	<ul style="list-style-type: none"> • Assist project • Generated fee • Government subsidise • Donors 	<ul style="list-style-type: none"> • Action plan for implementation phase • 100% registration and licensing 	2	<ul style="list-style-type: none"> • No permanent key staff (most are volunteer) • Wide scope of work
Evaluation of current implementation of action plan of professional council	Q2-2018	Professional Councils	Assist project			
Develop retention policy for rural areas (in addition to/related to current Health workforce plan)	Q2-2018	MoH decision maker		Policy adopted and apply		<ul style="list-style-type: none"> • Nepotism and corruption • Decentralisation as a solution
4.3 Continuing Professional Development (CPD): clinical/management, leadership, teaching/research						
Develop CPD guideline <ul style="list-style-type: none"> • Collect international and ASEAN references • All professional councils use a common framework including hours/credit points. • Design specific CPD for teachers/preceptors • Link to current practices 	Q3-2017	Professional councils	UNFPA GIZ WHO and other HPs	Guideline disseminated and implemented	6.2 4.4	Building national consensus

Necessary action (sub-Strategic Area priorities)	Time-line: Start/end	Responsible teams/institutions	Resources/ Resource source	Means of Verification	Link to other SA	Challenges/ necessary support
<ul style="list-style-type: none"> • Consult with all stakeholders 						

CHAPTER 4: MONITORING AND EVALUATION FRAMEWORK

4.1 Monitoring Framework

Action	Expected completion date:	Monitoring timeframe start date:	Persons responsible for action implementation	Means of verification
EVIDENCE BASED GUIDELINES				
Identify existing clinical practice guidelines (CPGs)	Q2-2017	Q2-2017	QAO staff member with Master in Hospital Administration	<ol style="list-style-type: none"> 1. Inventory list with prioritization CPGs drafted 2. Resourced process for establishing the list of existing CPGs
Action plan for implementation of coaching on CPGs	Q220-17	Q2-2017	DHS Director, Public Health Expertise Clinical Expertise	<ol style="list-style-type: none"> 1. List of existing CPGs drafted 2. Action plan for introducing CPGs during internship of students developed and implemented
Improve/update training curriculum: <ul style="list-style-type: none"> • EBM and • Link to clinical practice 	Q3-2017 to Q3-2018	Q4-2017 ongoing	Training university	<ol style="list-style-type: none"> 1. Responsible institute and persons identified and resourced 2. EBM included in updated curricula within scope of practice
June 2017 - Process evaluation of above actions with review and revision of action plan by QIWG				
Update/ revise existing guidelines	June end 2017	Q3-2017 ongoing	Need to clarify or appoint responsible person	<ol style="list-style-type: none"> 1. Responsible person identified 2. Process for updating guidelines documented 3. Existing guidelines updated/ revised 4. Schedule for updating guidelines established and initiated
June 2017 - Process evaluation of above actions with review and revision of action plan by QIWG				
QUALITY ASSESSMENT OF HEATH FACILITIES				
Master Training of Quality Assessor Trainers (ToT of 40 persons)	Q1- 2017	Q1-2017	QAO Team	<ol style="list-style-type: none"> 1. 40 Master Trainers pass post-course assessment 2. ToT Curriculum developed

Action	Expected completion date:	Monitoring timeframe start date:	Persons responsible for action implementation	Means of verification
				3. Participant satisfaction with course is above average
Finalize Quality Enhancement Monitoring Tools (QEMT)	Q1-2017	Q1-2017	QAO Team	1. All tools included in QEMT finalized
Field testing QEMT	Q1-2017	Q1-2017	Technical Committee members	1. All tools included in QEMT tested, revised and finalized
Training of Quality Assessors (approximately 510 assessors)	Q1-2017	Q1 – Q4 2017	Technical Committee members 40 Quality Assessor Trainers	1. Training plan developed 2. Training plan budgeted 3. Quality assessor curriculum developed 4. 510 quality assessors pass post-course assessment 5. Participant satisfaction with course is above average
Information and Communication Tools (ICT) developed for quality assessment	Q1-2017	Q1-2017	QAO focal point staff member with appropriate skills	1. QAO staff member with specific IT skills in place 2. Tablet used by the Quality Assessors
Information and Communication Tools (ICT) training plan developed	Q1-2017	Q1-2017	QAO focal point staff member with appropriate skills	1. Tablet used by the Quality Assessors 2. ICT training plan developed and implemented
March 2017 - Process evaluation of above actions with review and revision of action plan by QIWG				
Immediate feedback on the results of the assessments (i.e. to facility, OD, PHD)	Q2-2017	Q3-2017 ongoing	Quality Assessors, coordinated by QAO	1. Results analysed with feedback documented 2. Documented feedback of key themes for each facility/district/PHD 2. Quarterly Assessment Reports linked to Performance Based Grant (PBG)
Develop QI follow-up action plan within each facility	Q2-2017	Q3-2017 ongoing	Provincial Health Department (PHD)	1. Action plan drafted immediately following QI

Action	Expected completion date:	Monitoring timeframe start date:	Persons responsible for action implementation	Means of verification
			Operational District (OD) QI Focal Point	assessment results feedback session 2. Quality Assessment Data analyzed and used for improvement
Post quality assessment coaching to Health Facilities	Q2-2017	Q2-2017 ongoing	PHD + OD, QAO focal point	1. Continuing quality assessment results indicate skills of staff and management at health facilities and operation of health facilities improved
Ongoing monitoring and coaching of Quality Assessors	June 2017	Q3 -2017	QAO Team	1. (Certified) Quality Assessors using appropriate skills 2. Review and revision of quality assessor training based on gaps identified
Developing processes for an sustainable Quality Assessors program	July 2017	Q3-2017	QAO Team coordinates Quality Assessor Trainers	Processes for certification and/or ongoing recruitment, selection and training of Quality Assessors drafted
Ongoing application of Quality Assessment mechanism (quarterly)	April 2017	Q3-2017 Ongoing quarterly	Quality Assessors, coordinated by QAO staff member(s)	1. QAO staff members with specific project management and quality assessment skills in place 2. Schedule for quality assessments developed and implemented 3. Quarterly Assessment Reports distributed (linked to Performance Based Grant)
Revise level 1 and level 2 tools	Q4-2017	Q4-2017	DPHI NIPH HSD	1. Level 1 and Level 2 tools updated 2. System for ongoing review and revision of quality assessment tools documented and approved by MoH
Dec 2017 - Process evaluation of above actions with review and revision of action plan by QIWG				

Action	Expected completion date:	Monitoring timeframe start date:	Persons responsible for action implementation	Means of verification
COORDINATION OF NATIONAL POLICY ON QUALITY AND SAFETY IN HEALTH INCLUDING QI INITIATIVES and TRAINING/EDUCATION				
Identify and use mechanisms for sharing information on quality and safety in health	Q3-2017	Q3-2017 ongoing	Technical Committee	<ol style="list-style-type: none"> 1. Mechanisms for information sharing on quality and safety in health identified and used (i.e. to other Ministries, professional councils, general public, private sector) 2. Processes for systematic sharing of information on quality and safety in health identified, developed, resourced and approved by MoH
Develop further legal documents as indicated by law on health professionals: <ul style="list-style-type: none"> • Royal decree • Sub-decree • Prakas... 	Q2-2017	Q2-2017 ongoing	Department of Legal	<ol style="list-style-type: none"> 1. Adopted law, Royal decree, Sub-decree, Prakas developed
Jun 2017 - Process evaluation of above actions with review and revision of action plan by QIWG				
Develop action plan based on new law on health professionals <ul style="list-style-type: none"> • Development phase • Implementation phase 	Q4-2017	Q4-2017 ongoing	HRD	<ol style="list-style-type: none"> 1. Action plan for implementation phase 2. 100% registration and licensing of health professionals achieved by Q2 2018
Develop CPD guideline <ul style="list-style-type: none"> • Collect international and ASEAN references • All professional councils use a common framework including hours/credit 	Q3-2017	Q3-2017 ongoing	Professional councils	<ol style="list-style-type: none"> 1. CPD guideline approved, disseminated and implemented

Action	Expected completion date:	Monitoring timeframe start date:	Persons responsible for action implementation	Means of verification
<ul style="list-style-type: none"> • Design specific CPD for teachers/preceptors • Link to current practices • Consult with all stakeholders • Defined credit requirement type of courses/events 				
Build capability in governance and management	Dec 2017	Q4-2017 ongoing	QI Team of QAO QI Team of PHD	<ol style="list-style-type: none"> 1. Needs assessment for training in governance and management capability in public and private sectors 2. Training plan for capability training in governance and management implemented 3. Training Reports quarterly outlining training, monitoring and coaching of participants
December 2017 - Process evaluation of above actions with review and revision of action plan by QIWG				
Issue graduate competency for each profession	Q1-2018	Q1-2018 continuous	Professional councils	<ol style="list-style-type: none"> 1. Guidelines for graduate competency developed 2. Guidelines tested, approved and implemented 3. Improved graduate performance in clinical practice
Evaluate implementation of action plan of professional council	Q2-2018	Q2-2018	Professional Councils	<ol style="list-style-type: none"> 1. Implementation meets objectives and timeframes identified in plans
Develop retention policy for rural areas (in addition to/related to current Health workforce plan)	Q2 2018	Q2 2018	MoH decision maker	<ol style="list-style-type: none"> 1. Identify and resource person(s) responsible to develop and consult on retention policy 2. Finalize and gain approval for policy based on consultative feedback

Action	Expected completion date:	Monitoring timeframe start date:	Persons responsible for action implementation	Means of verification
				3. Policy adopted and applied
Revised L1 & L2 tools used systematically to assess quality in public and private facilities	Q2-2018	Q2-2018 ongoing	DPHI NIPH HSD	1. Results of L1 & L2 quality assessments using revised tools analyzed and used for improvement 2. Role of L1 & L2 tools in quality assessment of public and private sectors consulted on by MoH
June 2018 - Process evaluation of above actions with review and revision of action plan by QIWG				
Establish a system for ongoing review and revision of quality assessment tools established	December 2018	Q4-2018 ongoing	Quality Assessor Trainers Coordinated by QAO-HSD	1. System for ongoing review and revision of quality assessment tools documented and approved by MoH
Establish a system for Training of Quality Assessors established	Dec 2018	Q4-2018 ongoing	Quality Assessor Trainers Coordinated by QAO-HSD	1. System for ongoing recruitment, selection, training, monitoring, coaching, resourcing and certification of quality assessors approved by MoH 3. (Certified) Quality Assessors using appropriate skills
Establish a system for identifying, developing and implementing new EBGs	Dec. 2018	Q4-2018 ongoing	appointed technical committee	1. Responsible institute and persons identified and resourced 2. List of newly developed guidelines (Priority is a nosocomial infection surveillance system) 2. EBGs used in training and practice of health professionals
Establish a system for systematic review, revision and approval of legal documents	Dec. 2018	Q4-2018 ongoing	Legal Department	Processes for systematic review, revision and approval of legal documents relevant to health sector identified,

Action	Expected completion date:	Monitoring timeframe start date:	Persons responsible for action implementation	Means of verification
relevant to health sector				developed, resourced and approved by MoH

4.2 Evaluation Framework

Process evaluations March 2017 to December 2018

March 2017 Process evaluation by QIWG with concurrent review and revision of action plan	July 2017 Process evaluation by QIWG with concurrent review and revision of action plan
QUALITY ASSESSMENT	
<ul style="list-style-type: none"> • 40 Master Trainers pass post-course assessment • Participant satisfaction with Master Trainers ToT course is above average • All tools included in QEMT tested, revised and finalized • 510 Quality Assessors pass final post-course assessment • Participant satisfaction with for Quality Assessors training course is above average • Quality Assessors able to use tablet during quality assessments 	<ul style="list-style-type: none"> • QI action plan drafted immediately following facility QI assessment results and feedback sessions • Quality Assessment data analyzed and used for improvement • Continuing quality assessment results indicate skills of staff and management at health facilities and operation of health facilities improved • (Certified) Quality Assessors using appropriate skills • QAO staff members with specific project management and quality assessment skills in place • Schedule for quality assessments developed and implemented • Quarterly Assessment Reports distributed (linked to Performance Based Grant) • Level 1 and Level 2 tools updated
EVIDENCED BASED GUIDELINES	
<ul style="list-style-type: none"> • List of existing CPGs drafted • Action plan for introducing CPGs during internship of students developed and implemented • Improved/updated EBM training curriculum exists and is linked to clinical practice • EBM included in updated curricula within scope of practice 	<ul style="list-style-type: none"> • Existing guidelines updated/revised • Schedule for updating guidelines established and initiated
COORDINATION OF NATIONAL POLICY ON QUALITY AND SAFETY IN HEALTH INCLUDING QI INITIATIVES and TRAINING/EDUCATION September 2017 Process evaluation by QIWG with concurrent review and revision of action plan	

<ul style="list-style-type: none"> • Mechanisms for information sharing on quality and safety in health identified and used (i.e. to other Ministries, professional councils, general public, private sector) • Processes for systematic sharing of information on quality and safety in health identified, developed, resourced and approved by MoH • Legal documents such as Adopted law, Royal decree, Sub-decree, Prakas as indicated by law on health professionals developed • Processes for systematic review, revision and approval of legal documents relevant to health sector identified, developed, resourced and approved by MoH • Resource person(s) responsible to develop and consult on rural retention policy identified
December 2017 Process evaluation by QIWG with concurrent review and revision of action plan
Needs assessment for training in governance and management capability in public and private sectors
Training plan for capability training in governance and management implemented
Training Reports quarterly outlining training, monitoring and coaching of participants
Action plan for implementation phase of law on health professional developed
Continuing Professional Development (CPD) Guideline disseminated and implemented
COORDINATION OF NATIONAL POLICY ON QUALITY AND SAFETY IN HEALTH INCLUDING QI INITIATIVES and TRAINING/EDUCATION
July 2018 Process evaluation by QIWG with concurrent review and revision of action plan
<ul style="list-style-type: none"> • Guidelines for graduate competency tested, approved and implemented • Improved graduate performance in clinical practice • Implementation of action plan of professional council meets objectives and timeframes identified in plans • Rural retention policy adopted and applied • Results of L1 & L2 quality assessments using revised tools analyzed and used for improvement • Role of L1 & L2 tools in quality assessment of public and private sectors consulted on by MoH

Mid-term review December 2018 by external evaluators

1. System for ongoing review and revision of quality assessment tools documented and approved by MoH
2. System for ongoing recruitment, selection, training, monitoring, coaching, resourcing and certification of quality assessors approved by MoH
3. (Certified) Quality Assessors using appropriate skills

4. System for identifying, developing and implementing new EBGs established including identification of responsible persons, list of newly developed guidelines and use of EBGs in training and practice of health professionals.
5. Processes for systematic review, revision and approval of legal documents relevant to health sector identified, developed, resourced and approved by MoH
6. Evaluation of current implementation of action plans of professional councils
7. 100% registration and licensing of health professionals achieved by Q2 2018.

