Conclusion: Based on the data collected it was found that all five (5) Physicians fully complied to the management of daily platelet, daily packed cell volume (PCV) and daily fluid management of their patients. However there were variation in terms of the discharged criteria.

Therefore it was found that the compliance of Physician A was 89% for both years, Physician B: 87% in 2014, 90% in 2015, Physician C: 85% in 2014, 91% in 2015, Physician D: 85% in 2014, 93% in 2015, Physician E: 79% in 2014, 84% in 2015.

References


ISQUA17-3337
IMPROVING CARE IN COMPLEX HUMANITARIAN CRISES: A PROCESS EVALUATION OF MÉDECINS SANS FRONTIÈRES’ APPROACH TO QUALITY

A. FREEMAN*, N. HURTADO, J. OUSLEY, and S. LEATHERMAN

MEDECINS SANS FRONTIERES, NY, and University of North Carolina, Chapel Hill, United States

Objectives: Médecins Sans Frontières - France (MSF-OCP) works in 5 world regions and over 30 countries with extremely challenging contexts. Its medical portfolio is diverse, with > 9,000 staff caring for patients with a variety of medical conditions, including obstetrical emergencies, malnutrition, infectious disease, traumatic injury, and chronic illness. Patients may be from areas affected by conflict or violence, may be displaced, or may reside in stable contexts that simply lack adequate health systems. Though the MSF movement is at times lauded for providing high-quality medical care in precarious situations, the sheer diversity of MSF-OCP’s work presents a unique challenge in quality measurement, reporting, and improvement.

Methods: In order to describe MSF-OCP’s institutional approach to quality, a qualitative process evaluation was conducted to determine staff knowledge, attitudes, and practices on the topic. A limited and selective literature review was done, as well as an analysis of existing MSF-OCP quality tools. Additionally, 47 semi-structured interviews were conducted with a purposively-selected sample of medical, operational, and support staff from October–December 2016. Participant selection attempted maximum heterogeneity of medical specialties, experience levels, and staff location (headquarters and field sites). Data was compiled into 10 thematic codes and analyzed using a grounded theory method to highlight strengths and weaknesses, as well as to identify specificities of MSF-OCP’s work as it relates to quality.

Results: The analysis shows that quality is an organizational priority, even in complex humanitarian contexts, as evidenced by standardized clinical protocols, strict recruitment processes, in-house expert technical support, and rigorous logistical and pharmaceutical supply practices. Weaknesses of MSF-OCP’s approach to quality diverged into three areas. First, staff perceive a lack of unified quality concept, language, and metrics across MSF-OCP working environments. This contributes to variation and person-dependence in the way that care is delivered, examined, and improved among MSF-OCP projects. Second, concerns with clinical care were highlighted, particularly regarding integration of necessary elements of care and care coordination both within MSF-OCP structures and with other actors. Further, care is not always viewed as patient-centered. Finally, variability in human resource management, including staff support and the individual review process, undermines MSF-OCP’s capacity to consistently deliver high-quality care.

Conclusion: This survey shows an inconsistent approach to quality management at MSF-OCP. Due to the diverse and challenging nature of providing assorted health services in a variety of demanding contexts, traditional approaches to quality improvement may not be adapted to MSF-OCP. A strategic framework for quality is being developed with an objective of harmonizing the approach across the organization while still allowing for adaptability to different contexts and challenges.

ISQUA17-1080
REDUCE DENGUE FEVER EFFECT OF SODA ASH ON VECTOR CONTROL

C. KUN CHIH**, W. YU-LUNG*, T. YU-HUI*, and W. GUOMING

1Affairs department, KAOHSIUNG CHANG GUNG MEMORIAL HOSPITAL, Niaoasong Dist,Kaohsiung City, 2Department of Information Management, I-Shou University, 3Department of Information Management, National University of Kaohsiung, and 4Affairs department, KAOHSIUNG CHANG GUNG MEMORIAL HOSPITAL, Kaohsiung City, Taiwan

Objectives: According to the Environmental Protection Administration Executive Yuan, R.O.C (Taiwan), there were 43,348 confirmed cases of dengue fever in Taiwan in 2015. While the number of confirmed cases in Kaohsiung City was 19,660.

At present, the disease-causing mosquitoes of Dengue Fever are Aedes aegypti and Aedes albopictus. We carry out density investigation for natural container (gutter) around medical district since 2012. In-depth understanding of water causes, such as increased drainage slope, ditch cover plus stainless steel gauze and management control, such as spraying agents and drug delivery bricks, although for outdoor disease density significantly reduced, but to improve the project costs in addition to The cost of additional spray agents also remain in the surrounding environment, fear of causing ecological impact. So to find low-cost can also maintain the environment and control effect has become the primary goal.
The use of soda ash characteristics to suppress the breeding of pests and reduce outdoor mosquito breeding, statistical data will be analyzed, the significant benefits set in the revised Breatou index LL ≥ 2.

Methods: Will be mark standard number around the hospital building a total of 34 open ditches in sequence, one by one placed soda ash and sampling water quality testing PH value maintained at PH 8.5–9.3, three days after the check ditch whether there are larva and pupa to be records, and in accordance with the revised Breatou index to determine the fabric of the hospital around the mosquito density.

Results: 2012; management control, eliminate the origin; Breatou Index ≥1.5
2013–2015: Engineering and management control, eliminate the origin; Breatou Index ≤1.4
2016: Baking soda power, eliminate the origin; Breatou Index ≤1.2

Conclusion: Soda ash (NaHCO3) is a natural non-toxic substance, soluble in water white powder, combined with water production, said carbon dioxide and the formation of weak alkaline. Benefits after use:
First: when dissolved in water to produce carbon dioxide easily attract mosquitoes.
Second: alkaline water is not easy to breed disease vector mosquitoes and lay eggs.
Third: does not affect the ecological environment. After five years of continuous review to improve, Soda ash is not only low-cost, can inhibit Larva breeding, destruction of complete metamorphosis of growth, reduce the density of vector-level mosquito and dengue transfer, with practical reference value.

ISQUA17-1816
QUALITY AND SAFETY IN PERINATAL MENTAL HEALTHCARE: DETECTION AND RESPONSE TO MATERNAL NEAR MISS EVENTS

A. EASTER1*, L. HOWARD2, and J. SANDALL3

1Centre for Implementation Science, Institute of Psychiatry, Psychology and Neuroscience, King’s College London, 2Section of Women’s Mental Health, Institute of Psychiatry, Psychology and Neuroscience, King’s College London, and 3Division of Women’s Health, King’s College London, London, United Kingdom

Objectives: Mental illness is a leading cause of maternal death in the UK. Between 2009–2012 one in five of the women who died during the perinatal period had a mental illness and almost one quarter of maternal deaths during the postnatal period were from mental health related causes (Knight et al., 2014). In high-income countries, where maternal deaths are rare, investigating maternal near miss events (e.g. severe life-threatening complications not resulting in death) can provide important information about the systems, or lack of, in place for detecting and responding to clinical deterioration and help guide strategies aimed at improving patient safety. However, currently no research investigating near miss events in perinatal healthcare exists.

The overall objectives of this study were to explore: 1. Healthcare professionals’ experiences of identifying and responding to psychiatric near miss events among women with perinatal mental illness; 2. Barriers to detection and response of near miss events in perinatal mental healthcare from a systems perspective using the Three Delays Model (Thaddeus and Maine, 1994); 3. Current and future adoption of patient safety solutions to prevent harm in perinatal mental healthcare.

Methods: The current qualitative study utilised in-depth semi-structured interviews with healthcare professionals and managers (n = 30) working with women with perinatal mental illness (e.g. psychiatrists, midwives, health visitors) from a range of settings (e.g. inpatient, outpatient, community) across the UK. Grounded Theory principles guided data collection and analysis.

Results: Drawing on the Three Delays Model in maternal mortality a conceptual model will be presented to illustrate the key barriers to recognition and response of psychiatric near miss events among women experiencing mental illness during pregnancy or post birth. The model focuses on elucidating at which level of the system these hindering factors exist (e.g. individual, healthcare providers, organisational or environmental) and how they interact with each other.

Conclusion: Existing frameworks for monitoring maternal near miss events do not currently refer to psychiatric causes of morbidity, the findings therefore directly inform the development of a series of psychiatric indicators, which can be used to monitor and learn from near miss events in perinatal mental healthcare. The conceptual model will form the basis of future work to develop or enhance strategies to improve quality and safety for women with mental illness during the perinatal period.

References

ISQUA17-1692
NO SECTOR LEFT BEHIND: ADVANCING MENTAL HEALTH QUALITY IN ONTARIO, CANADA

A. GREENBERG1*, R. SOLOMON2, and P. KURDYAK3

1Health System Performance, Health Quality Ontario, 2Performance Improvement, Centre for Addiction and Mental Health, and 3Mental Health and Addictions Research Program, Institute for Clinical and Evaluative Sciences, Toronto, Canada