RESOLVE TO SAVE LIVES

Cardiovascular Health Initiative
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LEADING A GOOD DATA REVIEW MEETING

Using the HEARTS360 dashboard to drive improvement

The ultimate goal of a successful hypertension program is to improve blood pressure control at the population level. Establishing regular data review meetings to review program progress using the HEARTS360 dashboard can enhance decision-making and build a culture of quality and accountability for large-scale hypertension programs. The key is systematically reviewing data on a limited set of indicators to identify gaps in quality, implement corrective interventions, and monitor if performance is improving with rapid data feedback loops. The HEARTS360 dashboard is pre-configured to report the World Health Organization's HEARTS indicators for hypertension and diabetes. The dashboard facilitates rapid comparison of performance across a country (national, sub-regional, and facility level) to drive quality improvement. Data is updated daily in settings with digital information systems, so interventions can happen in real-time.

4-step guide

STEP 1 Acknowledge progress

What was done last month?

- Share what interventions were implemented last month
- Review follow-up action items from last meeting
- Celebrate achievements

STEP 2 Review data to identify quality gaps

What does the data tell us? (See Reviewing Indicators)

- Review trends for key indicators (improving, stable, or worsening?)
- Compare performance with agreed targets (eg. 10% relative improvement from baseline each year) or benchmarks (national or district average)
  - → *Note, 100% BP control is near impossible*
- Compare facilities to identify specific facilities that require action for each indicator (eg. bottom 20% of facilities or facilities with >5% decline in past 3 months)
  - → *If performance is low in all facilities, identify a few facilities to focus testing interventions that can be later spread to all facilities*
- Include any data process indicators related to key indicators
  - → *A process indicator measures intermediate steps in the process that affect the key outcome indicator (eg. % overdue patients called is a process indicator for % missed visits)*
- Discuss the impact of actions implemented last month on the key indicators

STEP 3 Identify top reasons

What are the root causes for low performance?

- Discuss potential root causes for poor performance where indicators are lagging
- Identify where further field investigation is needed to understand top reasons
  - → *Go and observe in facilities, talk with staff/patients, create fishbone or pareto diagram*
- Review program challenges
- Discuss high performing facilities and reasons for success that can be spread to other facilities

STEP 4

Develop action plan/ improvement strategies

What will we do next month?

- Discuss corrective actions to address the gaps in quality
  - → *Focus on actions within the control of the district and facility staff*
  - → *Escalate policy-level changes (if needed) to the appropriate authority (eg. memo)*
- Identify who is responsible for each action and by when
- Review action items from last meeting that have not been completed and assess if still relevant and how to accomplish them if so

Key principles

The most important principle of effective data review meetings is Feedback Loops

- Frequently monitor if interventions are resulting in data improvement
  - → *If outcomes do not improve, modify the intervention*
  - → *If no improvement after modifications, abandon the intervention*
  - → *If outcomes improve, spread the intervention to other facilities across the program*
- Meet regularly and consistently – ideally monthly but at least quarterly
- Include key program decision-makers and government leadership in the regular meetings
- Promote interactive discussion, including soliciting ideas for improvement from frontline staff
- Establish concrete steps for action
- Standardize improvements and spread success to other facilities across the program

Reviewing indicators

1. Review BP control

- If low or decreasing, explore reasons:
  - **a** Look at both % and absolute numbers
  - **b** Review indicators 2-4 below to identify where to focus
    - → *How much is due to uncontrolled BP, missed visits, drug stock, etc.?*
- Compare across facilities to identify facilities that need action

2. Review uncontrolled BP

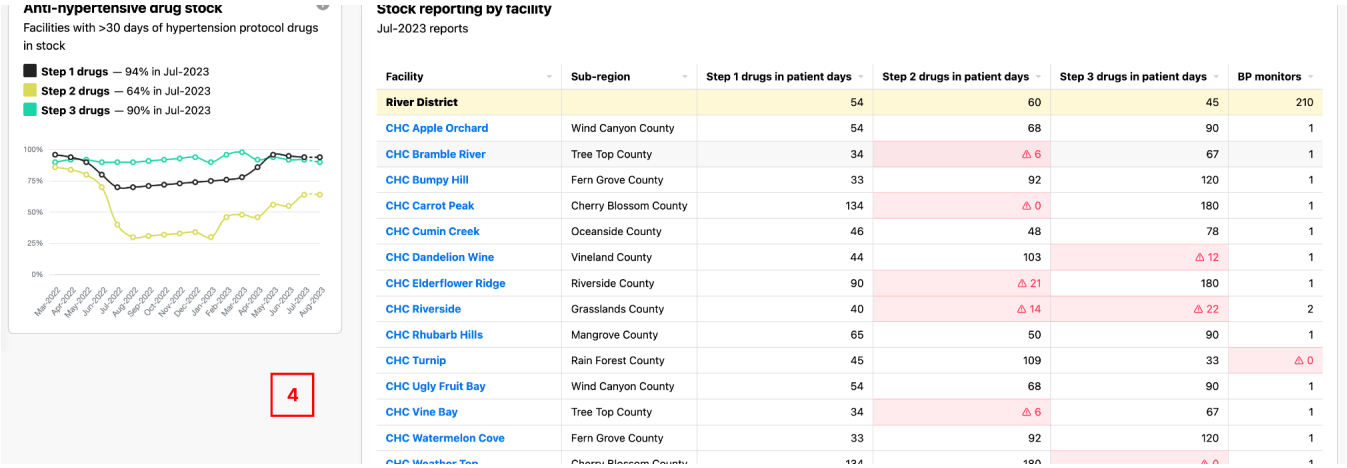
- If this is high or increasing, explore process indicators to understand if this is from therapeutic inertia (low medication titration rate), patient medication adherence (as measured in a sample of patients), or other causes
- If this is very low, explore BP distributions to assess for BP threshold bias or rounding (are BPs systematically being recorded <140/90?)

3. Review missed visits and loss to follow-up

- If this is high or increasing, explore reasons
  - → *For example, HR shortage, drug shortage, distance to travel, drug costs, limited awareness, etc.*
- Review process indicators for interventions designed to return patients to care, such as:
  - → *% of overdue patients called and % returned, home visits conducted, SMS reminders sent, etc.*
  - → *See Change Package on "Improving patient retention"*

4. Review drug stock

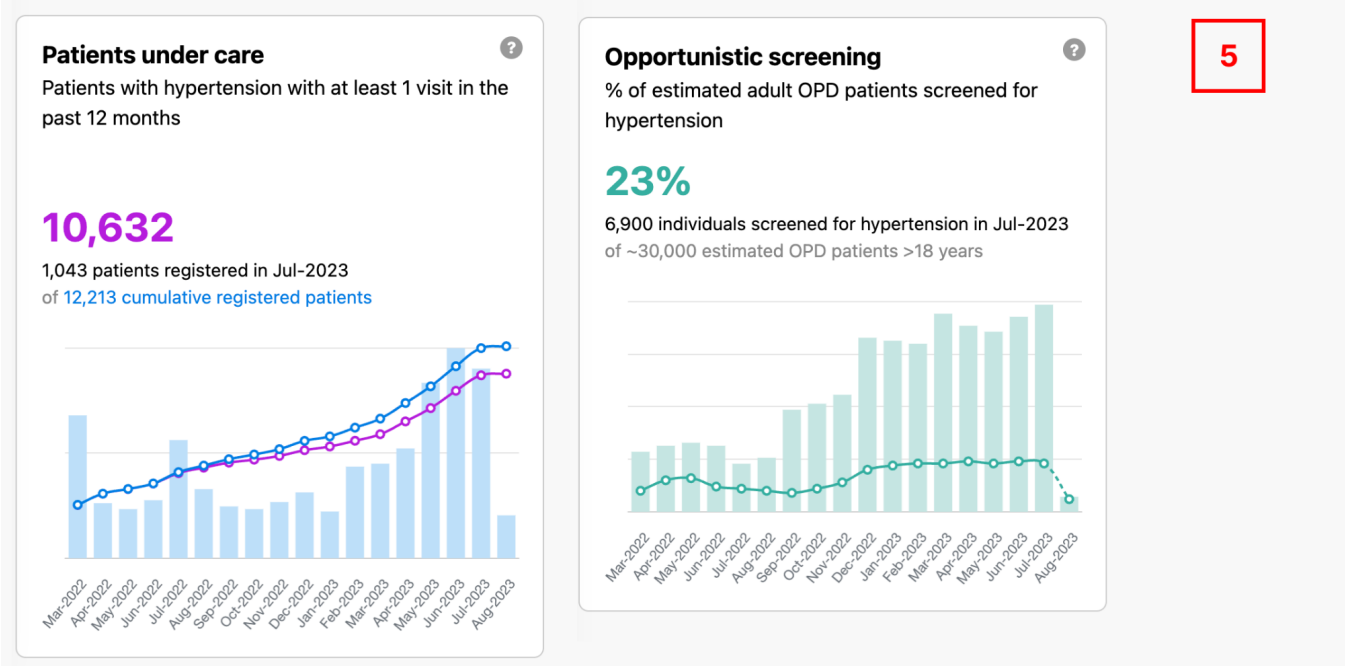
- Identify facilities that have <30 days supply of protocol medications
- Explore reasons for inadequate drug stock
- Determine corrective actions



Facility	Sub-region	Step 1 drugs in patient days	Step 2 drugs in patient days	Step 3 drugs in patient days	BP monitors
River District		54	60	45	210
CHC Apple Orchard	Wind Canyon County	54	68	90	1
CHC Bramble River	Tree Top County	34	⚠ 6	67	1
CHC Bumpy Hill	Fern Grove County	33	92	120	1
CHC Carrot Peak	Cherry Blossom County	134	⚠ 0	180	1
CHC Cumin Creek	Oceanside County	46	48	78	1
CHC Dandelion Wine	Vineland County	44	103	⚠ 12	1
CHC Elderflower Ridge	Riverside County	90	⚠ 21	180	1
CHC Riverside	Grasslands County	40	⚠ 14	⚠ 22	2
CHC Rhubarb Hills	Mangrove County	65	50	90	1
CHC Turnip	Rain Forest County	45	109	33	⚠ 0
CHC Ugly Fruit Bay	Wind Canyon County	54	68	90	1
CHC Vine Bay	Tree Top County	34	⚠ 6	67	1
CHC Watermelon Cove	Fern Grove County	33	92	120	1

5. Review registrations and coverage

- Are enrollments increasing or stable? What can be done to increase?
  - → *Compare with program-level enrollment targets (if applicable)*
  - → *Compare enrollment numbers as a proportion of the estimated hypertension population within catchment area*
- Review opportunistic screening indicator (are all adult patients visiting facilities getting their BP measured?) and what % have raised BP and are enrolled in the program to determine corrective actions
  - → *If low, assess need for validated BP devices, standardized BP measurement protocol, staff training, patient screening flow redesign, etc.*



Key Points: For each indicator

- Review trends. Improving, stable, or worsening?
- Understand reasons by reviewing process indicators or supervisory visits
- Compare sub-regions/facilities to identify specific facilities that require action for each indicator
- Determine corrective actions and monitor impact. Is performance improving after implementing the interventions?

Paper-based monitoring systems

For hypertension programs that use paper-based monitoring systems, the same principles and approach to regular data review meetings as outlined above apply. However, the data reviewed will need to be adapted to the data and charts which are available in the program. Efforts should be made to replicate the key indicators and process indicators described in this document through facility reports and supportive supervision visits with observations. A minimum of 25-50 charts should be sampled per quarter in each facility.

Logistics

- **Participants:** Who should attend?
  - → *State or district government officials responsible for the hypertension program, hypertension program managers, supervisors, or monitoring officers*
  - → *Health facility leadership and/or facility hypertension focal person(s) can be included when possible, depending on the number of facilities in the catchment area*
  - → *Other facility staff (doctors, nurses, pharmacists) can be included if feasible in the local context*
- **Roles**: Who should lead?
  - → *State or district health official or supervisor with support from hypertension program manager*
  - → *Keep the format interactive to encourage active participation from all participants*

Agenda: Sample Data Review Meeting

Time (2:00 hours)	Content	Responsible
5’	Welcome and Introduction	Organizer
30’	Presentation • Progress since last meeting • Review of data on key indicators (dashboard) • Summary of findings from supervision trips	Organizer
45’	Discussion (Interactive) • Assess if key indicators are improving as a result of interventions • Root causes for performance gaps and challenges • Further interventions to be implemented to improve performance	All participants
25’	Agreement on new or revised action plan	All participants
15’	Conclusion and summary of next steps	Organizer