

Hub and Spoke Model: to Nurture Quality Improvement of Neonatal Services across four Nahdatul Ulama Hospital Network in East Java Province, Indonesia

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INTRODUCTION

The Indonesia Long form survey in 2020 documented the neonatal mortality rate of 9,3 per 1000 live birth. Poor quality care is one of the major contributing to this number. According to Indonesia Ministry of health report 2020, asphyxia still become the second major cause of death after low birth weight.

Momentum Private Health Care Delivery (MPHD), a 4-year USAID-funded project, supports the government to introduce Hub and Spoke model for neonatal services quality improvement.

AIM

This hub and spoke model implementation aim to nurture quality improvement (QI) culture across four Nahdatul Ulama Hospital network in East Java Province

To decrease newborn asphyxia in 4 selected LKPBNU network hospitals through improvement of delivery room management based on bundle of care

METHOD

- The hub and spoke model (HSM) that started to implement in August 2023, have been used to strengthen weak peripheral settings by connecting them to a more advanced resource hub
- One LKPBNU hospital was serve as a hub, and 3 hospitals serve as spokes.
- This model was combining offline workshop and online interactive session using WhatsApp Channel message, WhatsApp Class and Zoom virtual session.
- The content includes implementation of model for improvement, asphyxia bundle of care standard, and how to perform PDSA to ensure QI.

CONCLUSIONS

- Hub and spoke learning network can provide sufficient support for several hospitals to work collaboratively to accelerate quality improvement in newborn care.
- Hub and spoke learning network improved facility and health workforce capacity in QI project and improved their outcome, especially in managing asphyxia, using more online coaching session

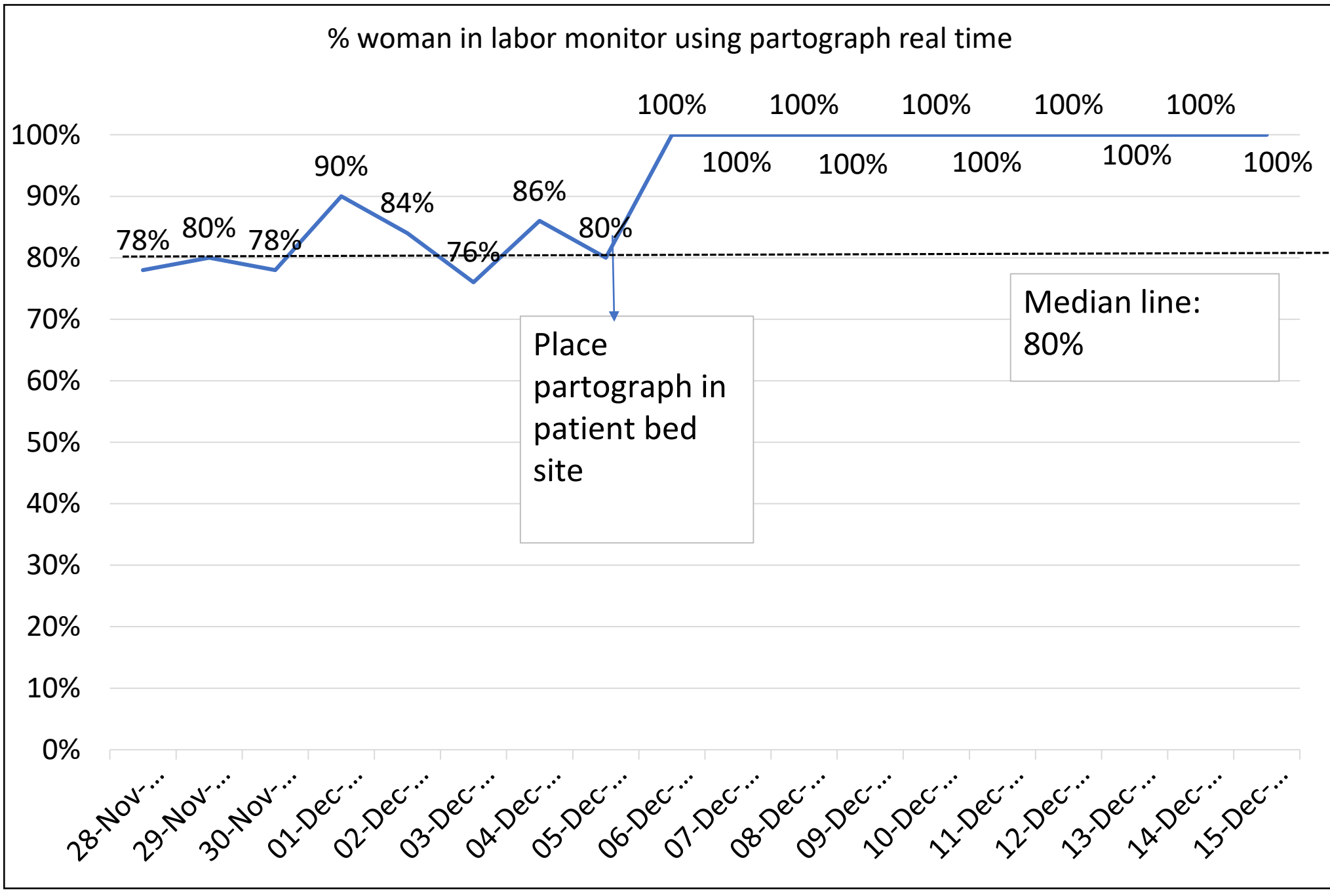
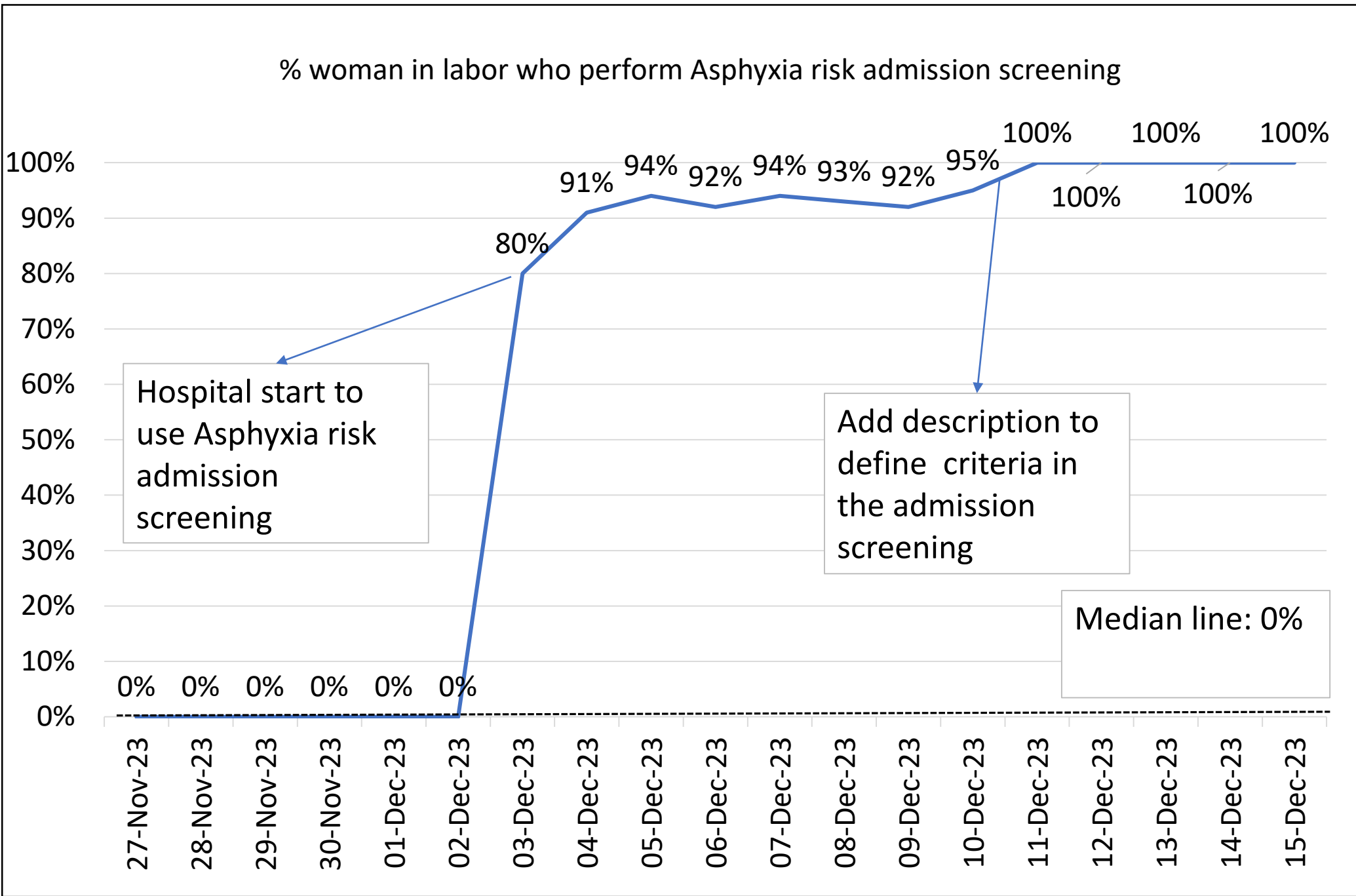
ACKNOWLEDGEMENT

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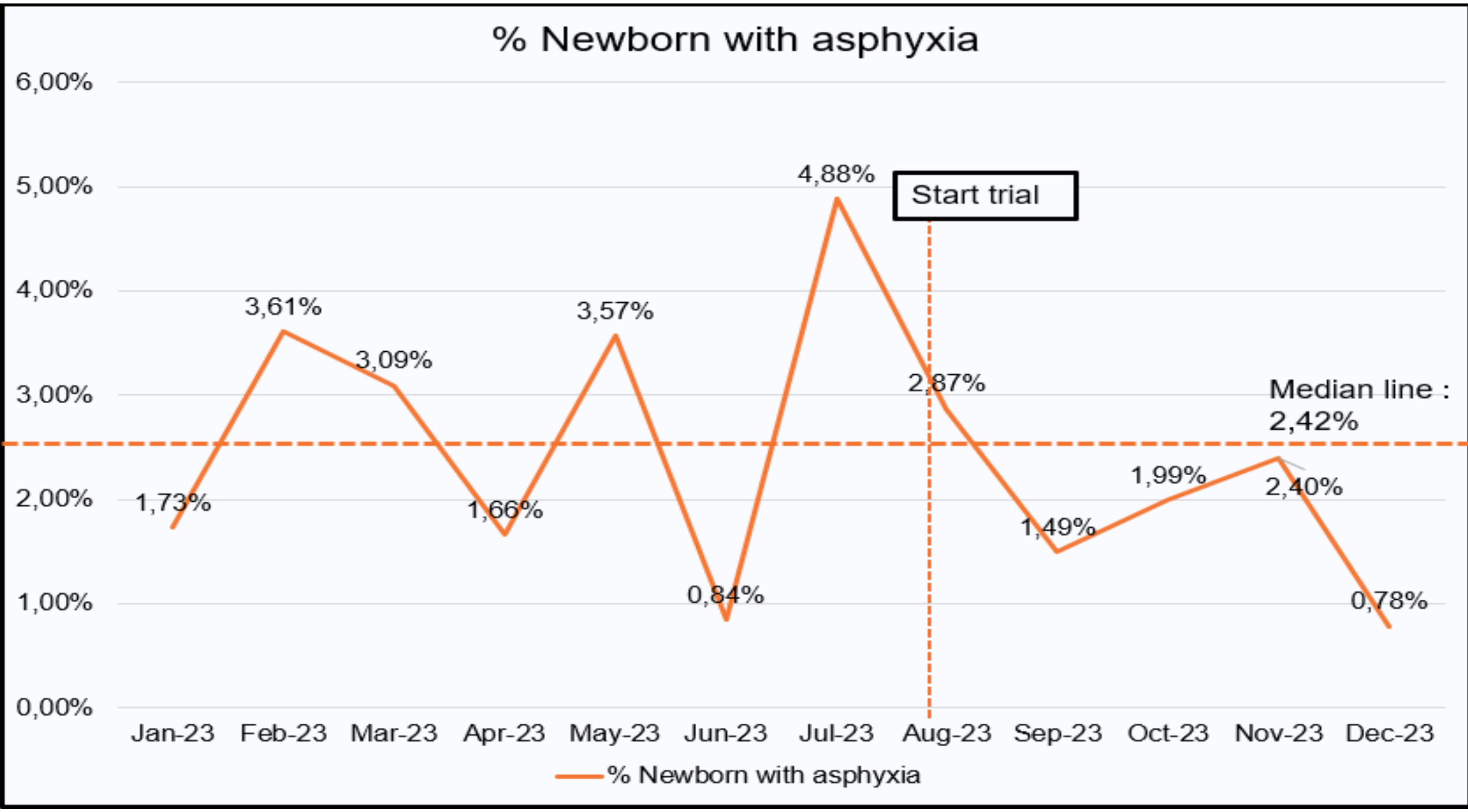
RESULTS

The Hub hospitals manage to conduct One basic QI skill workshop, 7 WhatsApp channel session where message regarding detail list of asphyxia Bundle of Care (BoC) were shared through WhatsApp Group every day in one week, one zoom session for spokes to define their aim statement targets, measurements and list of selected BoC that will test using PDSA cycle and three online learning session. 14 QI projects were successfully completed by spokes hospitals. After, the use of admission screening, partograph and fetal heart rate monitoring observation in 2nd stage of labor become their routine services



PDSA cycle trial on Admission screening for risk of Asphyxia at Masitoh Bangil Hospital

PDSA cycle trial on the use of partograph at Muslimat Children and woman hospital



By successfully screened mother for potential asphyxia to the baby, and improved real time use of partograph, spokes hospitals collaboratively could showed a decrease percentage of newborn with asphyxia as an outcome.

REFERENCES

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