

Developing and Fortifying Stakeholder and Community Collaborations in Maternal Care Quality Improvement Initiatives

H.P. PUTRA^{1,2}, M.N. ASHILA³, P. MULIARINI^{1,4}, and H.R. SULISTYO¹

1 Indonesian Hospital Accreditation Commission, Jakarta, Indonesia

2 dr. M. Saleh Regional General Hospital, Probolinggo, Indonesia

3 Radja Ahmad Thabib Regional Hospital, Tanjungpinang, Indonesia

4 Indonesian Society of Social Obstetric and Gynecology, Malang, Indonesia

ISQUA2024-ABS-2893

P500

INTRODUCTION

- Hospitals serve as vital hubs within their respective communities, including maternal and child.
- Hospital leaders often perceive these activities as integral to their organizational identity and culture, thereby it is important to empower healthcare professionals within their communities. Key considerations for establishing and strengthening partnerships include:
 - Identifying the needs and goals of the partnership, ensuring shared understanding and commitment among potential partners, as outlined in a Memorandum of Understanding (MOU).
 - Ensuring diverse representation among members to comprehensively address relevant issues, leveraging a varied network that includes midwives, nurses, primary healthcare providers, and schools.
 - Implementing strategies to enhance partnership skills through expanding membership or workforce development. Establishing clear lines of communication, roles, and partner expectations, including the development of a neonatal maternal reference system.
 - Implementing collaborative actions and standardizing common processes across agencies, such as referral protocols, service standards, and data collection and reporting mechanisms, utilizing maternal and children's health resources. Minimizing barriers to effective partnerships within the reference system. Demonstrating and documenting the collective outcomes of the partnership, including the ability to conduct joint clinical audits.

AIM

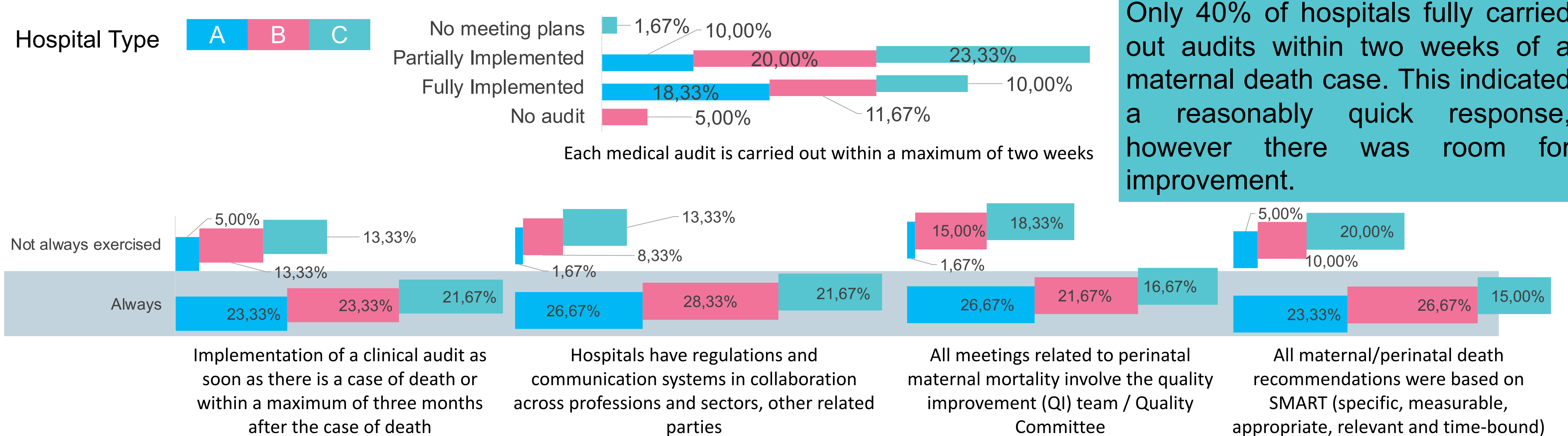
- To assess and evaluate the current state of maternal and neonatal care quality improvement processes across different healthcare facilities, with a focus on identifying areas for enhancing stakeholder collaboration and community engagement in order to improve the overall quality of maternal and neonatal health services.

METHOD

- We surveyed hospital accreditation surveyors throughout November 2023-January 2023.
- Sixty surveyors were participated in the study. We asked them to fill out questionnaire regarding maternal health care indicators based on the status of they previously surveyed hospital.
- We modified indicators for monitoring MPDSR at health facility from “Maternal and perinatal death surveillance and response: materials to support implementation” developed by WHO.
- For each item, we used “Yes”, “Probably”, and “No”, except for statement “Each medical audit is carried out within a maximum of two weeks” we used “No audit”, “No meeting plans”, “Partially Implemented”, and Fully Implemented”.
- Data were presented in diagram to withdraw conclusion and provide recommendations.

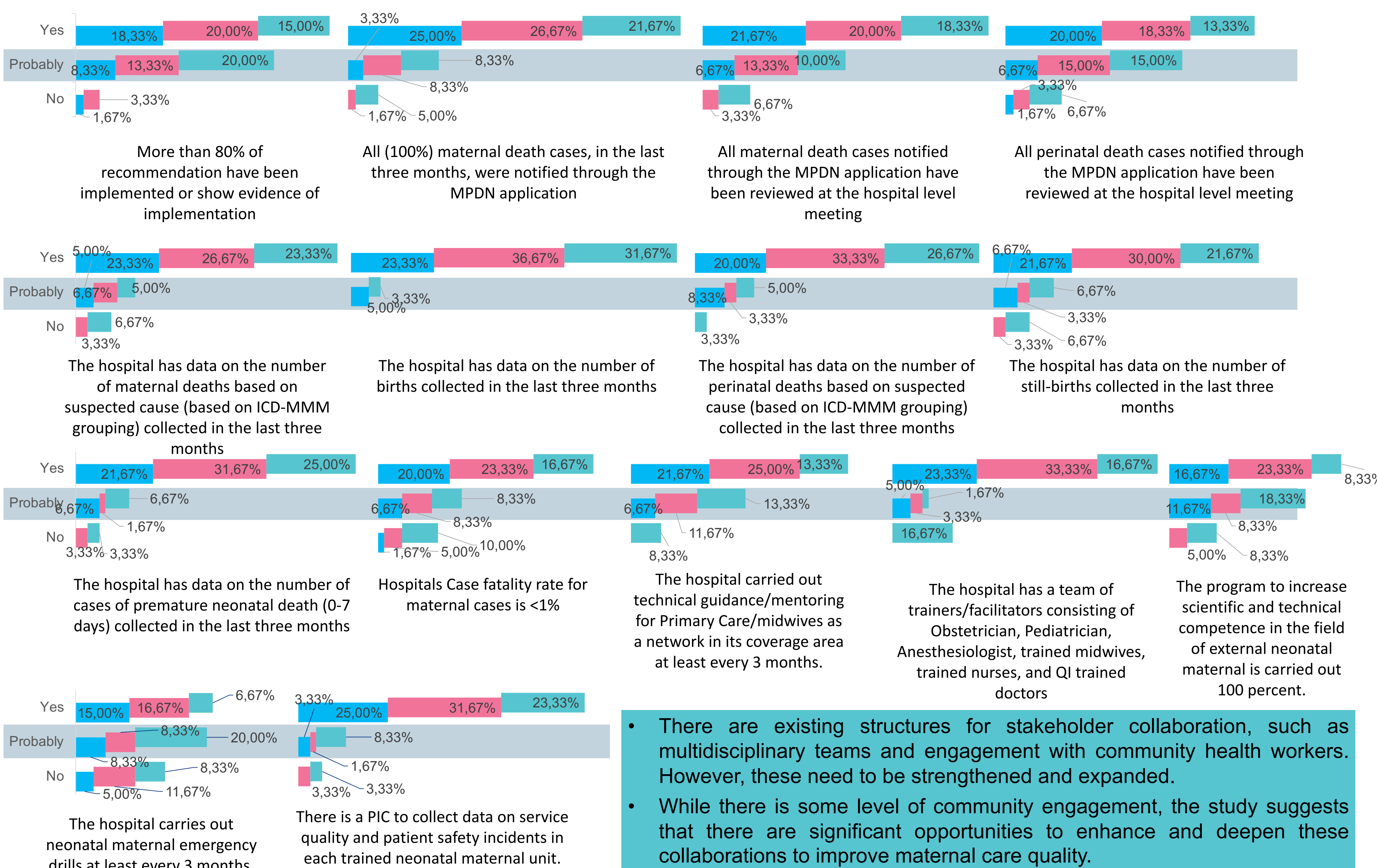
RESULTS

We surveyed 60 hospital accreditation surveyors, 46,67% were female, and 53,33% were male. Most (85%) were medical surveyors, and the rest were management surveyors. Most (71,67%) have served as surveyor for more than five years. The referred hospitals were Type A (28,22%), Type B (36,67%), and Type C (35%).



Only 40% of hospitals fully carried out audits within two weeks of a maternal death case. This indicated a reasonably quick response, however there was room for improvement.

Despite high prevalence of hospitals that always implemented clinical audit, whether regarding timeliness, regulations, collaboration, or quality of recommendations, it is still a large room for improvement to achieve more than 90% prevalence.



- There are existing structures for stakeholder collaboration, such as multidisciplinary teams and engagement with community health workers. However, these need to be strengthened and expanded.
- While there is some level of community engagement, the study suggests that there are significant opportunities to enhance and deepen these collaborations to improve maternal care quality.
- The consistency in adherence rates across different measures suggest that there is potential for standardizing and scaling up these quality improvement initiatives across the healthcare system.

CONCLUSIONS

- This study demonstrates that while there was a foundation for stakeholder and community collaborations in maternal care quality improvement initiatives, there was a pressing need to expand, strengthen, and deepen these efforts.
- The consistent but limited implementation of key practices provided a starting point for more comprehensive and widespread adoption of quality improvement measures.
- By focusing on enhancing community engagement, expanding multidisciplinary approaches, and strengthening data systems, there was significant potential to improve the quality of maternal care across the healthcare system.
- This study underscores the importance of collaborative efforts between hospitals, community stakeholders, and government agencies in driving substantial improvements in maternal and neonatal health outcomes.

REFERENCES

- WHO. 2021. Maternal and perinatal death surveillance and response: materials to support implementation. Geneva: World Health Organization
- World Health Organization. (2021). Trends in maternal mortality 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Geneva: WHO.
- Basera, T. J., Schmitz, K., Price, J., Willcox, M., Bosire, E. N., Ajuwon, A., Mbule, M., Ronan, A., Burt, F., Scheepers, E., & Igumbor, J. (2021). Community surveillance and response to maternal and child deaths in low- and middle-income countries: A scoping review. *PloS one*, 16(3), e0248143. <https://doi.org/10.1371/journal.pone.0248143>
- Sharma, B.B., Jones, L., Loxton, D.J. et al. 2018. Systematic review of community participation interventions to improve maternal health outcomes in rural South Asia. *BMC Pregnancy Childbirth* 18, 327. <https://doi.org/10.1186/s12884-018-1964-1>

CONTACT INFORMATION

Hytriawan Posma Putra

- dr. M. Saleh Regional General Hospital; D.I. Panjaitan Street, No.65, Sukabumi, Mayangan District, Probolinggo City, East Java, Indonesia, 67219
- Indonesian Hospital Accreditation Commission/Komisi Akreditasi Rumah Sakit (KARS), Jakarta Indonesia
- Mobile : 081271989578
- Email : drhytriawan@gmail.com