

4/2/2018

# Readiness of Public Health System to Implement Quality of Care Program

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Readiness : Extent to which an organization is both **willing** and **able** to implement an **innovation**





# Robert Wood Johnson Foundation



## A Heuristic

***R**eadiness<sub>i</sub> =  
**M**otivation<sub>i</sub> x General **C**apacity x  
Innovation-Specific **C**apacity<sub>i</sub>*

$$**R = MC^2**$$



$$R = MC^2$$

### General Capacity

Leadership  
Culture  
Climate  
Staff Capacity  
Structure  
Innovativeness  
Resource Allocation  
Process Capacities\*



### Innovation-Specific Capacity

Knowledge and Skills  
Supportive Climate  
Champion  
Relationships between  
orgs.



### Motivation

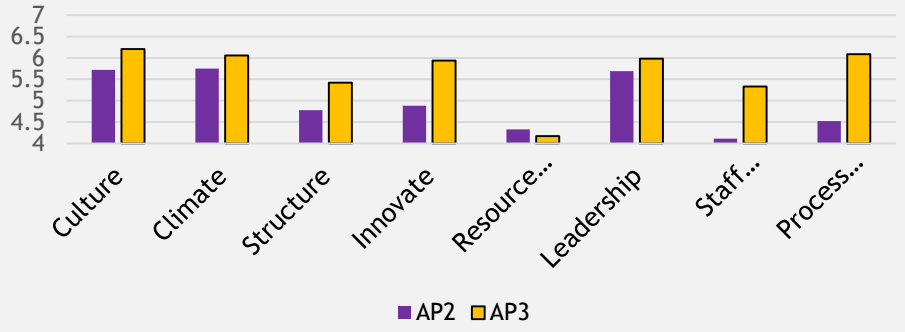
Compatibility  
Priority  
Complexity  
Relative Advantage  
Triability  
Observability  
Joy\*

# Readiness Monitoring Tool(RMT)

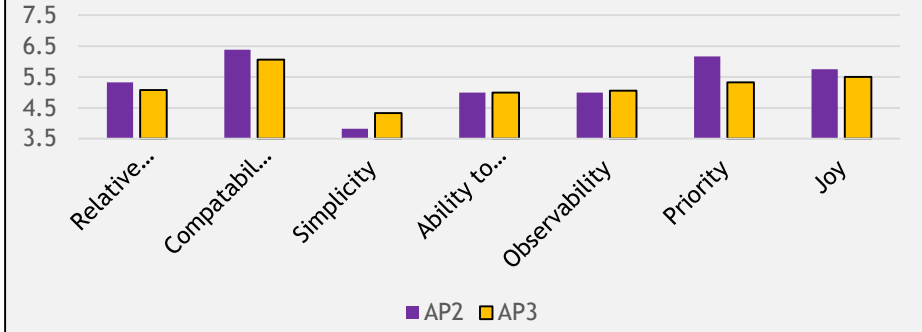
- Initially implemented in 15 high resource settings
- Adaptation and simplification of RMT
- Multiple teams :
  - UNC Chapel Hill
  - University of South Carolina
  - USAID ASSIST
  - Government of Himachal Pradesh, India



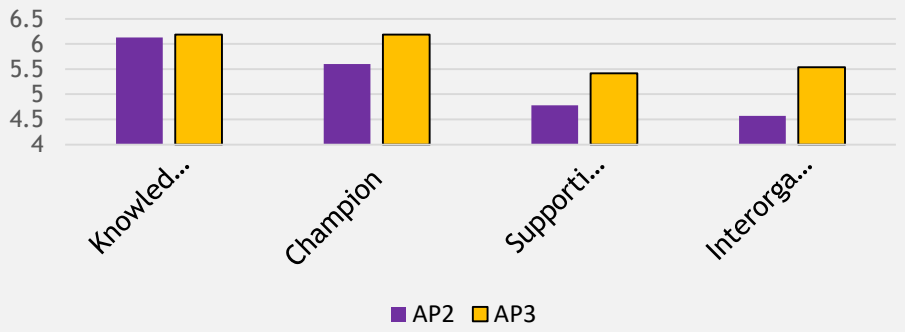
### General Capacity



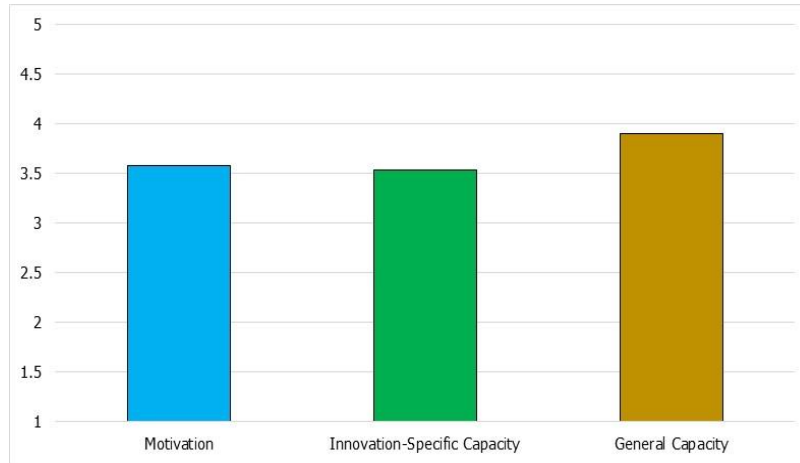
### Motivation



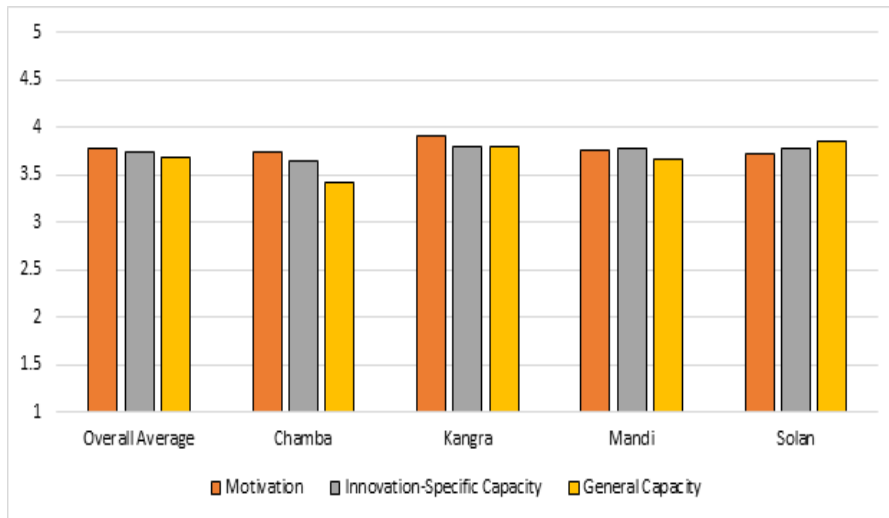
### Innovation-Specific Capacity



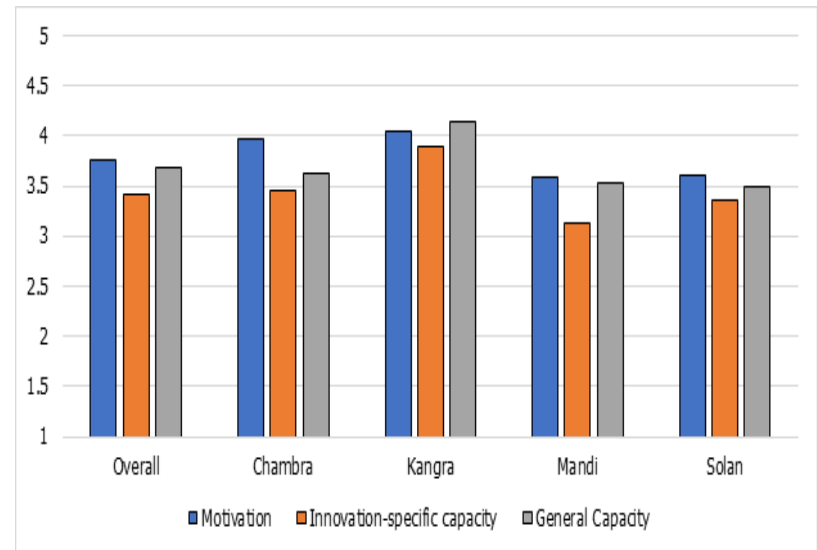
*Assessing changes in readiness over time*



State



District



Health facility



# Recommendations

- *Improve communication about the QoCP*
- *Consider additional staffing at the start of QoCP*
- *Identify problems with administrative structures hindering the QoCP implementation*



# Acknowledgments

Rohit Ramaswamy

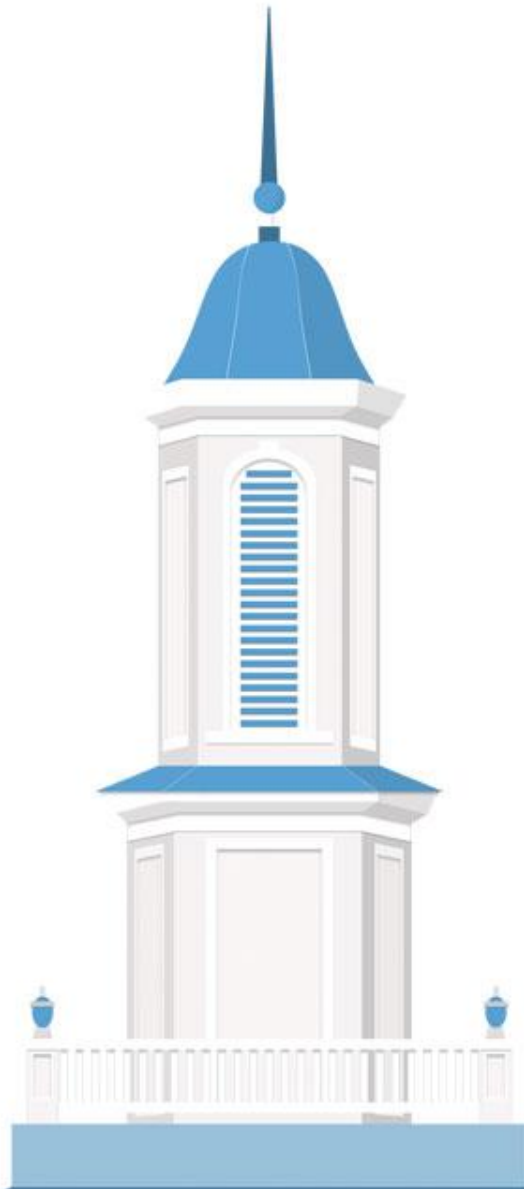
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UNC

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GLOBAL PUBLIC HEALTH