Abstract 15 Figure 2 Percentage of births with privacy maintained in three regions in Ethiopia

Abstract 15 Table 1 Regression analysis for percentage of births with companion and privacy, by region

Tigray Births with companion and privacy	Coef.	Std. Err.	T	P>t	[95% Conf. Interval]	
Time	−0.27	0.06	−4.8	0	−0.38	−0.15
Short term intervention effect	0.18	0.05	4.06	0.001	0.09	0.28
Long term intervention effect	0.27	0.06	4.8	0	0.15	0.38
_cons	1.85	0.22	8.39	0	1.39	2.31
SNNP Births with companion and privacy	Coef.	Std. Err.	T	P>t	[95% Conf. Interval]	
Time	0.01	0.07	0.18	0.86	−0.13	0.16
Short term intervention effect	0.26	0.11	2.46	0.02	0.04	0.48
Long term intervention effect	−0.01	0.07	−0.08	0.94	−0.15	0.14
_cons	0.48	0.22	2.22	0.04	0.03	0.94
Oromia Births with companion and privacy	Coef.	Std. Err.	T	P>t	[95% Conf. Interval]	
Time	−0.78	0.23	−3.39	0.003	−1.25	−0.30
Short term intervention effect	−0.46	0.18	−2.55	0.019	−0.83	−0.09
Long term intervention effect	0.77	0.22	3.48	0.002	0.31	1.24
_cons	3.8	0.93	4.08	0.001	1.87	5.75

Results Significant improvement with regression coefficients ranging from 0.18 to 0.77 was noted following the RMC training, which was sustained beyond the project intervention. Facilitated discussion showed improved understanding of patients' perspectives and the psychosocial needs of their clients.

Conclusions This study suggests that use of testimonial videos are especially helpful as they remind providers of the need to treat mothers with dignity and helped them reflect on potential root causes for this type of treatment and develop effective solutions.

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THE IMPACTS OF QUALITY IMPROVEMENT ON MATERNAL AND NEWBORN HEALTH: FINDINGS FROM AN INTEGRATED INTERVENTION IN FIVE REGIONS IN ETHIOPIA

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Background Despite progress in reducing maternal and neonatal deaths in the last two decades, Ethiopia continues to have

Abstract 16 Figure 1

Abstract 16 Figure 2

Abstract 16 Figure 3

high maternal and neonatal mortality. The Institute of Healthcare Improvement (IHI) is supporting the Ethiopian Federal Ministry of Health in implementing a comprehensive QI initiative focusing on quality planning, building QI/management capability, and designing and testing a scalable district-wide approach for health improvement embedded into the routine system.

Objectives The aims of this initiative are to 1) introduce a feasible and scalable district-wide improvement approach; 2) improve quality of health services and outcomes in Ethiopia, as measured by selected maternal and newborn health (MNH) priority indicators including three labor and delivery clinical bundles.

Methods A total of 3,307 and 26,186 medical records were reviewed over the 17-month baseline period and 12-month intervention period respectively. Bundle compliance was plotted using P-charts. Service coverages were calculated using estimated eligible population and U-charts were used to assess improvement.

Results After the intervention, 84% (110/131) of participating facilities report greater than 90% adherence to at least one labor and delivery bundle, and 67% (88/131) of facilities report greater than 90% adherence to all labor and delivery bundles. The median clinical bundle adherence in the post intervention period is above 80% for all three bundles. 70% (92/131) of facilities report improvement as determined by run chart rules in at least one service coverage outcome (ANC4, SBA, or PNC within 48 hours).

Conclusions Findings from this study can be used to strengthen obstetric health service quality throughout Ethiopia and other similar contexts.

17 IMPROVING THE WORKPLACE EXPERIENCE FOR PEDIATRICIANS IN AN ACADEMIC PRACTICE

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Background Physician burnout has a negative effect on the quality of care; however, effective interventions are lacking.

Objectives To identify and impact key drivers of physician workplace satisfaction in an academic pediatric department.

Methods A quality improvement approach was used to impact key drivers of faculty workplace satisfaction. In 2017, 2018, and 2019 faculty completed anonymous surveys that combined the Maslach Burnout Inventory (MBI) and Areas of Worklife Survey (AWS). Interventions included changes to compensation plan, clinical practice, departmental communication, workplace community, individual wellness, and culture. Descriptive statistics and data visualization were performed. Two-sided t-tests and ANOVA regression analysis were used to compare responses.

Results Survey completion rates were: 160/195 (82%) in 2019; 139/180 (77%) in 2018; and 155/171 (91%) in 2017; 101 physicians completed all three surveys. Statistically significant improvements were observed in reward (3.4 vs 3.3; $p < 0.05$) and values (3.6 vs 3.5; $p < 0.05$) domains of the AWS in 2019 and 2018 versus 2017. MBI average scores were similar in all three years, and remained significantly better than the general population in depersonalization (1.0 vs. 1.7; $p < 0.0001$) and personal accomplishment

Abstract 17 Figure 1 Key driver diagram