

living in the same commune as the hospital (HR, 1.89, 95% CI, 1.54-2.33; $P < 0.001$). Hospital site, earlier year of ART start, spending less time enrolled in HIV care prior to ART initiation, receiving a nonstandard ART regimen, lacking counseling prior to ART initiation, and higher body mass index were also associated with attrition risk.

Summary/Conclusion: The findings suggest quality improvement interventions at the two hospitals, including enhanced retention support and transportation subsidies for patients accessing care from remote areas; counseling for all patients prior to ART initiation; timely outreach to patients who miss ART pick-ups; “bridging services” for patients transferring care to alternative facilities; routine screening for anticipated interruptions in future ART pick-ups; and medical case review for patients placed on nonstandard ART regimens.

Using data from the iSanté electronic data system to analyze ART attrition provided valuable insights on potential areas for quality improvement at the two hospitals studied. The findings are also relevant for policymaking on decentralization of ART services in Haiti.

Building integrated clinical and operational capacity to reduce maternal and neonatal mortality at Ridge Regional Hospital at Accra, Ghana

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Background: We describe a 5-year effort to transform Ridge Regional Hospital’s obstetric department into a Center of Excellence that enables it to serve as a resource for other hospitals in the region. The initiative’s key strategy to ensure long-term technical competency in Ghana is to institute and disseminate advanced obstetrics and newborn care practices at selected regional and other hospitals in several regions in Ghana.

Structure/Method/Design: Our approach consists of a blend of clinical capacity-building activities and organizational change management and leadership activities needed to sustain best practices. We present results from the first phase of an interdisciplinary quality improvement program building leadership, clinical and operational capacity at a flagship referral hospital in Accra with over 11,000 annual births.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Over 5 years, a series of 97 clinical and operational improvements resulted in a decrease of 23% and 52% in maternal mortality and institutional stillbirths respectively, and an estimated 224 maternal deaths were averted. One resource improvement activity focused on renovating and equipping a maternity operating theater and resulted in a 25% decrease in wait time for emergency cesarean delivery, reduced admissions to the neonatal intensive care unit (13% vs. 20%), and increased neonatal discharge within 7 days (61% vs. 22%).

Summary/Conclusion: Interventions that are needed at various levels of a health system to prevent maternal and neonatal mortality are well known and have been documented as part of the WHO IMPAC guidelines. However, interventions alone will not result in high-quality sustainable outcomes unless they are accompanied by a systematic implementation methodology that is sensitive to the local context. This paper demonstrates a practical application of how implementation science can be used to address not only clinical barriers but also operational and organizational barriers to change.

Where do we start? A baseline assessment for establishing health promoting schools in rural China

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Background: Health promoting schools (HPS) are a health prevention model recommended by the WHO to improve children’s health through classroom teaching, environmental improvement, extracurricular activities, and family workshops. Pilot studies in China have been efficacious but no data exist in rural communities.

Structure/Method/Design: Cross-sectional study. The 2009 Global School-Based Student Health Survey was administered to 100 randomly selected, grade 4 to 6 students from two rural schools in Guizhou, China. Survey results were compared to published data from urban Beijing by percentiles. Qualitative data from open-ended interviews conducted among five students, four teachers, and five parents, were reviewed by two researchers and grouped by themes.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): The mean age of the 100 surveyed students was 12.4. The following table highlights the most disparate results comparing answers from the urban vs. rural students.

Table.

	% of students	
	Urban (n = 2,348)	Rural (n = 100)
Had hang-over, felt sick, got into trouble as a result of alcohol	4.8	14.3
Used drugs $\geq 1x$	0.9	4
Overweight	18.6	6.2
Never or rarely washed their hands before eating in 30 d	3	11.7
Never or rarely washed their hands after using the toilet during in 30 d	3.3	17
Felt lonely most of the time or always in 12 mo	6.9	12.1
Ever seriously considered attempting suicide in 12 mo	14.3	8.33
Have no close friends	7.2	14
Missed classes without permission on ≥ 1 d in 30 d	4.6	17.2
Reported that most students at school were never or rarely kind and helpful in 30 d	19.4	45.5
Whose guardians never or rarely really knew what they were doing with their free time in 30 d	32.9	49
Used any tobacco products other than cigarettes ≥ 1 d in 30 d	1.9	4
Were in a physical fight $\geq 1x$ in 12 mo	15.8	28
Were seriously injured $\geq 1x$ in 12 mo	16.4	44.4

Urban
(n=2,348)
Rural (n=100)
had hang-over, felt sick, got into trouble as a result of alcohol
4.8
14.3