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Data Article

Dataset related to the characteristics of the champion that influence the implementation of quality improvement programs in health facilities

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ABSTRACT

Analyses of the present data are reported in the article "What are the characteristics of the champion that influence the implementation of quality improvement programs?" [5]. Data were collected from April to September 2019 using a qualitative data collection tool, an interview guide (see Appendix 1). A total of 21 staff were interviewed from three different health facilities in the Northern Department of Haiti. They gave their perceptions about the qualities and the characteristics of the champions involved in the planning and implementation of quality improvement initiatives in the health facilities in order to introduce change for a better quality of care.

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This data article provides an overview of the content of those interviews in terms of the characteristics of the champions. In addition, instructions are included about the output of Atlas ti software.
You could reuse those data to get a better understanding of the quality and the characteristics of the champions that play a critical role in the implementation of quality improvement programs.
The dataset includes the following:
- Raw data: interviews transcripts
- The Atlas ti software outputs: codes and quotations
- The codebook

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Specifications Table

Subject	Public Health and Health Policy
Specific subject area	Qualities of champions for the successful implementation of quality improvement programs. It is related to public health, quality improvement programs, and health policy.
Type of data	Raw data from transcripts of interviews in Microsoft word format; Excel spreadsheet with codes and quotations
How data were acquired	Interviews (semi-structured interviews) with stakeholders and record of the interviews using a recorder / note taking as well
Data format	Raw data: transcription of interviews: word document; Atlas ti Software Outputs (Excel spreadsheet)
Parameters for data collection	Data were collected on the qualities and characteristics of the champions for a successful implementation of quality improvement programs. Variables: Qualities of the champion
Description of data collection	Data were collected via interviews with health care providers, administrators, leaders in health care facilities
Data source location	Institution: Justinian University Hospital, Fort St Michel Hospital, and Baptist Convention Hospital. City/Town/Region: CAP-HAITIAN, NORTHERN DEPARTMENT OF HAITI Country: HAITI
Data accessibility	With the article. And with a public repository. Repository name: MENDELEY Data identification number: http://dx.doi.org/10.17632/9rkcm948w7.1 Direct URL to data: https://data.mendeley.com/datasets/9rkcm948w7/1
Related research article	DOI: https://doi.org/10.1016/j.evalprogplan.2020.101795 Author's name: Joseph Adrien Emmanuel DEMES Title: **What are the characteristics of the champion that influence the implementation of quality improvement programs?** **Journal:** Evaluation and Program Planning Citation: Demes J.A.E., Nickerson N., Farand L., Becerril Montekio V., Torres P., Dube J.G., Coq J.G., Pomey M-P., Champagne F., & Jasmin E.R. (2020). What are the characteristics of the champion that influence the implementation of quality improvement programs? *Evaluation and Program Planning, 80,* https://doi.org/10.1016/j.evalprogplan.2020.101795 or for free access: https://authors.elsevier.com/a/1abuEY2id05fa

Value of the data

- Those data can be used to further explore the characteristics of the champions for a successful implementation of quality improvement program in the context of developing countries and some lessons can be learned as well for rich countries

- The following stakeholders can benefit from these data: Providers at health facilities; Researchers; Managers of the quality improvement program; Administrators in health facilities; Leaders/champions involved in the adoption and implementation of quality improvement program in health facilities; Directors of health facilities; Leaders at the Ministry of Health; Patients in health facilities who are involved in quality improvement activities; Non-Governmental Organization staff and representatives; Funders. All those stakeholders can use effectively those data for better insights about quality improvement implementation.
- Those data are mainly qualitative and can be analysed further to get insights about the topics of champions and quality improvement programs in general and also about strategies to improve the quality of care.

1. Data description

The data are transcripts of interviews with stakeholders in the health facilities. In the articles, we extract some quotes from the data in order to illustrate some findings. But the raw data provide more information about the topics of champions and quality improvement.

The dataset includes the following:

- File 1: Codes-Champions: This file contains the output from the qualitative data analysis software Atlas ti (Version 8). Mainly it contains codes and quotations
- File 2: Codebook 2.0: This file shows the codebook we used for data codification
- File 3: Transcriptions: This file presents the raw data we used, mainly interviews' transcriptions.

2. Experimental design, materials, and methods

2.1. Data collection

Participants were recruited via contact with the health facilities administration and snowball sampling in three health facilities [1,6]. All participants signed an informed consent form. Data were collected using a face to face interviews and phone call interview. Participants filled in a short demographic questionnaire after the interviews. We used a semi-structured interview guide for the data collection (see Appendix 1). The questionnaire focused on the following topics: Facilitators of quality improvement initiatives; obstacles to quality improvement initiatives; strategies used during implementation; and finally, the qualities of champions that are relevant for the successful implementation of quality improvement programs.

2.2. Preparing data for analysis

To analyse the data, we first hired a transcriber. First, we developed a transcription protocol. Then, After a one-day training. She began to transcribe the data. The process of transcribing the data and supervising the transcription process took two months [2]. We also elaborated memos during the data collection and analysis process. We also organized debriefing meetings after some interviews in order to get a better understanding of the data and key insights. We also developed a codification system so we could analyse the data.

2.3. Data analysis

The data analysis was a process. It began during data collection. After all the data was collected, we proceed to a further deep analysis based on previous analysis during data collection.

Table 1
Codebook

Family of Codes	Meaning / Definition	Codes/Sub-codes in each family	Meaning / Definition	Related objective in the protocol (Put the #)
QI-Initiative	Any quality improvement intervention that has been implemented in the facility	QI-Initiative-Maternal-Health	Any quality improvement intervention related to maternal health care or prenatal consultation	1 and 3
		QI-Initiative-Child-Health	Any quality improvement intervention related to child health care	1 and 3
		QI-Initiative-Finger-Print	Any quality improvement intervention related to attendance improvement or the finger print initiative	1 and 3
		QI-Initiative-WHO-Intrapartum	Any quality improvement intervention related to the improvement of intrapartum care by WHO Intrapartum care guideline implementation initiative	1 and 3
		QI-Initiative-RCM	Any quality improvement intervention related to the reduction of neonatal mortality or child mortality in general	1 and 3
		QI-Initiatives-Emerg-Other	Any QI initiatives different from Maternal Health, Child Health, Finger Print and WHO-Intrapartum	1 and 3
CONT-QI-Facilitators	Any contextual factors that facilitate the implementation of Quality Improvement Initiatives	CONT-QI-Facilitators-RCM	Any factors that facilitate the implementation of the initiative for the reduction of neonatal mortality or child mortality in general	3 and 4
		CONT-QI-Facilitators-WHO-Intrapartum	Any factors that facilitate the improvement of intrapartum care by WHO Intrapartum care guideline implementation initiative	3 and 4
		CONT-QI-Facilitators-CPN	Any factors that facilitate the improvement of prenatal care for pregnant women	3 and 4
		CONT-QI-Facilitators-Finger-Print	Any factors that facilitate the implementation of the fingerprint initiative	3 and 4

(*continued on next page*)

Table 1 (*continued*)

Family of Codes	Meaning / Definition	Codes/Sub-codes in each family	Meaning / Definition	Related objective in the protocol (Put the #)
		CONT-QI-Facilitators-Emerg-All-Initiatives	Any contextual facilitators related to all QI initiatives, even those different from Maternal Health, Child Health, Finger Print and WHO-Intrapartum	3 and 4
		QI-Facilitators-CHAMPION	Any characteristics or qualities of the champion that facilitate the planning and the implementation	
CONT-QI-Obstacles	Any contextual factors that hinder the implementation of Quality Improvement Initiatives or contribute to failures	CONT-QI-Obstacles-RCM	Any factors that hinder the implementation of the initiative (or contribute to failure) for the reduction of neonatal mortality or child mortality in general	3 and 4
		CONT-QI-Obstacles-CPN	Any factors that hinder the improvement of prenatal care for pregnant women	3 and 4
		CONT-QI-Obstacles-WHO-Intrapartum	Any factors that hinder the improvement of intrapartum care (or contribute to failure) related to WHO Intrapartum care guideline implementation initiative	3 and 4
		CONT-QI-Obstacles-Finger-Print	Any factors that hinder the implementation (or contribute to failure) of the fingerprint initiative	3 and 4
		CONT-QI-Obstacles-Emerg-All-Initiatives	Any contextual obstacles related to all QI initiatives, even those different from Maternal Health, Child Health, Finger Print and WHO-Intrapartum	3 and 4
		QI-Obstacles-CHAMPION	Any characteristics or elements of the champion that hinder the planning or the implementation	3 and 4
QI-Strategies	Any strategies or ideas or actions used in the field to solve problems regarding the planning and the implementation of Quality Improvement Initiatives or to better plan the initiatives			1, 3

(*continued on next page*)

Table 1 (*continued*)

Family of Codes	Meaning / Definition	Codes/Sub-codes in each family	Meaning / Definition	Related objective in the protocol (Put the #)
		QI-Strategies-RCM-Plan	Any strategies used in the field to solve problems regarding the implementation of reduction of child mortality	1, 3
		QI-Strategies-CPN	Any strategies used in the field to solve problems regarding the planning and the implementation of prenatal care for pregnant women	1, 3
		QI-Strategies-RCM-Imp	Any strategies used in the field to solve problems regarding the planning of the Quality Improvement (QI) initiative to reduce neonatal or child mortality in general	1, 3
		QI-Strategies-WHO-Intrapartum-Imp	Any strategies used in the field to solve problems regarding the implementation of Quality Improvement Initiatives (For the WHO guidelines implementation initiative)	1, 3
		QI-Strategies-WHO-Intrapartum-Plan	Any strategies used in the field to better plan the implementation of Quality Improvement Initiative (For the WHO guidelines implementation initiative)	1, 3
		QI-Strategies-Finger-Print-Imp	Any strategies used in the field to solve problems regarding the implementation of Quality Improvement Initiative (Finger Print)	1, 3
		QI-Strategies-Finger-Print-Plan	Any strategies used in the field to better plan the implementation of Quality Improvement Initiative (Finger Print Initiative)	1, 3
		QI-Strategies-Plan-Emerg-All-Initiatives	Any QI strategies planning that are simultaneously related to all QI initiatives	
Lessons Learned	Any lessons learnt that can be scaled up at departmental and national level			5
		QI-Lessons-Emerg-All Initiatives	Any lessons learnt that could be applied to all the CQI initiatives	

(*continued on next page*)

Table 1 (*continued*)

Family of Codes	Meaning / Definition	Codes/Sub-codes in each family	Meaning / Definition	Related objective in the protocol (Put the #)
		QI-Lessons-RCM	Any lessons learnt about the reduction of child mortality initiative that can be scaled up at departmental and national level	5
		QI-Lessons-CPN	Any lessons learnt about the prenatal consultation that can be scaled up at departmental and national level	5
		QI-Lessons-WHO-Intrapartum	Any lessons learnt about the WHO Intrapartum Care Guideline implementation initiative that can be scaled up at departmental and national level	5
		QI-Lessons-Finger-Print	Any lessons learnt about the finger print initiative that can be scaled up at departmental and national level	5
Logic Model-LM	Any mechanisms that underlie the current CQI strategies and that could guide future implementation			2 and 6
		QI-LM-Emerg-All Initiatives	Any mechanisms or theoretical model that underlie all the CQI initiatives and that could guide future implementation of all QI Initiative	
		QI-LM-RCM	Any mechanisms or theoretical model that underlie the current CQI initiatives and that could guide future implementation (For the reduction of child mortality)	2 and 6
		QI-LM-CPN	Any mechanisms or theoretical model that underlie the current CQI initiatives and that could guide future implementation (of the prenatal care for pregnant women)	

(*continued on next page*)

Table 1 (*continued*)

Family of Codes	Meaning / Definition	Codes/Sub-codes in each family	Meaning / Definition	Related objective in the protocol (Put the #)
		QI-LM-WHO-Intrapartum	Any mechanisms or theoretical model that underlie the current CQI initiatives and that could guide future implementation (For the WHO-Intrapartum Care Implementation)	2 and 6
		QI-LM-Finger-Print	Any mechanisms or theoretical model that underlie the current CQI initiatives and that could guide future implementation (For the Finger Print Initiative)	2 and 6
		Activities-RCM	Any quality improvement activities or planned actions related to the reduction of child mortality	2 and 6
		Activities-CPN	Any quality improvement activities or planned actions related to prenatal care for pregnant women	2 and 6
		Activities-WHO-Intrapartum	Any quality improvement activities or planned actions related to WHO intrapartum guideline implementation	2 and 6
		Activities-Finger-Print	Any quality improvement activities or planned actions related to the Finger Print Initiative	2 and 6
		Resources-CPN	Any resources mobilized related to the improvement of prenatal care	
		Resources-RCM	Any resources mobilized related to the reduction of child mortality	2 and 6
		Resources-WHO-Intrapartum	Any resources mobilized related to the WHO intrapartum guideline implementation	2 and 6
		Resources-Finger-Print	Any resources mobilized related to the Finger Print Initiative	2 and 6
		Expected-Results-CPN	Any expected results related to the prenatal care for pregnant women	
		Expected- Results-RCM	Any expected results related to the reduction of child mortality	2 and 6
		Expected-Results-WHO-Intrapartum	Any expected results related to the WHO intrapartum guideline implementation	2 and 6
		Expected-Results-Finger-Print	Any expected results related to the Finger Print Initiative	2 and 6

Then we used the software Atlas ti (a qualitative data analysis software) in order to analyse the data. We also elaborated memos that were directly included in the Atlas ti Software [3,4]. We used the grounded theory approach [3,6] and the constant comparative methods to compare codes to codes, codes to data, codes to categories, categories to categories, categories to themes, themes to themes, memos to memos, and memos with themes [6].

We developed a codebook for the codification of data using Atlas ti software. Please see Appendix 2 and Table 1 for the description of the codebook.

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Conflict of Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Supplementary materials

Supplementary material associated with this article can be found, in the online version, at doi:10.1016/j.dib.2020.105600.

Appendix 1. Semi-structured interview guide

Code _____
Date _____
Place (Health Facility) _____
Presentation / Introduction
Team characteristics / composition of the team
Tasks of the team
Role of the research participant in the team

1. Has anyone tried to do anything to improve the quality of care in your establishment? Are you aware that your health facility is committed to implementing this quality improvement initiative?
2. Are you aware of this initiative?
3. What was your involvement in this initiative? How? Why?
4. Please explain how this quality improvement initiative works. How? Why?
5. What facilitate? What are the obstacles?
6. What is your understanding of this initiative?

Chronology

a. When does this system begins ?
b. Where this initiative comes from? (Institutions, Key players)
c. What this initiative consists of ? Activities? Expected Results? Resources mobilized?
d. How people welcome the quality improvement initiative?
e. What were the obstacles? How? Why ?
f. Obstacles? Materials? Financing aspect? Human resources? Infrastructure ?

Apart from resource obstacles ? Where there any other obstacles ?

g. How have these obstacles been managed ?
h. Do you have any implementation plan?
i. Were you aware of these plans? How were these plans developed? Were you involved in the development of these plans?

Implementation of the plan

- What was your role in developing the plan?
- Once the plan was worked out, what happened?
- Did you participate in the implementation? How? Why?

Champions?
In relation to the quality improvement initiative:
Who is the main actor?
Why did this person succeed?
What contributed to its success?
What caused his failure?

The successes?
Do you think this quality initiative was successful?
Why do you consider it a success?
We know that there are many initiatives that do not work. Why do you think this one continues?
What would be the next steps to improve it?

Failure?
Why do you consider it a failure?
Can you explain the causes of the failure?
What would be the next steps to improve it?
The consequences of successes and challenges
What would be the benefits if the initiative worked well?
What would be the consequences if the initiative did not work?

If the fingerprint system implementation works, what are the benefits for you?

Professional aspect
Personal aspect

Emotional aspect
Financial security?
Spiritual?

If the fingerprint system implementation does not work, what are the consequences for you?

Professional aspect
Personal aspect
Emotional aspect
Financial security?
Spiritual?

Conclusion/Follow up
Thanks

Please note that the guide to interviews with professionals / managers and the team can evolve based on findings during interviews.

Appendix 2. Codebook

CODEBOOK 2.0
Quality Improvement Initiatives in Haiti: Implementation Analysis

Abbreviations and Acronyms.

HCBH: Hôpital de la Convention Baptiste (Baptist Convention Hospital)
FSM: Fort St Michel Hospital
HUJ: Justinian University Hospital or Hôpital Universitaire Justinien (French)
NGO: Non-Governmental Organization
DSN: Direction Sanitaire Nord (North Health Departmental Directorate)
CQI: Continuous Quality Improvement

Data analysis plan

A. Family of Codes
B. Codes
C. Sub-codes
D. Documents
E. Family of documents (according to research sites or health facilities) (4 family of documents: HCBH, FSM, HUJ, Transversal or other or NGO, DSN, External Actors, Departmental Direction)

Questions Numbers (#):

1. Discover on what basis have the current CQI strategies been functioning
2. Identify and understand the logic model that underlies the current CQI strategies
3. Describe the historical and current strategies' success and challenges or failures during implementation in the cases
4. Determine the contextual factors that influence the implementation of the strategies
5. Determine the lessons learnt that can be scaled up at departmental and national level
6. Develop a logic model of the Continuous Quality Improvement (CQI) strategies to guide the future implementation
7. Determine the perceptions about the qualities of the champions

References

[1] M. Miles, A Huberman, Analyse des données qualitatives. Méthodes EN Sciences humaines, Bruxelles: De Boeck Université, 2003.
[2] S. Friese, Qualitative Data Analysis with ATLAS.ti. London, Sage, 2012.
[3] S. Friese, Computer-assisted grounded theory analysis With ATLAS.ti., in: Proceedings of the ATLAS.ti User Conference Qualitative Data Analysis and Beyond, 2016.
[4] A. Strauss, J. Corbin, Newbury Park: Sage Publications, 1990.
[5] JAE Demes, N. Nickerson, L. Farand, V. Becerril-Montekio, P. Torres, JG. Dube, et al., What are the characteristics of the champion that influence the implementation of quality improvement programs? Eval. Program. Plann. 80 (2020), doi:10.1016/j.evalprogplan.2020.101795.
[6] D. Silverman, Doing Qualitative Research, 3rd ed, London: Sage Publications, 2010.