The case for quality of care

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K4D Health Systems Strengthening Learning Journey

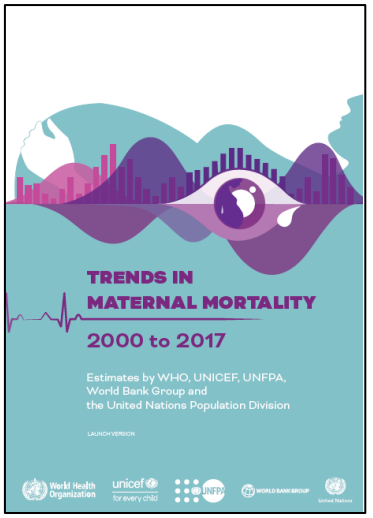
13 July 2020

- **Chad – 1 in 15**
- **Afghanistan – 1 in 33**
- **Sudan – 1 in 75**
- **Bangladesh – 1 in 250**
- **USA – 1 in 3000**
- **Japan – 1 in 16,700**

Global average – 1 in 190

Adult lifetime risk of maternal death

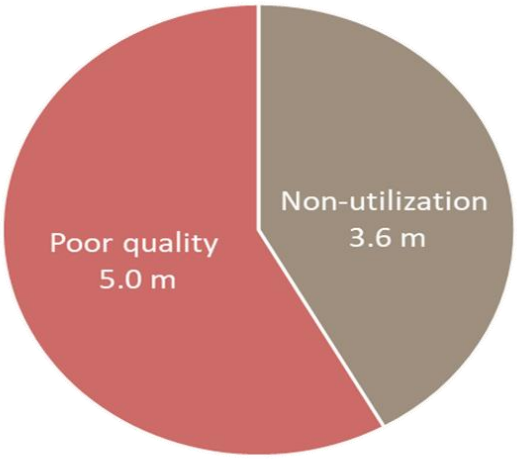
Probability that a 15 year old girl will eventually die from a maternal cause



Available: https://www.who.int/reproductivehealth/publications/maternal-mortality-2000-2017/en/

Deaths due to poor quality

- **8.6 million** deaths per year (UI 8.5-8.8) in 137 LMICs are due to inadequate access to quality care.
- Of these, **3.6 million** (UI 3.5-3.7) are people who did not access the health system.
- Whereas, **5.0 million** (UI 4.9-5.2) are people who sought care but received poor quality care.



Widespread evidence of poor quality

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- Between 5.7 and 8.4 million deaths attributed to poor-quality care each year in low- and middle-income countries accounting for up to 15% of overall deaths in these countries;

- Nearly 134 million adverse events annually as a result of unsafe medical care, contributing to 2.6 million deaths in low- and middle-income countries;

- Nearly 40% of health care facilities in low- and middle-income countries lack running water and nearly 20% lack sanitation;

- Hypertension – at least half of adults with raised blood pressure not diagnosed – effective treatment for those diagnosed often elusive;

- Skilled birth attendance increased significantly but still 300,000 maternal deaths; 2.7 million infant deaths; and 2.6 million stillborn babies annually.

Embedded in the SDGs

World Health Organization

Ensure healthy lives and promote well-being for all at all ages

Target 3.8 Achieve **universal health coverage**, including financial risk protection, access to ***quality*** essential health-care services and access to safe, effective, *quality* and affordable essential medicines and vaccines for all.

Universal Health Coverage

Ensuring that all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient **quality** to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.

Reaffirmed clearly at UN General Assembly 2019

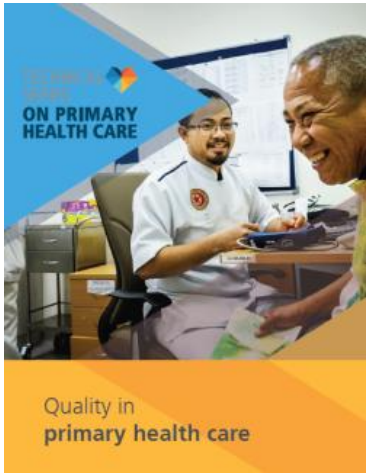
World Health Organization

The overarching aim of universal health coverage (UHC) is for all people who need health services to receive high-quality care without financial hardship.

Remember the driving force of PHC

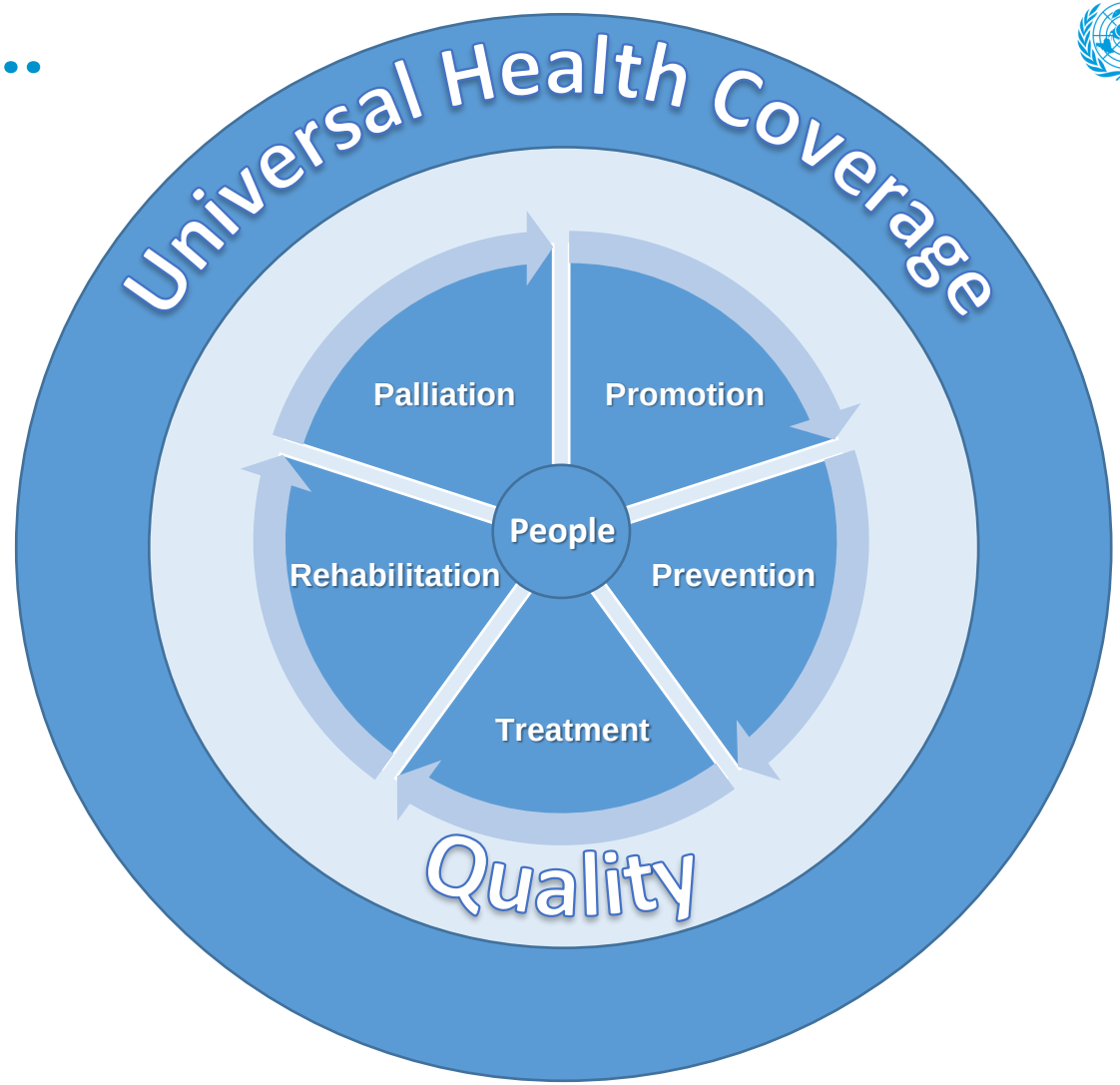
World Health Organization

Fig. 2. Linking PHC, UHC and the SDGs



Reaffirms…

World Health Organization



Significant body of knowledge

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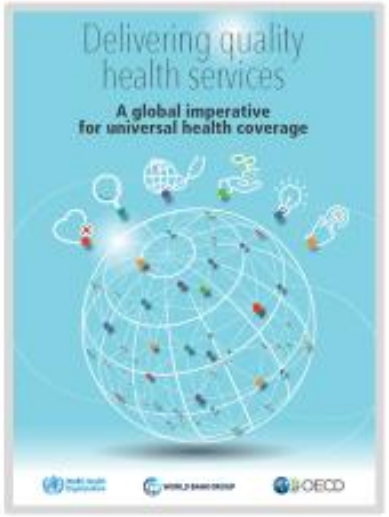
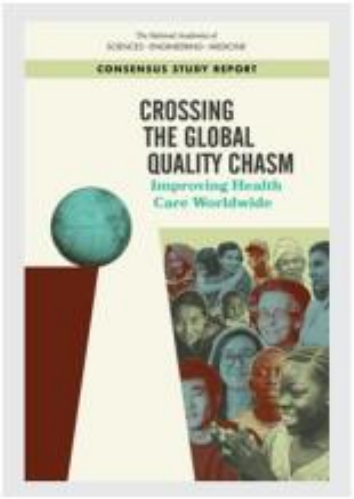




Three Reports in 2018:

Building the evidence and responding to the call for a UHC with Quality

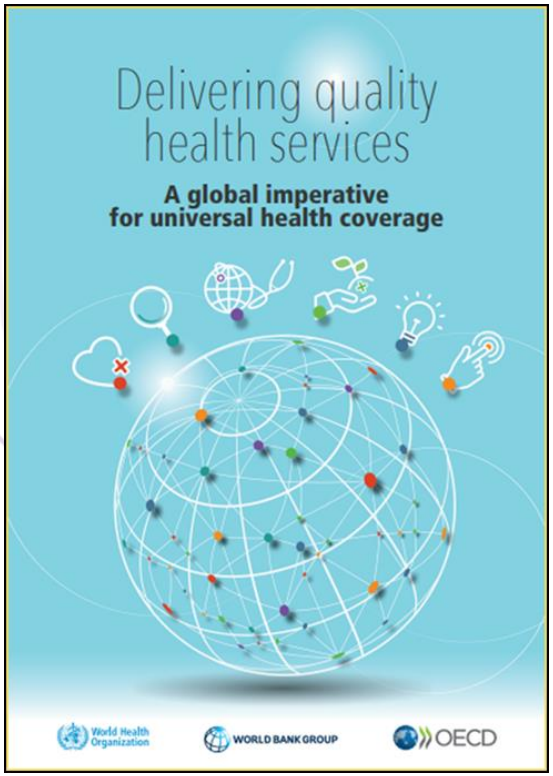
Quality health services? Health care that is…

World Health Organization

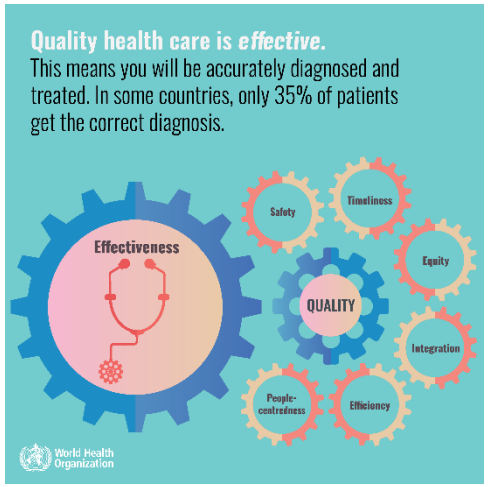
- Effective
- Safe
- People-centred
- Timely
- Equitable
- Integrated
- Efficient

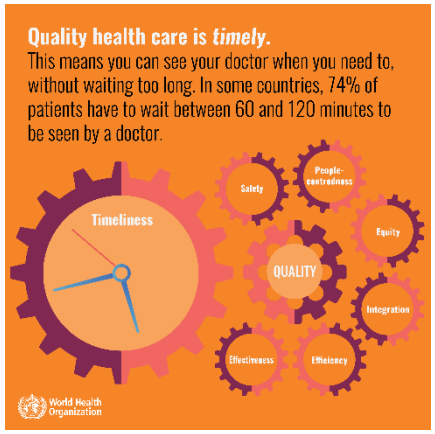
Figure 3.2 Elements of health care quality

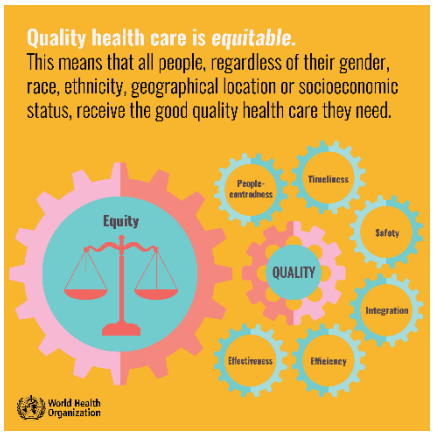
Source: Institute of Medicine (32).



Unpacking further...







Quality & COVID-19

World Health Organization

Quality and COVID-19: Care for patients with COVID-19

Quality element	Illustrative implications
Effectiveness	Rapidly evolving evidence base. Need for development and use of appropriate guidelines, protocols, decision support tools and improvement methods.
Safety	Staffing challenges may increase susceptibility to safety incidents. Use of novel therapies requires careful regulation and observation.
People-centredness	Challenges in maintaining effective communication, compassion and dignity while providing care in full PPE/isolation.
Timeliness	Outcomes can be improved through timely diagnosis on COVID-19 and timely identification of deterioration.
Equity	Differences in access to care and susceptibility to severe disease between different population groups.
Integration	Need for mutual support and well-functioning referral/escalation mechanisms between different facilities.
Efficiency	Guidance may be required on procurement and use of medicines and medical products that are in short supply, to ensure maximum benefit.

Quality and COVID-19: Maintaining essential health services

Quality element	Illustrative implications
Effectiveness	Guidelines may not be available to account for altered ways of working.
Safety	Enhanced IPC needs; challenges with staffing levels to maintain patient safety.
People-centredness	Potential fear about using health services; visitors & family not allowed in hospital.
Timeliness	Increased waiting times due to staff re-deployment; postponement of "non-essential" care.
Equity	Covid-19 control measures may limit access for specific population groups.
Integration	Disruption to usual systems will challenge coordination and referral mechanisms.
Efficiency	Control measures (e.g. distancing) require adaptations to provide services efficiently.

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Box 6.1 **High-level actions by key constituencies for quality in health care**

All governments should:

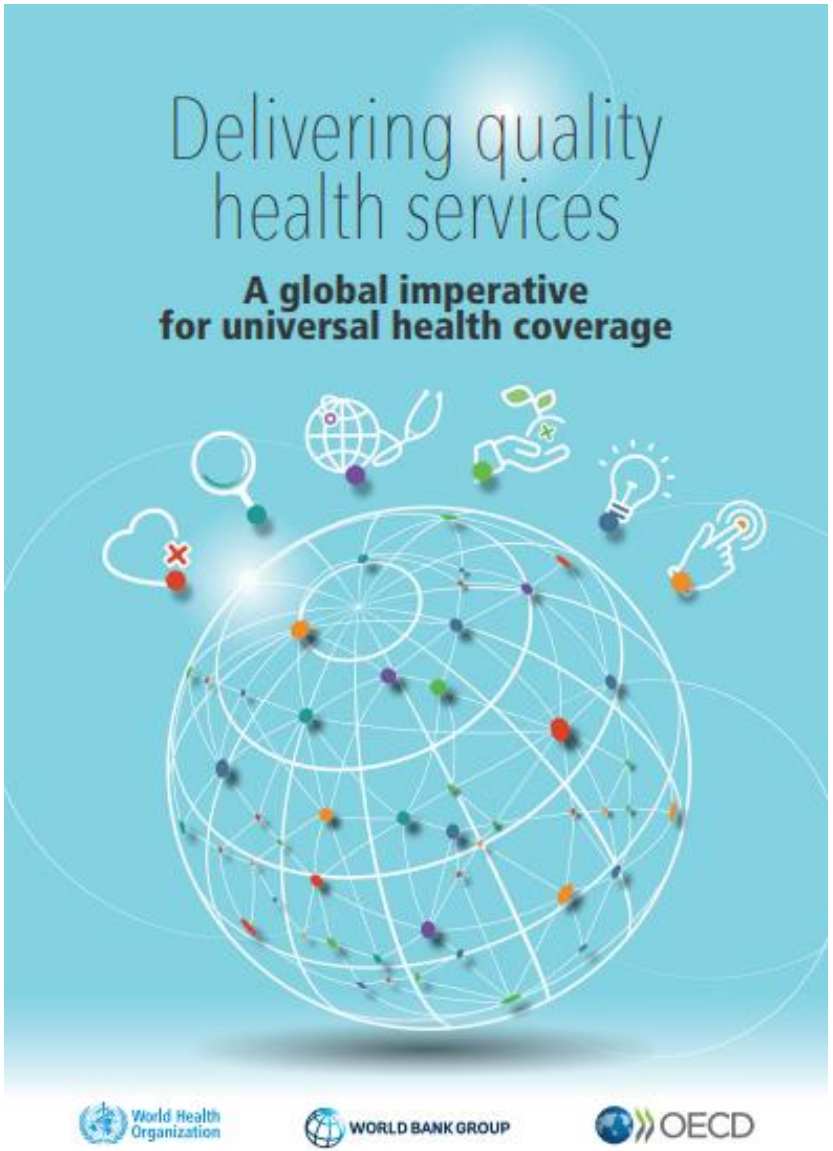
- have a national quality policy and strategy;
- demonstrate accountability for delivering a safe high-quality service;
- ensure that reforms driven by the goal of universal health coverage build quality into the foundation of their care systems;
- ensure that health systems have an infrastructure of information and information technology capable of measuring and reporting the quality of care;
- close the gap between actual and achievable performance in quality;
- strengthen the partnerships between health providers and health users that drive quality in care;
- establish and sustain a health professional workforce with the capacity and capability to meet the demands and needs of the population for high-quality care;
- purchase, fund and commission based on the principle of value;
- finance quality improvement research.

All health systems should:

- implement evidence-based interventions that demonstrate improvement;
- benchmark against similar systems that are delivering best performance;
- ensure that all people with chronic disease are enabled to minimize its impact on the quality of their lives;
- promote the culture systems and practices that will reduce harm to patients;
- build resilience to enable prevention, detection and response to health security threats through focused attention on quality;
- put in place the infrastructure for learning;
- provide technical assistance and knowledge management for improvement.

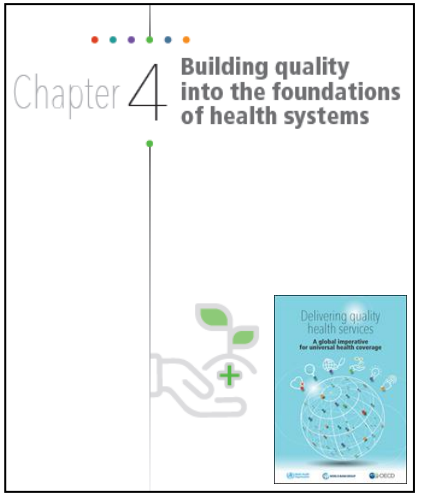
All citizens and patients should:

- be empowered to actively engage in care to optimize their health status;
- play a leading role in the design of new models of care to meet the needs of the local community;



Building quality into the foundations of health systems

1. Health care **workers** that are motivated & supported to provide quality care;
2. Accessible & well equipped health care **facilities**;
3. **Medicines, devices & technologies** that are safe in design & use;
4. **Information systems** that continuously monitor and drive better care;
5. **Financing** mechanisms that enable & encourage quality care.



Illustrative quality interventions

Category	Interventions
System environment	• **Registration and licensing** of doctors and other health professionals, as well as health organizations, is often considered a key determinant and foundation of a well performing health system. • **External evaluation and accreditation** is the public recognition, by an external body (public sector, non-profit or for-profit), of an organization's level of performance across a core set of prespecified standards. • **Clinical governance** is a concept used to improve management, accountability and the provision of quality health care. It incorporates clinical audit; clinical risk management; patient or service user involvement; professional education and development; clinical effectiveness research and development; use of information systems; and institutional clinical governance committees. • **Public reporting and comparative benchmarking** is a strategy often used to increase transparency and accountability on issues of quality and cost in the health care system by providing consumers, payers, health care organizations and providers with comparative information on performance. • **Performance-based financing and contracting** is a broad term for the payment of health providers based on some set of performance measures and is increasingly used as a quality lever. The amount contingent on performance is often a subcomponent of the full payment, which may be based on a range of financing modalities. • **Training and supervision of the workforce** are among the most common interventions to improve the quality of health care in low- and middle-income countries. • **Medicines regulation** to ensure quality-assured, safe and effective medicines, vaccines and medical devices is fundamental to a functioning health system. Regulation, including post-marketing surveillance, is needed to eliminate substandard and falsified medicines based on international norms and standards.
Improvement in clinical care	• **Clinical decision support tools** provide knowledge and patient-specific information (automated or paper based) at appropriate times to enhance front-line health care delivery. • **Clinical standards, pathways and protocols** are tools used to guide evidence-based health care that have been implemented internationally for decades. Clinical pathways are increasingly used to improve care for diverse high-volume conditions. • **Clinical audit and feedback** is a strategy to improve patient care through tracking adherence to explicit standards and guidelines coupled with provision of actionable feedback on clinical practice. • **Morbidity and mortality reviews** provide a collaborative learning mechanism and transparent review process for clinicians to examine their practice and identify areas of improvement, such as patient outcomes and adverse events, without fear of blame. • **Collaborative and team-based improvement cycles** are a formalized method for hospitals or clinics to work together on improvement around a focused topic area over a fixed period of time with shared learning mechanisms.
Reducing harm	• **Inspection of institutions for minimum safety standards** can be used as a mechanism to ensure there is a baseline capacity and resources to maintain a safe clinical environment. • **Safety protocols**, such as those for hand hygiene, address many avoidable risks that threaten the well-being of patients and cause suffering and harm. • **Safety checklists**, such as the WHO Surgical Safety Checklist and Trauma Care Checklist, can have a positive impact on reducing both clinical complications and mortality. • **Adverse event reporting** documents an unwanted medical occurrence in a patient resulting from specific health services or during patient medical encounters in a medical care setting and should be linked to a learning system.
Patient, family and community engagement and empowerment	• **Formalized community engagement and empowerment** refers to the active and intentional contribution of community members to the health of a community's population and the performance of the health delivery system, and can function as an additional accountability mechanism. • **Health literacy** is the capacity to obtain and understand basic health information required to make appropriate health decisions on the part of patients, families and wider communities consistently, and is intimately linked with quality of care. • **Shared decision-making** is often employed to more appropriately tailor care to patient needs and preferences, with the goal of improving patient adherence and minimizing unnecessary future care. • **Peer support and expert patient groups** link people living with similar clinical conditions in order to share knowledge and experiences. It creates the emotional, social and practical support for improving clinical care.

Available: https://www.who.int/servicedeliverysafety/quality-report/en/

Integrating action for quality…

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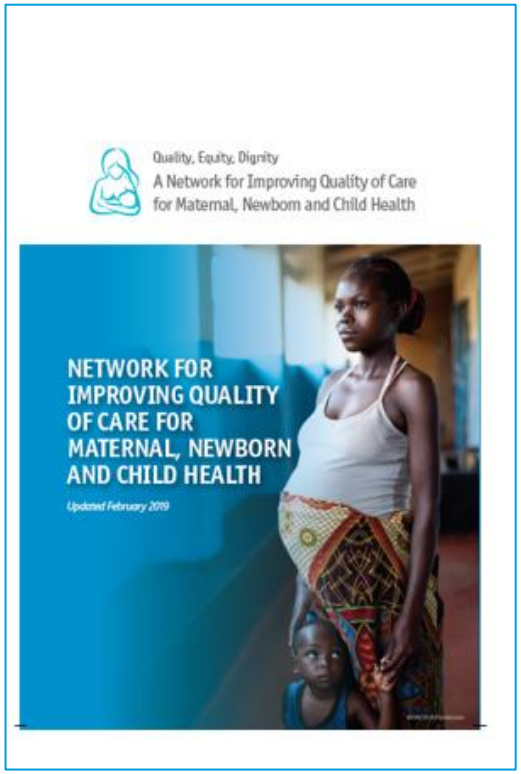
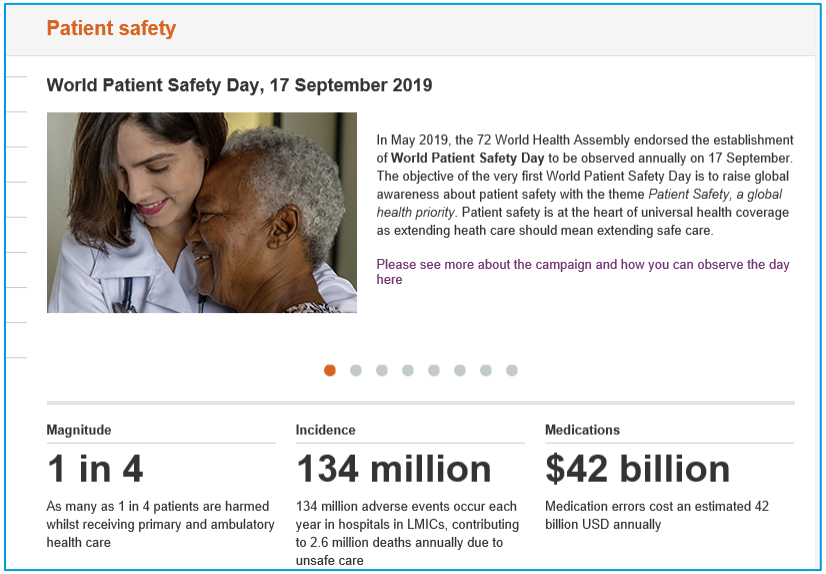
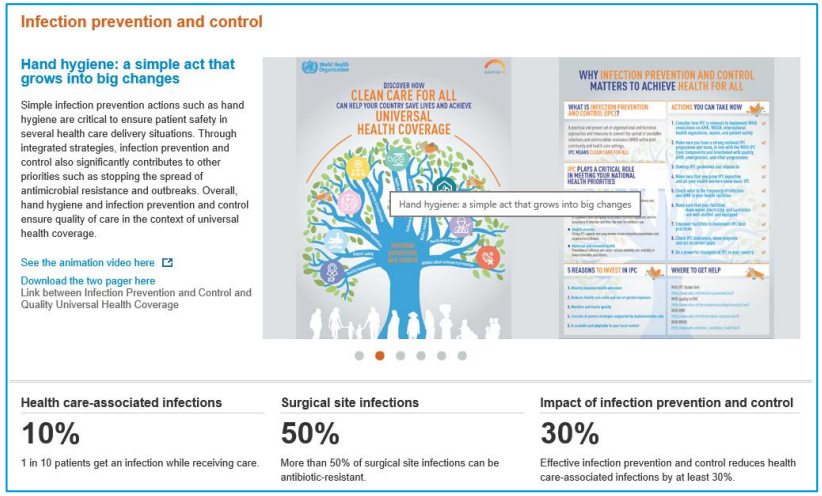
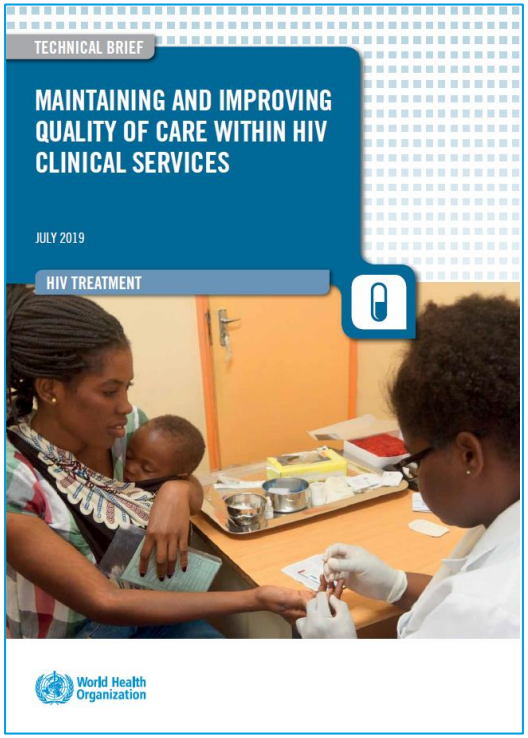
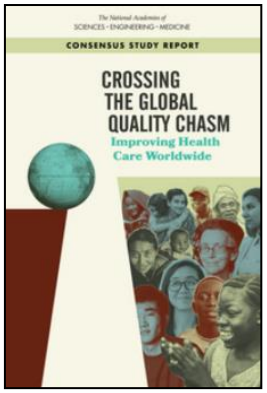








Increased attention to quality of care in FCV settings



HEALTH CARE QUALITY IN SETTINGS OF EXTREME ADVERSITY

The challenges of assuring and improving the quality of care in low-resource settings are magnified in settings of extreme adversity, defined by Leatherman and colleagues (in press) as "comprising but not limited to fragile states, conflict-affected areas, and sustained humanitarian crises." The growth in connectivity in the past decade has increased awareness of the many instances of suffering, war, and conflict in the world, as well as of the growing numbers of people displaced from their homes. In 2016, 1.8 billion people, or 24 percent of the world's population, lived in fragile contexts, a figure predicted to grow to 3.3 billion by 2050 (OECD, 2018). The proportion of those living in extreme poverty in fragile contexts is also increasing (see Figure 5-2).

Access here: http://nationalacademies.org/hmd/Reports/2018/crossing-global-quality-chasm-improving-health-care-worldwide.aspx

Editorials

Improving quality of care in fragile, conflict-affected and vulnerable settings

Shamsuzzoha Babar Syed,[a] Sheila Leatherman,[b] Matthew Neilson,[a] Andre Griekspoor,[c] Dirk Horemans,[a] Mondher Letaief[d] & Edward Kelley[a]

Quality of care is central to population health. In recent years, several publications on quality of care have added to global knowledge[1–4] and called for qual-

supports WHO's quality improvement task team that was recently created under the global health cluster, a network of partners that works in humanitarian

a pragmatic indicator set, taking care not to add undue measurement burden.

The challenge of addressing quality is compounded because fragile,

Access here: https://www.who.int/bulletin/volumes/98/1/19-246280.pdf?ua=1

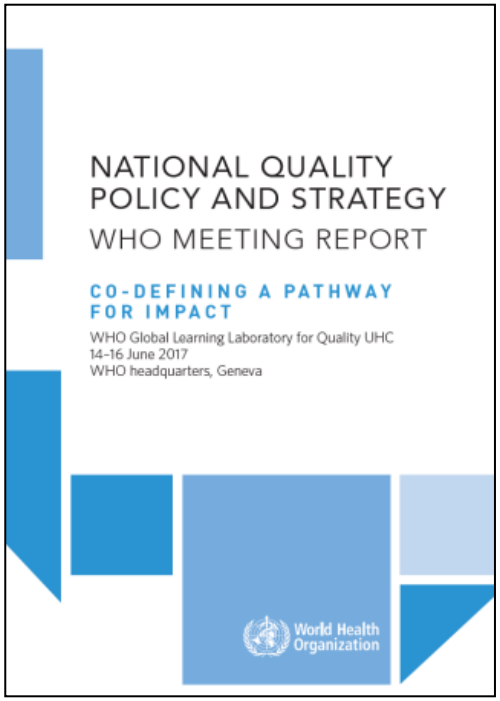
The case for biggest gains in human well-being

World Health Organization

- In 2016, over **1.8 billion** people or 24% of the global population were living in fragile contexts[1]
- Extreme poverty, premature mortality and ill health are increasingly concentrated in FCV[5]
- FCV affected areas often dysfunctional health care systems, limited coverage and important QOC issues
- 60% of preventable maternal deaths, 53% of deaths in children younger than 5 years, and 45% of neonatal deaths take place in fragile settings of conflict, displacement, and natural disasters[3]
- Over **50% of unmet SDG needs** for key target areas, such as maternal and child mortality, as well as more than 80% of major epidemics, occur in fragile and vulnerable settings[4]

⇒ **Biggest possible gains to achieve SDG3 are in countries affected by fragility, conflict & vulnerability**

Country Wisdom – Profound!



Key themes emerging from country experiences

- "Government must lead the way." Country ownership to appropriately manage and engage stakeholders and donors to ensure implementation, promotion and renewal of the NQPS document remain the responsibility of the public health sector at the country level.
- Top-down and bottom-up efforts are key: synergies needed between national political will, decentralization, community and patient engagement.
- Shift needed towards an effective primary care model (addressing the needs of people and communities, moving away from disease-driven approaches towards a more integrated health services approach, including prevention and promotion).
- Data and information systems for quality need close attention: What are the appropriate indicators to use? What are we trying to measure and what are we trying to achieve? How do we use a health information system to maximum effect without overburdening providers?
- Critical need to ensure realities of implementation considered throughout the process of policy or strategy development.
- Use of effective entry points for NQPS e.g. resilience, maternal, newborn, and child health, noncommunicable diseases, etc.
- Acknowledgement of the tradeoff between equity in coverage and equity in quality.
- Avoiding the creation of a parallel process through NQPS efforts and ensuring alignment with wider efforts on health systems strengthening – focus on increasing synergies, to ensure that quality is always a priority.
- Need for strong linkages between measurement and improvement at all levels.
- Need for stakeholder mapping and strategic engagement for success in NQPS efforts.
- Need to develop advocacy materials to keep the quality agenda new (in the case of Mexico and Colombia) and to help drive the quality agenda amid an often-crowded national health landscape

Quality is not a given. It takes vision, planning, investment, compassion, meticulous execution, and rigorous monitoring, from the national level to the smallest, remotest clinic.

Dr Tedros Adhanom Ghebreyesus
WHO Director-General


How could health care be anything other than high quality?

https://www.thelancet.com/action/showPdf?pii=S2214-109X%2818%2930394-2

What does this mean for DFID?

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Advocacy and leadership

- Understand the impact of poor-quality care
- Champions for quality still needed at country and global level
- Opportunity to mainstream quality within activities of multi-lateral and response to crises

Building into business cases

- Country health systems business cases, multi-country health programmes, multi-lateral institutions

Measurement and monitoring

- Systematically monitor quality through programme evaluations
- Incorporate quality metrics in national and global frameworks

Planning action for quality at national, district & facility levels

Dr Matthew Neilson
Quality Team, Department of Integrated Health Services, WHO HQ

K4D Health Systems Strengthening Learning Journey

13 July 2020

The need for action at multiple levels

- The quality of care received by a patient is dependent upon a range of inter-related factors, for example:
  - Competence of the health workers delivering care
  - Working environment
  - Essential structures (e.g. WASH, essential medicines etc.)
  - Engagement and understanding of the patient
- Unpacking any one of these demonstrates need for a systems approach and multi-level action
- For this session, key actions will be described for the **national**, **district** and **facility** levels

Foundational requirements

The following are foundations for delivering quality care, requiring action across all levels:

Onsite support is required to provide health workers with the necessary coaching, mentoring and clinical skills support to improve quality.

Measurement mechanisms enable stakeholders to track the delivery of quality health services and promote accountability.

Sharing and learning enables exchange of experiences in improving quality between and across health system levels.

Stakeholder and community engagement is required to ensure regular, active and meaningful engagement of the community in quality improvement efforts.

Management helps ensure activities to improve quality are carried out within a functional support architecture.

Key action: national level

Who is taking action at the national level?

Ministry of Health – often quality directorate, policy and planning directorate, quality steering committee/ technical working group.

Supported by other key quality-related bodies active at the national level (for example professional councils, disease or population-focused quality programmes, national health insurance funds, and external evaluation bodies technical and donor agencies.

- Establish national commitment to improve quality
- Develop national quality policy and strategy
- Select and prioritize a set of quality interventions
- Develop a pragmatic quality measurement framework
- Develop operational and resourcing plan with key stakeholders
- Review, learn and refine approach based on implementation experience

Key action: district level

Who is taking action at the district level?

District health management leadership and teams

Supported by health providers, civil society and communities, academic and professional associations, cooperating partners and other decentralized services such as water, sanitation and hygiene and housing authorities.

- Develop district quality structures and operational plan
- Orient health facilities to district and national-level quality goals and priorities
- Respond to facility needs in reaching selected aims and ensure functioning support and learning systems for quality health services
- Maintain engagement with the national and facility levels
- Foster positive environment for quality health service delivery
- Adapt quality interventions set to district-level context

Key action: facility level

Who is taking action at the facility level?

The **quality improvement team** is usually the focal point for guiding the process within the facility. Smaller facilities may have one QI team that works on different aims. Larger facilities may have multiple departments working on a range of QI-related issues and a central coordinating team.

Facility leadership, including the overall facility chief/administrator, should be engaged

- Commit to district aims and identify clear facility improvement aim(s)
- Establish, organize and support multidisciplinary QI teams – prepare for action
- Conduct situational analysis/baseline assessment to identify gaps
- Adopt standards of care
- Identify QI activities – develop and implement action plan
- Undertake continuous measurement of outcomes
- Focus on continuous improvement – sustain good practice and refine action plans

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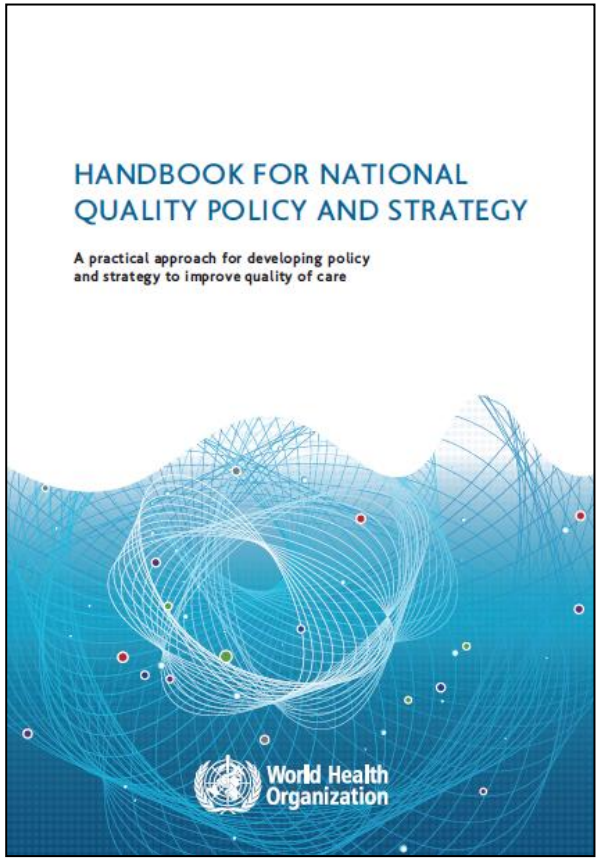
National quality policy and strategy – the nuts and bolts

Why national quality policy and strategy?

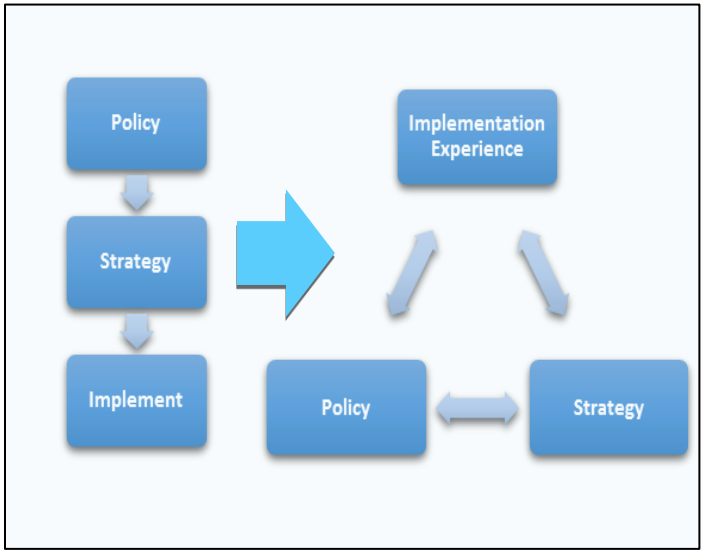
The WHO NQPS Handbook

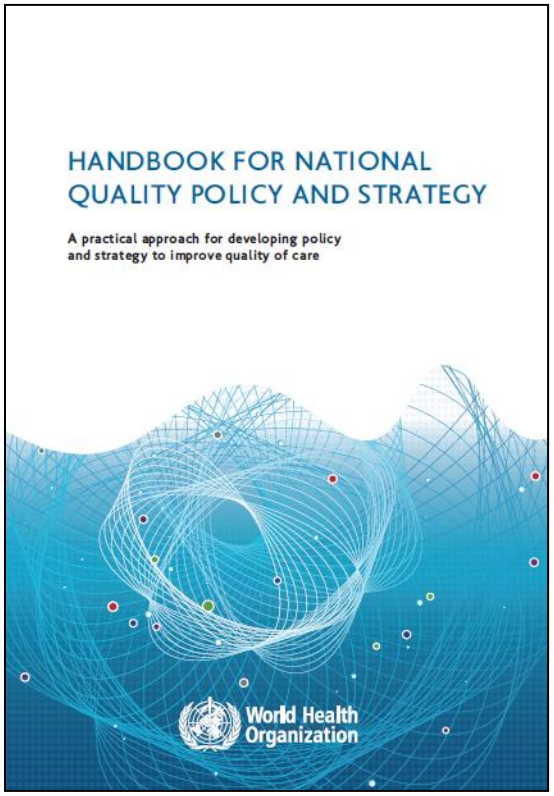
- Provides a foundation for the NQPS initiative
- Was co-developed with countries
- Is not a prescriptive process guide
- Emphasizes linkages with wider health policy and planning
- Provides structure around the subject area, outlines key issues for consideration and presents a starting point for action
- Approach will continue to be refined through a co-development process



Access here:
http://www.who.int/servicedeliverysafety/areas/qhc/nqps_handbook/en/

Where does quality policy & strategy meet implementation?





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http://www.who.int/servicedeliverysafety/areas/qhc/nqps_handbook/en/

What is a national quality policy and strategy?

An organized effort by a country to promote and plan for improved quality of care. It will often be outlined in a document, providing an official, explicit statement of the approach and actions required to enhance the quality of health care across a country's health system, and needs to be linked closely with the wider national health policy and planning process. Responsibility for the development of such documents is commonly held by the ministry of health, working in close collaboration with a range of policy-makers and implementers.

National direction on quality: models and options

- Development of **standalone policy and/or strategy**;
- **Integration with national health planning** process and documentation;
- **National quality statement** drawing on existing relevant policy and national health documents;
- **Constitution or terms of reference** for the responsible national quality body,
- **Enabling legislation** or regulatory statute to support national quality efforts
- **Integration of quality within relevant health and non-health policies and plans** (e.g. disease-specific, primary care, sub-national plans, health sector recovery)
- **Multi-actor joint quality implementation plan** as part of response and recovery planning for service delivery in settings of extreme adversity.

However, each of the above require **similar elements in the development process** to ensure approach is responsive to local needs, achievable, and well governed.

National Quality Policy & Strategy – Eight Elements

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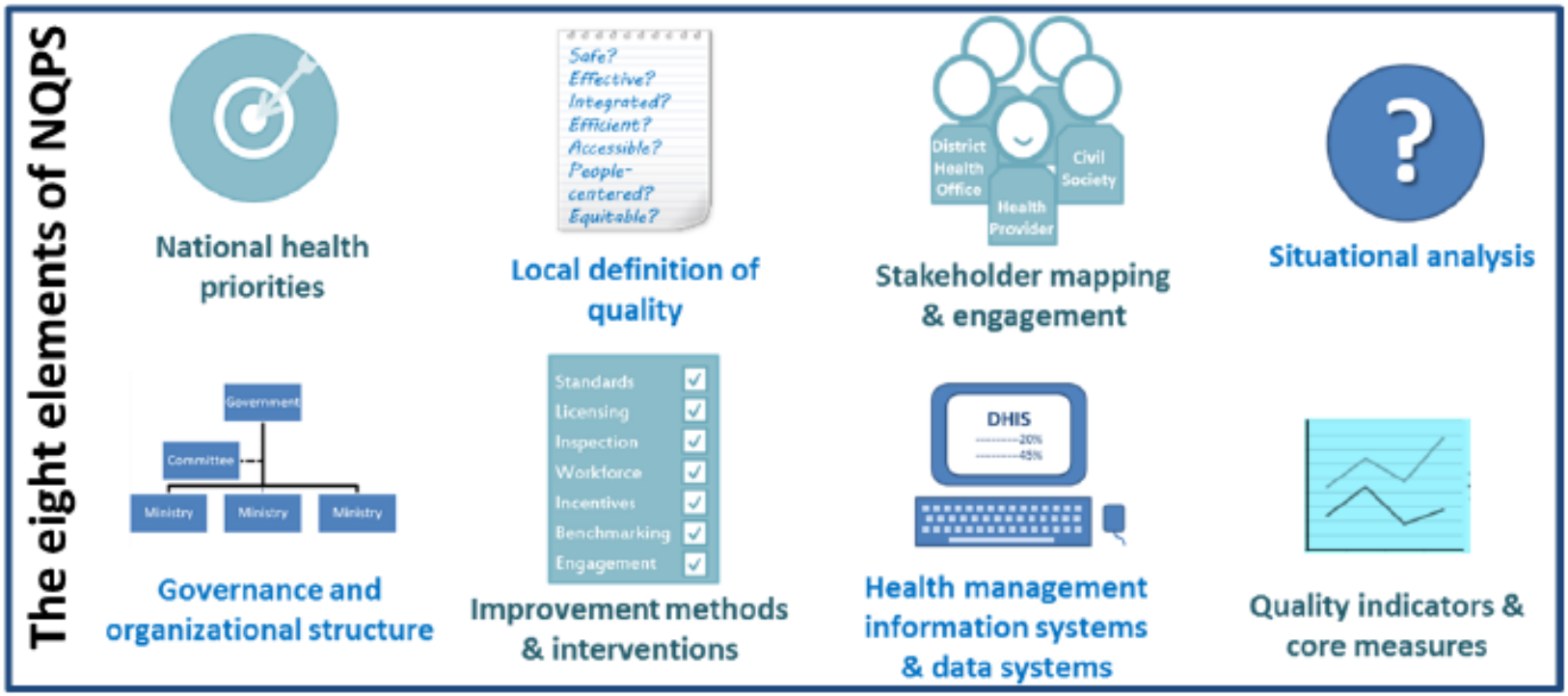

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Operational planning

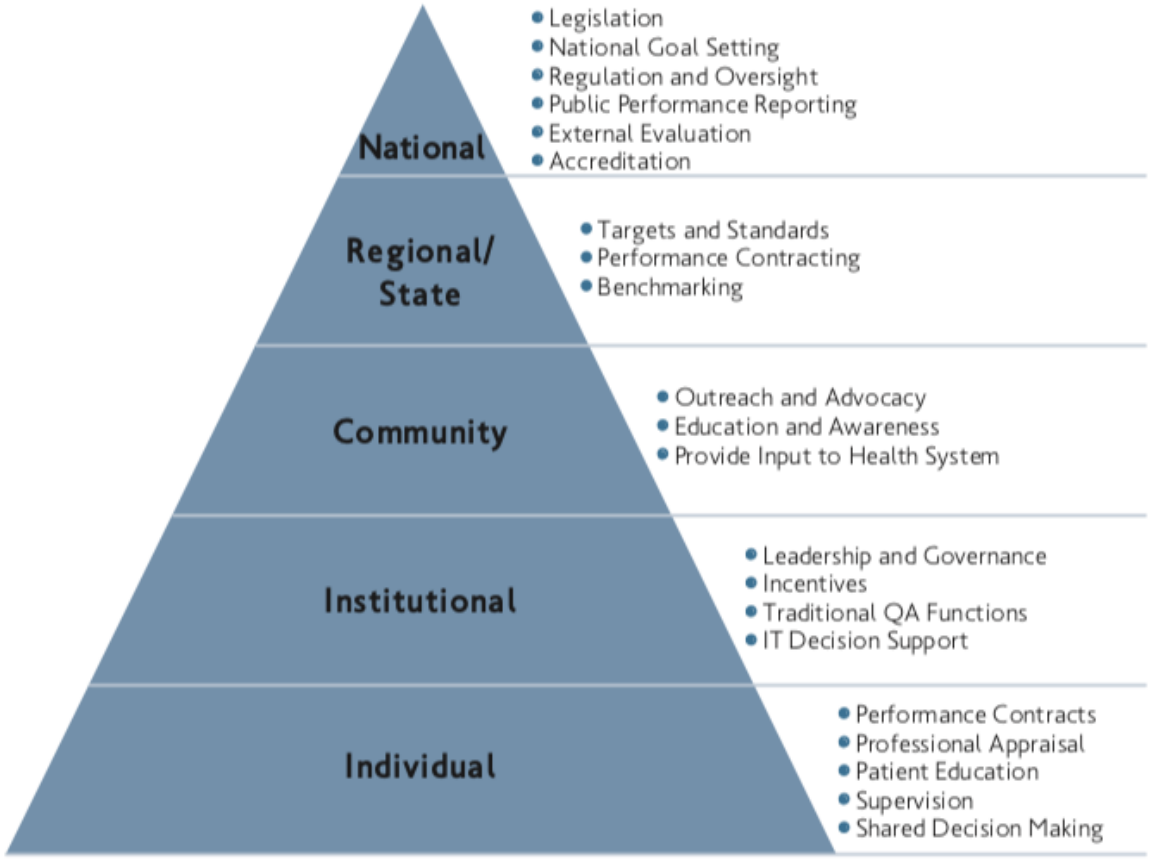
Integration of technical programmes

Tools & resources

World Health Organization

Improvement methods and Interventions

Figure 3. Illustrative activities across five levels of hierarchy



Source: Adapted from Leatherman and Sutherland.

Example quality indicator sets – Lancet Commission data dashboard

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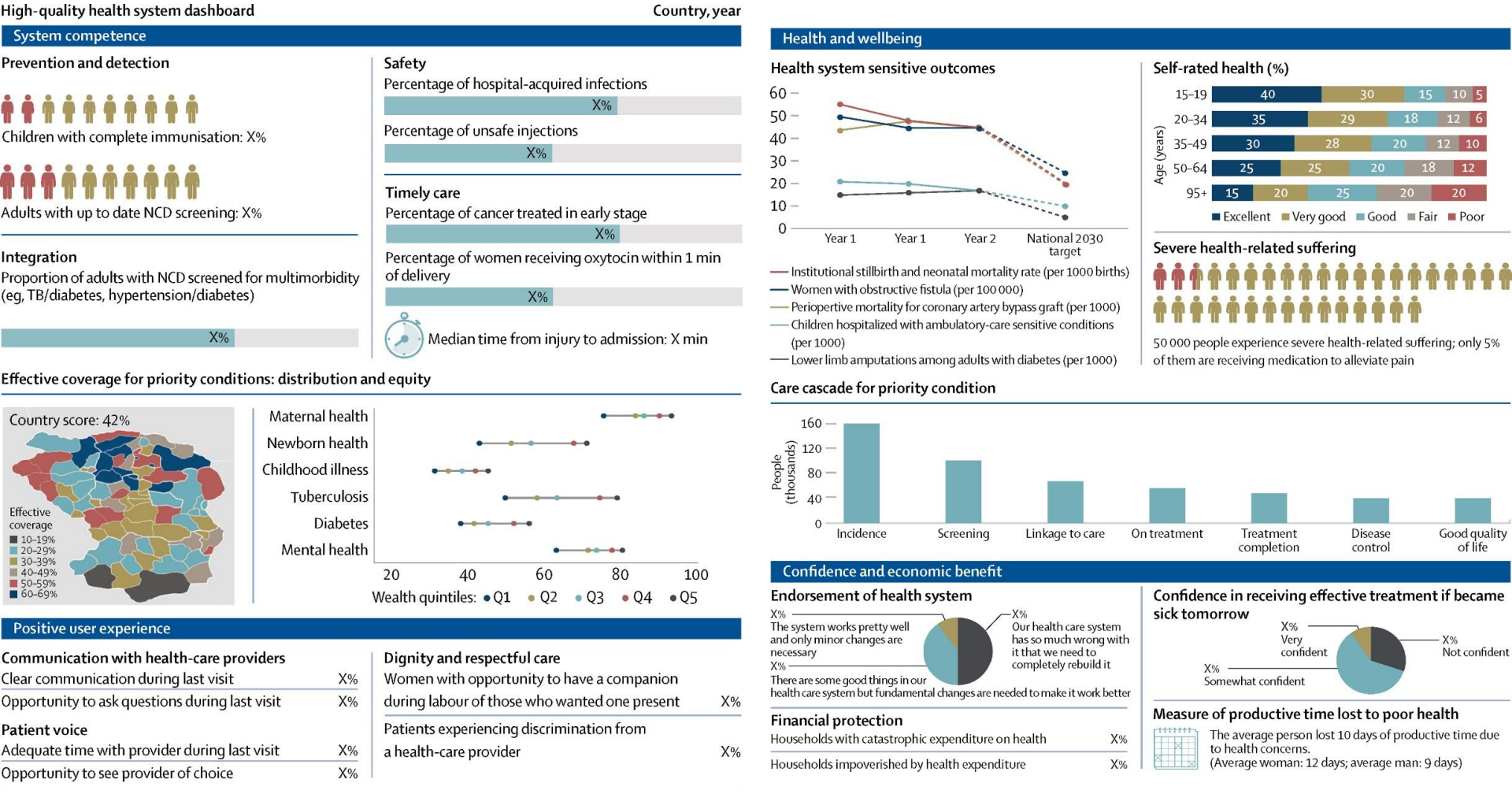

Adapted from Kruk et al. High-quality health systems in the Sustainable Development Goals era: time for a revolution. The Lancet Global Health. Volume 6, Issue 11, Pages e1196-e1252 (November 2018)

Example quality indicator sets – illustrative country example

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	Effectiveness	Safety	People-centredness	Timeliness	Access
Structure	New ART Initiation; Human Resources for Health & medical supplies	Health worker density & distribution (per 1000 population)	Regular system to report patient experience	Health worker density & distribution (per 1000 population)	Households covered by health extension worker Program
Process	Adherence to standards/guidelines; Alcohol Screening	Hand hygiene measures practiced	Satisfaction with services received during care process	Waiting times at office/hospital, incl. for medicine	Lost-to-follow-up rates (ART)
Outcome	Early initiation of breastfeeding	Surgical Site Infections (SSI)	Overall experience in healthcare facility	Satisfaction with waiting times	Prescribed medicines skipped due to costs
MNCH	Under-five mortality rate (per 1000 livebirths)	Maternal mortality rate; Births attended by skilled health personnel (%)	Respectful maternity measurement	Waiting times for maternal, newborn and child health services	Antenatal care coverage (at least four visits)
HIV & TB	Viral Load Monitoring on ART; TB Treatment Success rate	Adequate infection control (HIV and TB services)	Percentage of HIV positive adults and children retained in care, 12 months after initiation of ART	Percentage of infants born to HIV-positive women who had a virologic HIV test within 12 months of birth	ART Clinical Visits/TB Screening
NCDs	Adult mortality rate from CVD, Cancer, Diabetes, CRD	Adequate infection control (PHC/NCD)	Prevention programs in place	Waiting times for specialist care for NCD services	OPD visits per capita and per diagnosis for NCDs

Integration of technical programmes

- Technical and vertical programmes include quality initiatives focusing on specific diseases or population groups, for example HIV or maternal and child health

- Integration of technical & vertical programmes is essential, and benefits both the strategy and the individual programs

- Can be complex task, but allows maximization of existing work, engagement of key partners, and identification of entry points

- Options for integration vary widely
  - *Full subsumed*
  - *Pathfinder (strategic and operational)*
  - *Linkage at the strategic level*
  - *Acknowledgement for future integration*

- Initial steps
  - Mapping of scope
  - Early engagement between NQPS team and technical programmes
  - Contribution of quality expertise from programmes to emerging NQPS
  - Integration of data and measurements systems
  - Ensuring cross-learning

Operational Planning

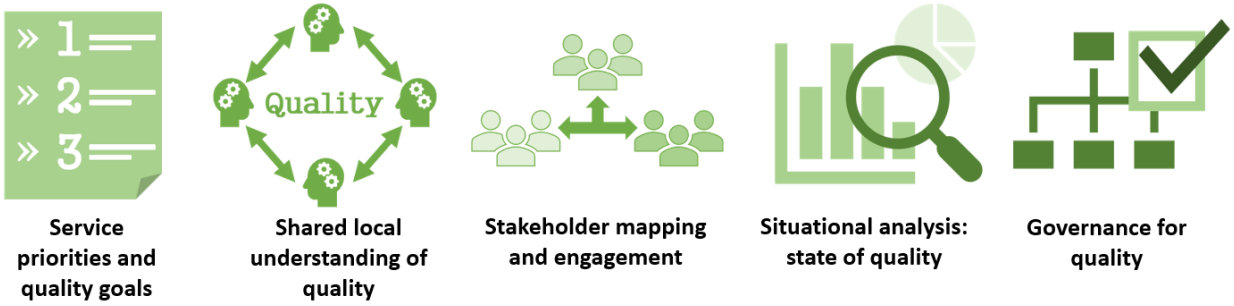
- Deeper examination of steps required to implement the policy/strategy
- Practical document
- Follows on from policy/strategy & draws on the same process
- Clarification of subnational actions
- Elements of an operational plan
  - Tasks
  - Prioritization
  - Timeline
  - Responsibility
  - Resource requirements
  - Performance measurement

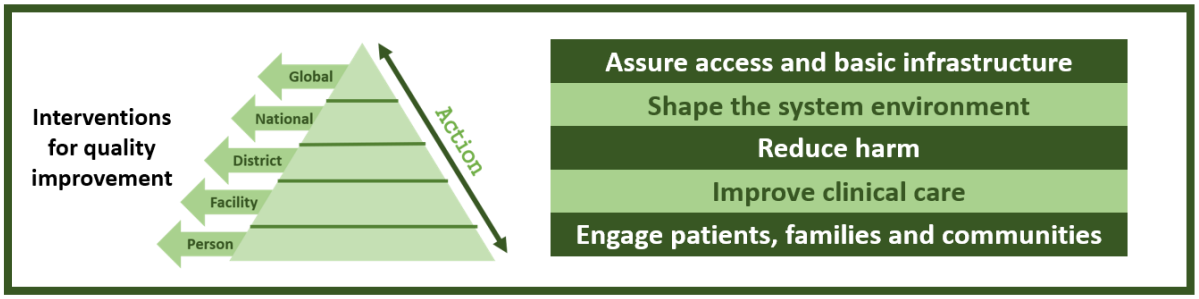
While handbook deals with process of developing an operation plan, **the implementation phase is much more complex**.

Quality action planning in FCV settings

- Multiple options for organizing action, ranging from discrete quality initiatives of individual providers, to coordinated multi-stakeholder action.

- Scale and scope of action will vary, but common set of considerations:





What does this mean for DFID?

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Country level

- Consider where existing and planned programmes can support the structures and actions required at different levels
- Align related activities with national direction on quality, or where it does not exist, consider how to support its development
- In FCV settings, work through existing health sector coordination mechanisms to take action on quality

Global level

- Work with partner organizations to ensure they are complementing and aligning with nationally-led, systemwide efforts on quality
- Feed in learning and experience from country level to global strategic dialogue

World Health Organization

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