



# Planning action for quality at national, district & facility levels

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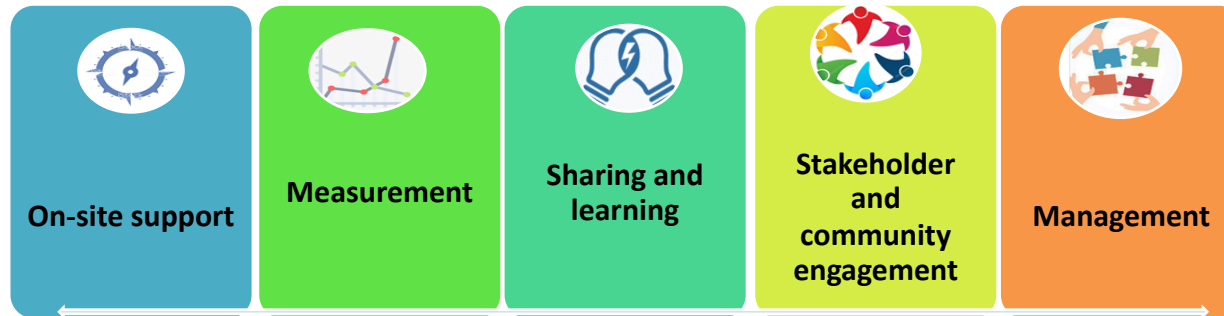
*K4D Health Systems Strengthening Learning Journey*

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# 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

# National quality policy and strategy – the nuts and bolts

# Why national quality policy and strategy?

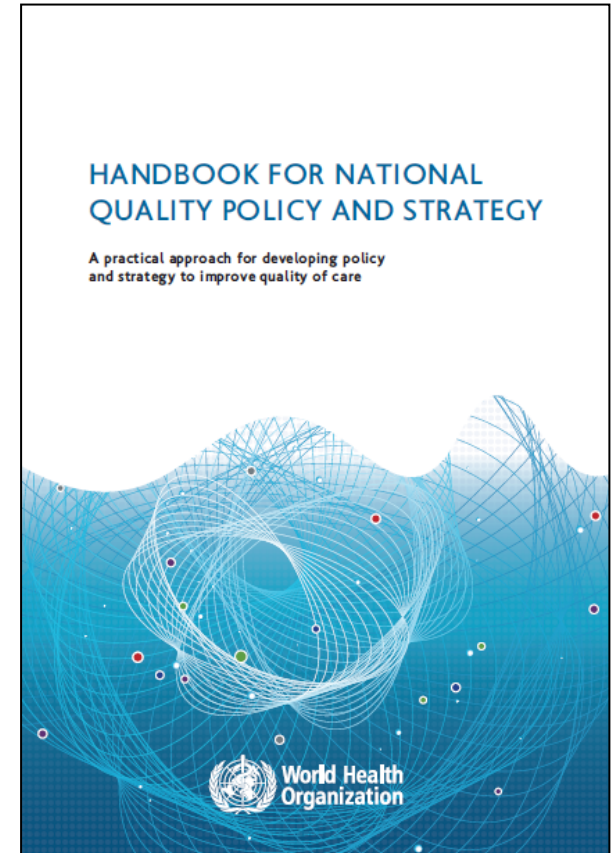




# The WHO NQPS Handbook



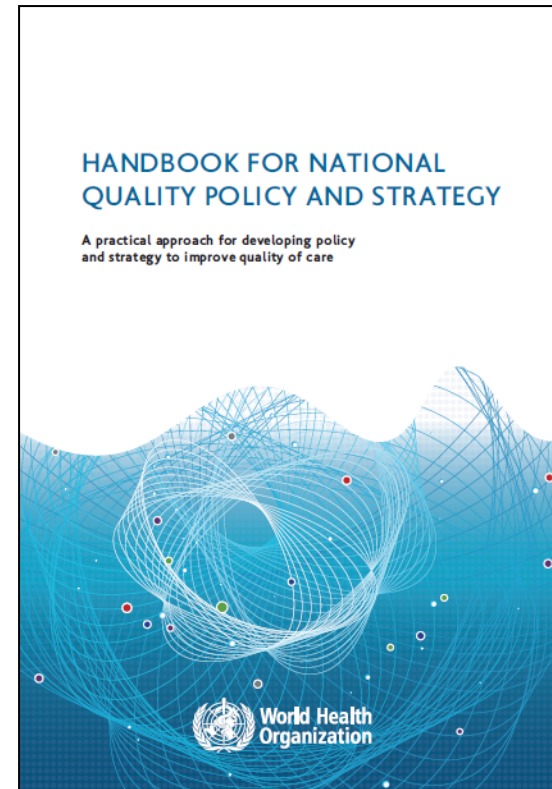
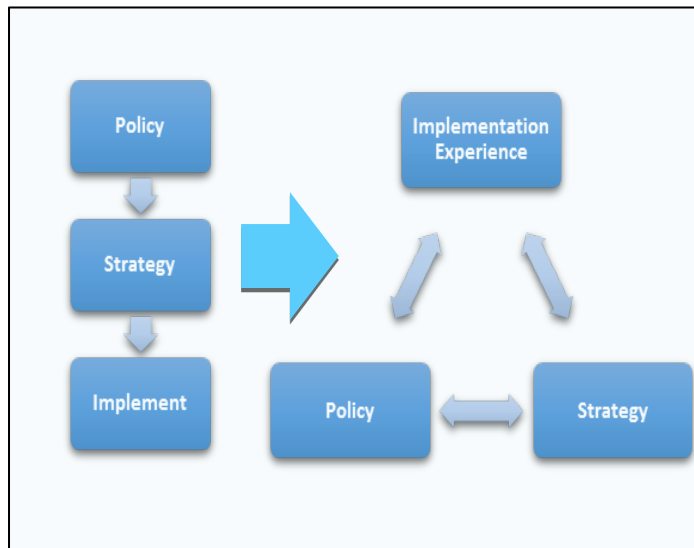
- Provides a foundation for the NQPS initiative
- Was co-developed with countries
- Is not a prescriptive process guide
- Emphasizes linkages with wider health policy and planning
- Provides structure around the subject area, outlines key issues for consideration and presents a starting point for action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



Access here:

[http://www.who.int/servicedeliverysafety/areas/qhc/nqps\\_handbook/en/](http://www.who.int/servicedeliverysafety/areas/qhc/nqps_handbook/en/)

# Where does quality policy & strategy meet implementation?



Access here:

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# 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.

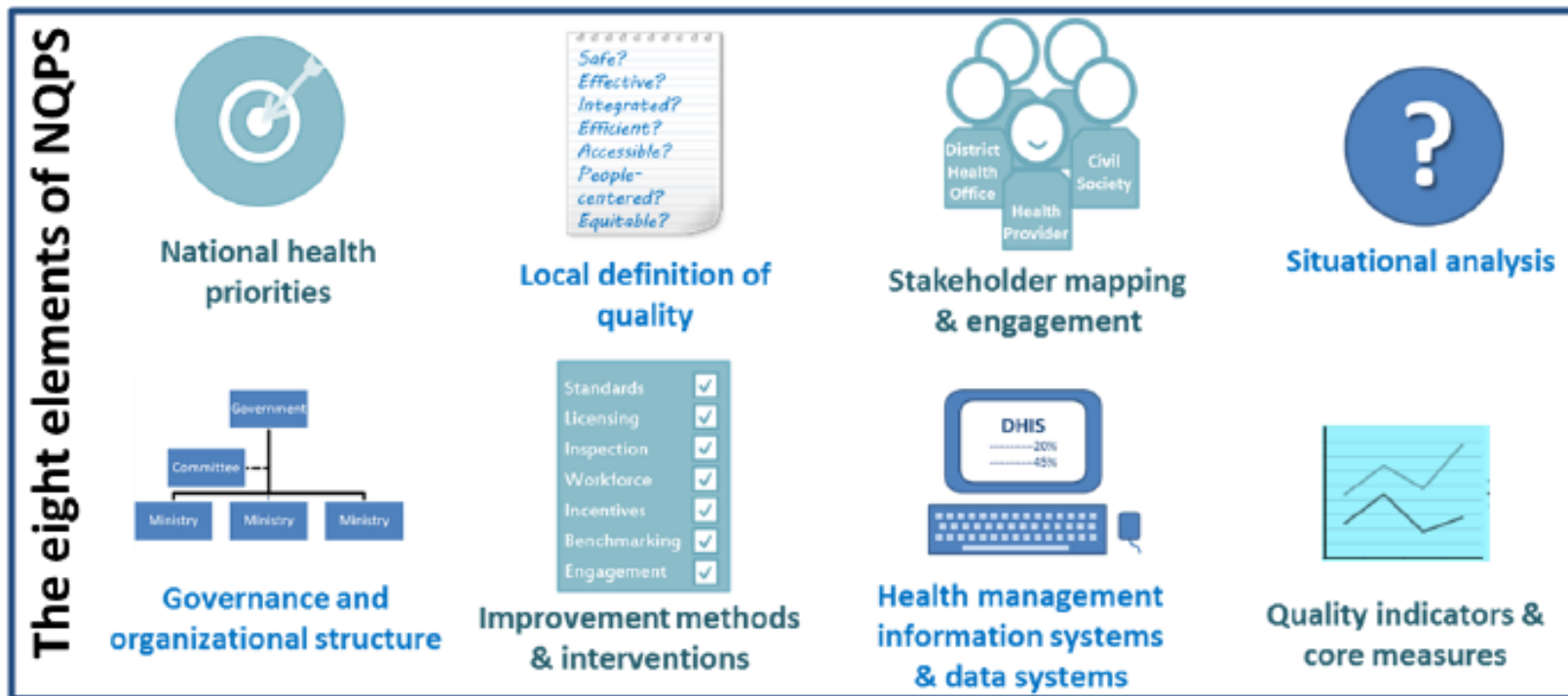
# National direction on quality: models and options



- 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



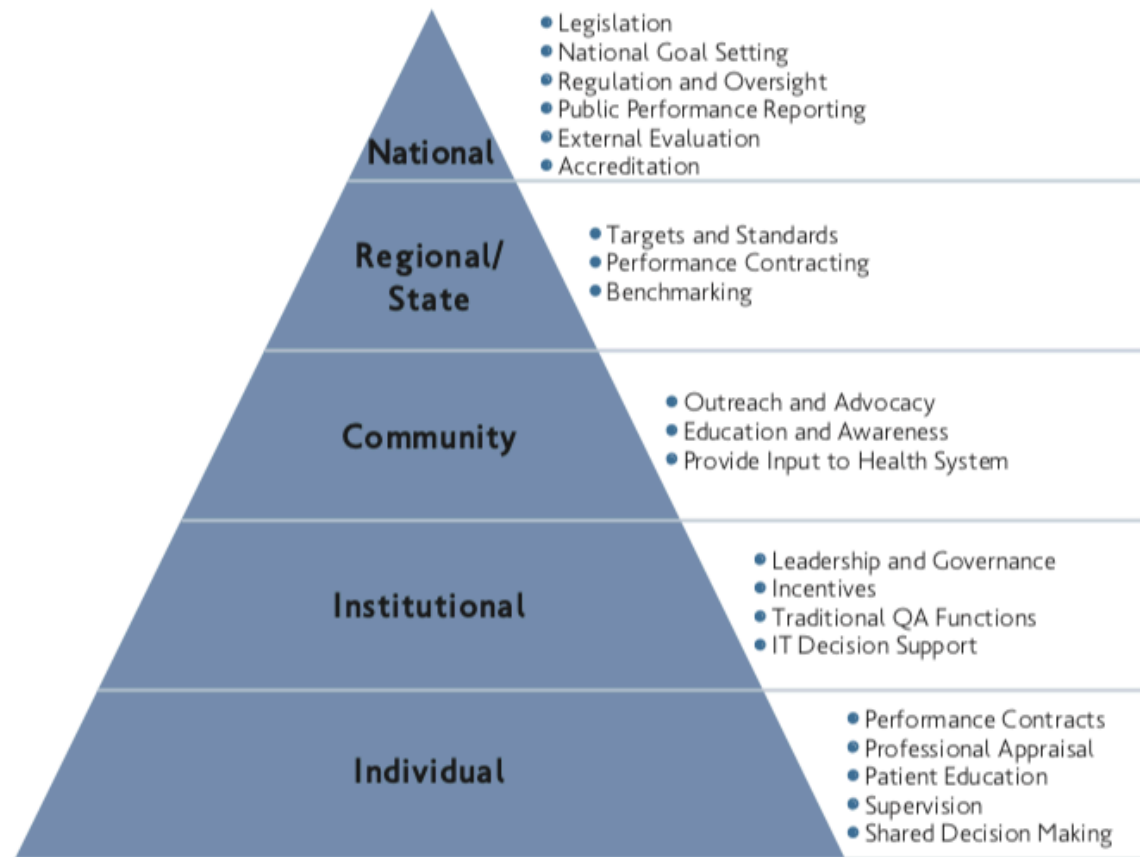
Operational planning

Integration of technical programmes

Tools & resources

## 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



## High-quality health system dashboard

Country, year

### System competence

#### Prevention and detection



#### Integration

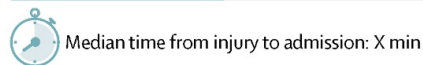
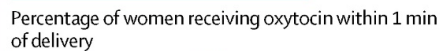
Proportion of adults with NCD screened for multimorbidity (eg, TB/diabetes, hypertension/diabetes)



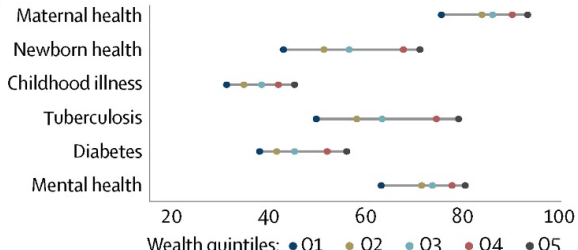
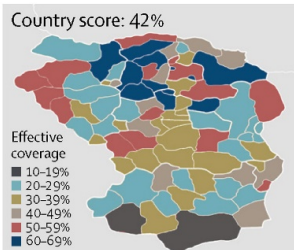
#### Safety



#### Timely care



### Effective coverage for priority conditions: distribution and equity



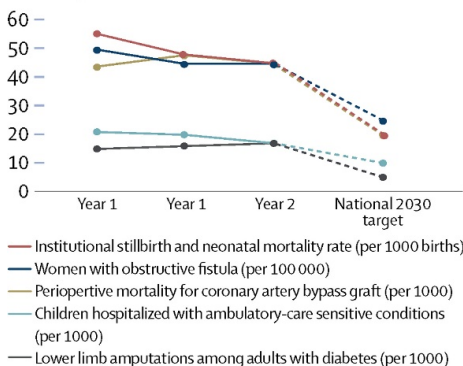
### Positive user experience

Communication with health-care providers	
Clear communication during last visit	X%
Opportunity to ask questions during last visit	X%
Patient voice	
Adequate time with provider during last visit	X%
Opportunity to see provider of choice	X%

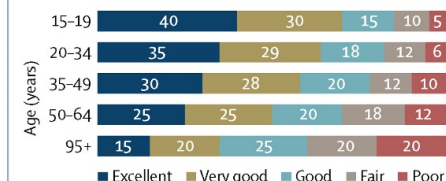
Dignity and respectful care	
Women with opportunity to have a companion during labour of those who wanted one present	X%
Patients experiencing discrimination from a health-care provider	X%

### Health and wellbeing

#### Health system sensitive outcomes



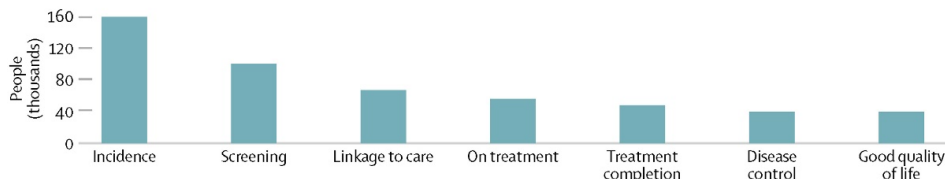
#### Self-rated health (%)



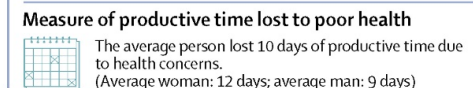
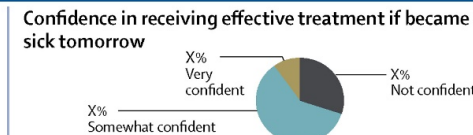
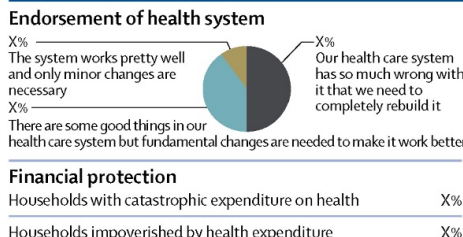
#### Severe health-related suffering



### Care cascade for priority condition



### Confidence and economic benefit



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



	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:



Service priorities and quality goals



Shared local understanding of quality



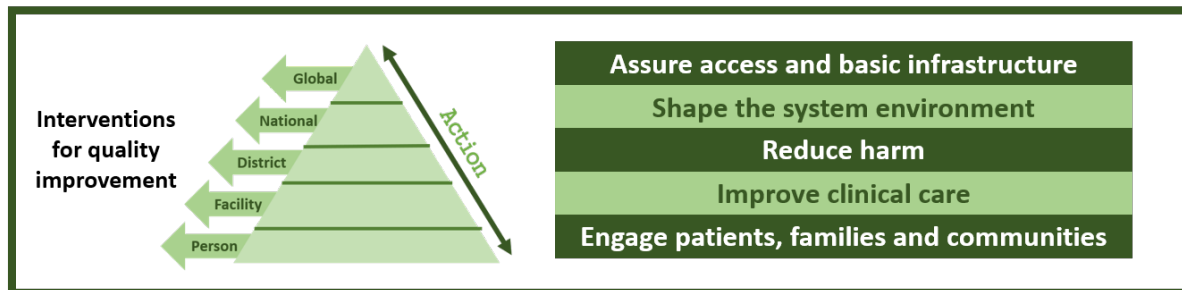
Stakeholder mapping and engagement



Situational analysis: state of quality



Governance for quality



Health information systems and quality assessment



Quality measurement

# What does this mean for DFID?



## 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



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