Quality Improvement - An Introduction

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Slide 1:

In this presentation we will like to briefly introduce the subject of improving quality of care.

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Over the last two decades considerable progress was made towards the achievement of the targets set for the Millennium Development Goals (MDGs) 4 and 5 by 2015. Despite significant reduction in MMR, U5MR and NMR SEAR was not able to achieve the targets.

Countries were able to increase the coverage of maternal and child health interventions, yet many women, newborns, and children continue to die from preventable deaths due to poor care practices, even after reaching a health facility. Suboptimal quality of care is one of the main reasons of the Region having missed the MDG targets.

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Addressing quality of care will be fundamental in reducing maternal and newborn mortality and achieving the health-related SDG targets.

WHO definition of Quality of Care is “the extent to which health care services provided to individuals and patient populations improve desired health outcomes. In order to achieve this, health care must be safe, effective, timely, efficient, equitable and people-centred”. This definition takes into consideration these characteristics of quality of care covering two important components of care: the quality of the provision of care and the quality of care as experienced by women, newborns and their families.

WHO vision is that every mother and newborn receives quality care throughout the pregnancy, childbirth and postnatal periods.

Over the last few years, there has been increased focus on universal health coverage to ensure that the entire population has access to needed healthcare services, of good quality to be effective, without undue financial hardship. Universal health coverage has been included in the Sustainable Development Goals, and the Global Strategy for Women's, Children's, and Adolescent's Health (2016-2030) to ensure access to safe, effective, quality and affordable care.

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As we all know, to provide good quality of care a health facility must have an essential set of prerequisites:

- First, a basic infrastructure is essential in terms of adequate physical space, electricity, water, as well as clean and safe surroundings
- Second, an appropriate number of trained health workers must be available with a logical mix of skills and competencies
- Third, standard treatment guidelines prepared in the country must not only be available but practiced in the health facility
- Fourth, essential medical equipment, medicines, other supplies, and lab support must be available round the clock
- Fifth, the health facility must have a standard clinical case recording and case monitoring system so that an actionable information is available locally
- Last but not the least, the work culture at health facility should include patient communication, respect and satisfaction

In addition, patient safety practices and protocols are key to ensure the principle of 'First do no harm'.

At the same time quality of care must be provided at the lowest cost since resources are always under strain.

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Next three slides present a logic model signifying that inputs and processes lead to good health outcomes for patients and healthcare services.

This slide lists main inputs including Policies that are patient centric; Physical infrastructure including basic amenities; Finances and other resources like healthcare staff, equipment, supplies and drugs; Information technology for case records and reporting, and support services and provisions for accompanying persons. Availability of these inputs is a prerequisite for quality of care and is an essential part of Quality Planning.

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This slide describes two main functions under Process of healthcare:

First is the Content of clinical care that is to be delivered to patient and is defined by the standards of care and evidence-based standard treatment guidelines. These standard guidelines are defined by national governments and are included in the clinical trainings that healthcare staff receives before joining service and from time to time during their service. The knowledge and skills of healthcare staff is an essential pre-requisite of quality.

Second important function is the Process of clinical care or how the care is organized in the health facility. As you know, each health facility follows a series of steps to provide clinical care that starts with arrival of a patient.

Modifying the process of care can often lead to better conformance to the standard of care – that is, putting the content of care into practice. Such redesigning in the local system of healthcare provision is often possible without requiring additional resources and thus improves efficiency of existing resources. However, this skill of has not received much attention in health care delivery systems. We need to build the capacity of the healthcare staff and empower them to undertake appropriate redesigning of process of care based on the local situation in their health facility.

Quality improvement science is largely related to altering the process of care so that desired health outcomes for the patients can be ensured.

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Inputs and process of care lead to improved health outcomes for the patients. As shown in the last column, examples of positive outcomes include minimal complications, decreased case fatality, reduction in hospital stay and patient satisfaction.

Quality assurance involves checking the health facilities to see that inputs and process of care are as per the pre-decided standards. Errors are identified and expected to be addressed and corrections sustained to maintain a predefined level of quality.

Quality control is periodic verification of improvement in health outcomes at the health facilities based on ongoing measurement.

For improving quality of care in a healthcare system Quality Planning, Quality assurance , Quality Improvement and Quality control, all are important.

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WHO has prepared a Quality of Care Framework initially focusing in improving maternal and newborn health in 2016. The framework has eight domains of quality of care within the overall health system and covers both the element of 'Provision of Care' as well as Experience of Care' that is crucial for capturing the client perspectives.

Although the Global Quality of Care Framework focuses on the care provided in facilities, it also accounts for the critical role of communities and service users in identifying their needs and preferences. Community engagement is therefore an important aspect to be considered, beyond health facilities, and should be an integral component of improving the quality of care for women and newborns.

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The three standards of provision of care include:

1. Evidence based practices for routine care and management of complications
2. Actionable information systems
3. Functional referral systems

There are three standards for experience of care too:

4. Effective communication

5. Respect and preservation of dignity
6. Emotional support

There are two cross-cutting standards:

7. Competent, motivated human resources
8. Essential physical resources available

This framework can be used to assess the characteristics or dimensions of quality of care in various sectors of the health system, from the perspectives of service users, service providers and managers.

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Concurrently, WHO-SEARO has developed a regional framework for improving quality of care for RMNCAH in consultation with Member States and Partner organizations.

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The framework recommends the following steps for operationalization at country level:

1. Getting started (Preparatory phase)
2. Define standards of care
3. Assessment of Quality of care at health facilities
4. Improvement process at health facilities
5. Monitoring of improvement process
6. Documentation and dissemination of experience
7. Scaling up to other health facilities

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There will be two main tracks of work for improving quality of care in the Region.

One track of work will supports strengthening of National and subnational support structures for QI.

Countries will be supported to:

1. Strengthen leadership and governance: National and sub-national Units / Cells
2. Adopt Global standards for MNH care
3. Unified National Framework for quality of care

4. Plan of action for improving quality of care with budget
5. Situation analysis - Assessment of QOC

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Second track of regional support is for strengthening Quality Improvement at hospitals / health facilities. Within the overall national framework for QOC, improving quality of services at the point of care at the health facility / hospital level is the critical factor for ensuring desirable improvements in health care outcomes.

As mentioned earlier many improvements can be undertaken at the local level of the health facility itself within locally available resources and for others support from higher level of administration may be required.

Quality Improvement can be initiated in the countries while the national support structures for quality of care are being put in place or being strengthened as mentioned in the track one of the regional work.

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For the second track of Regional work

WHO-SEARO, WHO Collaborating Center and partners are preparing tools for building capacity for QI at Health Facilities. These include training package for In-service training and On the Job mentoring – Supportive Supervision; learning materials for Pre-service education; and E-Learning resources. We are also putting together a collaborative learning platform for the healthcare teams from hospitals across the member countries of the Region.

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We have already prepared a set of coaching manual and learner manual for building capacity of healthcare teams in improving quality at the point of care. We have taken a strategic decision to initiate this from care of mothers and newborns at the time of birth since this is the period when many mothers and newborns are at risk of death because of complications. Quality of care could be quite effective in preventing such deaths.

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The POCQI model includes 4 steps:

Step 1: Identify the problem, form a team and write an aim statement

Step 2: Analyze the problem and measure quality of care

Step 3: Develop and test changes through PDSA (Plan-Do-Study-Act) cycles

Step 4: Sustain changes

The same principles and steps of quality improvement can be used for improving quality of care for facility-based newborn care, pediatric care, antenatal and post natal care of mothers and newborns.

This e-course will take you through these four steps for building your capacity to prepare and implement QI projects in your own settings and practice continuous quality improvement.

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Thank you and happy learning.