Assessing and Improving the Quality of Health Care and Systems at the Healthcare Facility and Beyond

Experience from the WHO Western Pacific Region

Dr. Shogo Kubota, WHO Regional Office of the Western Pacific

MOMENTUM Monitoring, Evaluation, Innovation, and Learning Working Group Webinar | June 5, 2024
Agenda

• Welcome and Housekeeping
• Presentation
• Discussion

ASSESSING AND IMPROVING QUALITY OF HEALTH CARE AND SYSTEMS AT HEALTHCARE FACILITY AND BEYOND

Experience from WHO Western Pacific Region

In [July 2023], we facilitated a conversation about the challenges and lessons learned from applying effective coverage to monitor quality service delivery and use data for service improvements. In this subsequent webinar, Dr. Shogo will share progress made on the world health organization regional office for the Western Pacific (WHO WPRO)’s approach and examples from countries in the region on assessing and improving quality of health care and systems while strengthening Health Information Systems for monitoring healthcare quality.

Dr. Shogo Kubota is the Coordinator of Maternal Child Health and Quality Safety for the WHO Regional Office for the Western Pacific. He leads the team in supporting countries in the region in improving quality, safety, maternal and child health, infection prevention and control, emergency, critical and surgical care.

DATE: Wednesday, 5 June 2024
2:00 – 1:00 AM ET

LOCATION: ZOOM (PLEASE REGISTER AHEAD OF TIME USING THE LINK BELOW)

REGISTRATION: https://us06web.zoom.us/meeting/register/tZBhvzippgo5E2w095fGq58H9mUjD56i4Zz2zLpHfIregab
WHO WPRO's work around
Measuring quality of RMNCAH
and beyond

Shogo Kubota  MCQ WPRO
People die more from low Quality than from non-utilization

Among 8.6 million deaths that could be prevented through health system

- Poor quality: 5 million
- Non-utilization: 3.6 million
SDG3 monitors health outcomes, service coverage and health behavior

3.1 maternal mortality / Skilled birth attendant coverage
3.2 Child mortality
3.3 HIV new cases / TB / Malaria / Hep B incidence etc.
3.4 Suicide mortality rate
3.5 Coverage of treatment interventions for substance use disorders
   Alcohol per capita consumption
3.6 Death rate due to road traffic injuries
3.7 Adolescent birth rate
3.8 Coverage of essential health services
   Proportion of population with large household expenditures
3.9 Mortality rate attributed to household and ambient air pollution / unsafe water, sanitation

Quality of health care is NOT monitored globally
Quality of health care is NOT monitored **nationally**

<table>
<thead>
<tr>
<th>Key public health Indicators</th>
<th>Population</th>
<th>Service coverage</th>
<th>Service quality</th>
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<tbody>
<tr>
<td>Survey based</td>
<td>Census</td>
<td>Census/DHS/MICS</td>
<td>?</td>
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<tr>
<td>Routine HIS</td>
<td>CRVS</td>
<td>HMIS</td>
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Functions of each level for continuous quality improvement

**National level**
Policy, regulation, licensing, accreditation, strategy, governance (e.g. committee), plan, budget, M&E
National quality standard: reflected on preservice and in-service education, EML etc.

**Hospital management & governance**
Policy, governance (e.g. committee), action plan, budget, M&E, readiness
Continuous Quality Safety Improvement Mechanism, workplace culture

**Continuous quality improvement (unit etc)**
- Regular quality monitoring and planning
- PDCA cycle
- Event investigation (e.g. MDSR)

**Technical competencies**
Knowledge, attitude, practice

**User’s engagement**
Example from Laos:
RMNCAH Quality Assessment and Improvement Support (QAIS)

**Objective**

1. Identify **strengths and weaknesses** in RMNCAH services by jointly analysing the data collected by external facilitators
2. Provide **on-site technical supervision** for the individual providers
3. Develop **action plans** to improve RMNCAH services with the external facilitators for the facility-level improvement
4. Provide **the data for strategies, plans and policy making** at the national & subnational level
Quality assessment

- **Readiness**: policy, human resources, medications and equipment, and program management
  - Staff Interview
  - Direct observation
- **Provider’s knowledge**
  - Clinical vignette
- **Provisions and experience of care**
  - Exit Interview
  - Chart review
  - Re-examination
  - Direct observation
Objective 1: On-site technical support

Direct Observation

Clinical Vignette

Assessment and debriefing is based on the clinical standards used in trainings

Debriefing
Mini hands-on session by experts

Facilitators are trained to support improvement and motivate the individual provider’s performance
Objective 2 & 3: Data analysis and action plan development

Analyzing data and filling the results on the flip chart

Discussing root causes, solutions and action plans

Present the findings and the action plans
Objective 4: Sub-national planning workshop

Facilities’ Action plans

Data from QAIS

Data from DHIS2

Provincial data-based planning with all districts in the province

National long-term strategic planning, policies and regulations
Trend in RMNCAH healthcare quality at province and all district hospitals in Huaphan Province

Each technical area has max 5 points (For RMNCAH, 5 points x 5 areas = 25 points)
Inequity in experience of care
Almost 80% of children who came for immunization missed the opportunity to receive essential nutrition service.
Conceptual framework “People-centred approach”
Revised governance in the national RMNCAH Committee

7 sub-committees based on program

5 sub-committees based on target population
Lao PDR expanded Midwifery Scope of Practice as health workforce reform towards PHC oriented health system

• MoH, Ns and Mw Board, Mw Association revised midwifery scope of legal framework based on the quantified gap against Essential Health Service Package (EHSP)

BEFORE, only 20% of basic services were legally allowed for midwives to provide without physicians

NOW, 95% are legally allowed and protected ➞ Mw can provide in health centers without physicians = promote PHC

5 tools for Reproductive, Maternal, Newborn, Well child and Sick child
Publications from Western Pacific Regional Office

Module 1: EENC AIR

Module 2: Coaching

Module 3: EENC QI

Module 4: KMC

EENC webpage: https://www.who.int/westernpacific/activities/scaling-up-early-essential-newborn-care
IPC in Solomon
Linking governance / management and practice
WHO WPRO’s Integrated quality improvement support

MOH’s support at the national level
Policy, regulation, licensing, accreditation, strategy, governance, education, plan, budget, M&E
1) Scoping review
2) Strategy / plan development
3) Health systems strengthening

Hospital (clinical) governance
For safe and enabling environment for patients and providers
1) Leadership & culture
2) Risk management
3) Systems & process
4) Supported effective workforce
5) User engagement

Continuous quality improvement (unit etc)
1) Quality monitoring and planning
2) PDCA cycle
3) Event investigation (e.g. MDSR)

Healthcare provider
Standards, guidelines, trainings, coaching, supportive supervision

User’s engagement
If anyone is interested to collaborate with MCQ on quality of healthcare, let us know.

Thank you
Discussion
THANK YOU

For questions on WHO Regional Office of the Western Pacific’s work, please contact Shogo Kuboto (kubotas@who.int).

For questions on the MOMENTUM Monitoring Evaluation Innovation and Learning Working Group, please contact Soumya Alva (salva-jsi@prb.org) or Megan Ivankovich (mivankovich@prb.org).

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