

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



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Agenda

- Welcome and Housekeeping
- Presentation
- Discussion

MOMENTUM

Monitoring, Evaluation, Innovation, and Learning Working Group



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 in 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.

PRESENTERS



SHOGO KUBOTA
Coordinator, Maternal Child Health and Quality Safety

World Health Organization
Regional Office for the
Western Pacific

DATE: Wednesday, 5 June 2024
9:00 – 10:00 AM ET

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

REGISTRATION: <https://us06web.zoom.us/join/zoom/register/tZlsfu2rpi0pEtZRDR7S1q3HmUhdJH5Z52Lp#/registration>

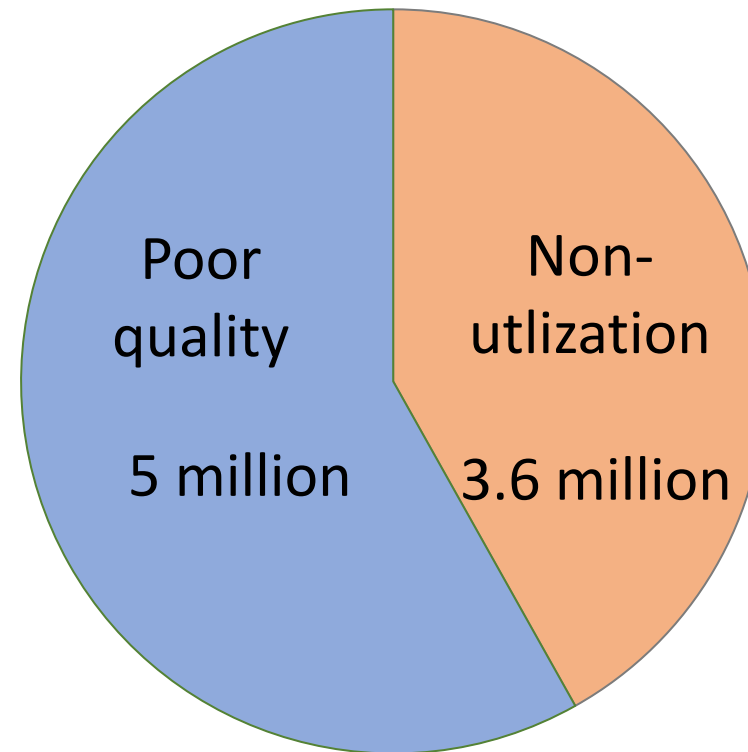
WHO WPRO's work around Measuring quality of RMNCAH and beyond

Shogo Kubota MCQ WPRO

People die more from low **Q**uality than from non-utilization



Among 8.6 million deaths that could be prevented through health system



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

Key public health Indicators	<u>Population</u>	<u>Health outcome</u> <u>Service coverage</u>	<u>Service quality</u>
Survey based	Census	Census/DHS/MICS	?
Routine HIS	CRVS	HMIS	?

Quality of health care is NOT monitored nationally

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



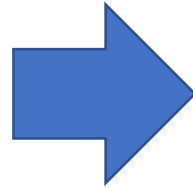
Objective 1: On-site technical support



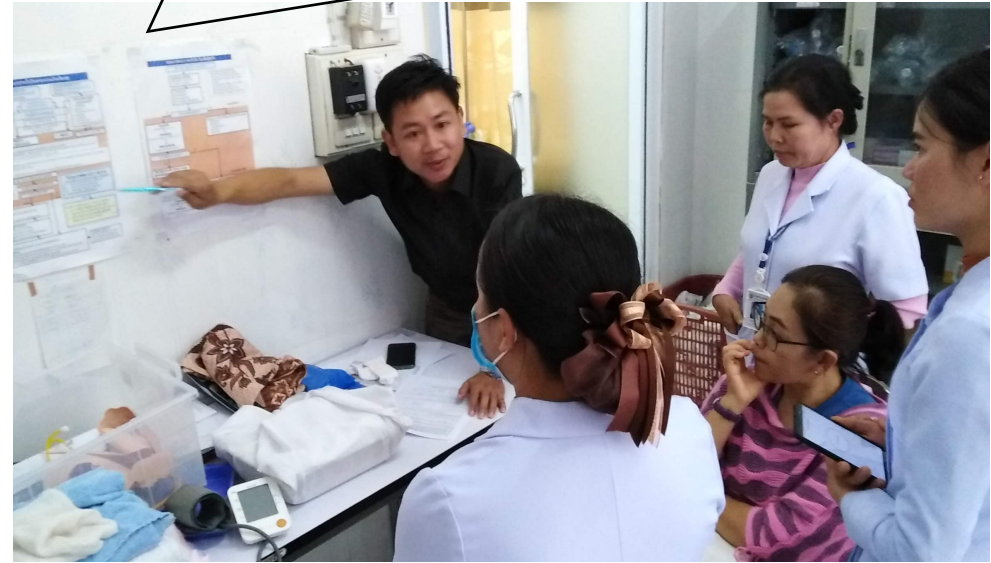
Clinical Vignette



Direct Observation



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

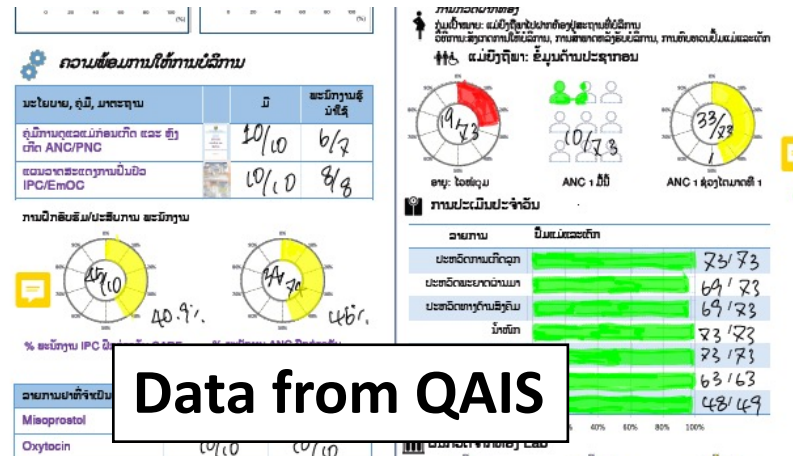


Present the findings and the action plans

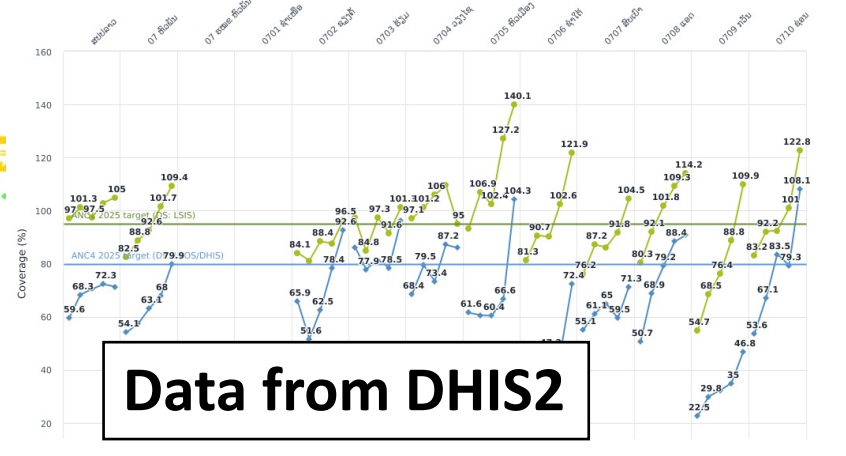
Objective 4: Sub-national planning workshop

ການແກ້ໄຂບັນຫາ	ໄຮມໂຮມກັບຜີ
ແຜນປະຕິບັດງານ	ໄຮມໂຮມ 3 ເດືອນ / ຄຳ
ບຸກຄະລາກອນທີ່ຮັບຜິດຊອບ	ໄຮມໂຮມ - ສີລິ ຈະນາ
ໄລຍະເວລາ	ເດືອນ 1 / 3 / 2022
ຊ່ວຍເຫຼືອ/ຊັບພະຍາກອນ	ໄຮມໂຮມ ການໂຮງໝໍ
ການປະເມີນຜົນ	ທຸກໆ ເດືອນ ວ່າ ໄວ້ໂຕເປັນສິນຄ້າຊຸມຊົນ
ຂໍ້ອາໄສຫຼັກ	
ບັນຫາ	ບໍ່ມີ ລະເມີນພັດທະນາການຂອງໂຕກ.ບໍ່ມີແກ້ໄຂ, ສູງ, ມີພັນ, ສອນແຂນ
ຜົນກະທົບຂອງບັນຫາ	ບໍ່ມີ ສິດທິພາບ ພັດທະນາການຂອງໂຕກ
ສາຍເຫດຂອງບັນຫາ	ຜິດພາດຄວາມ: ລະເມີນບໍ່ມີ ສິດທິພາບ
ໄລຍະເວລາ	ເດືອນ 1 / 3 / 2022

Facilities' Action plans



Data from QAIS



Data from DHIS2

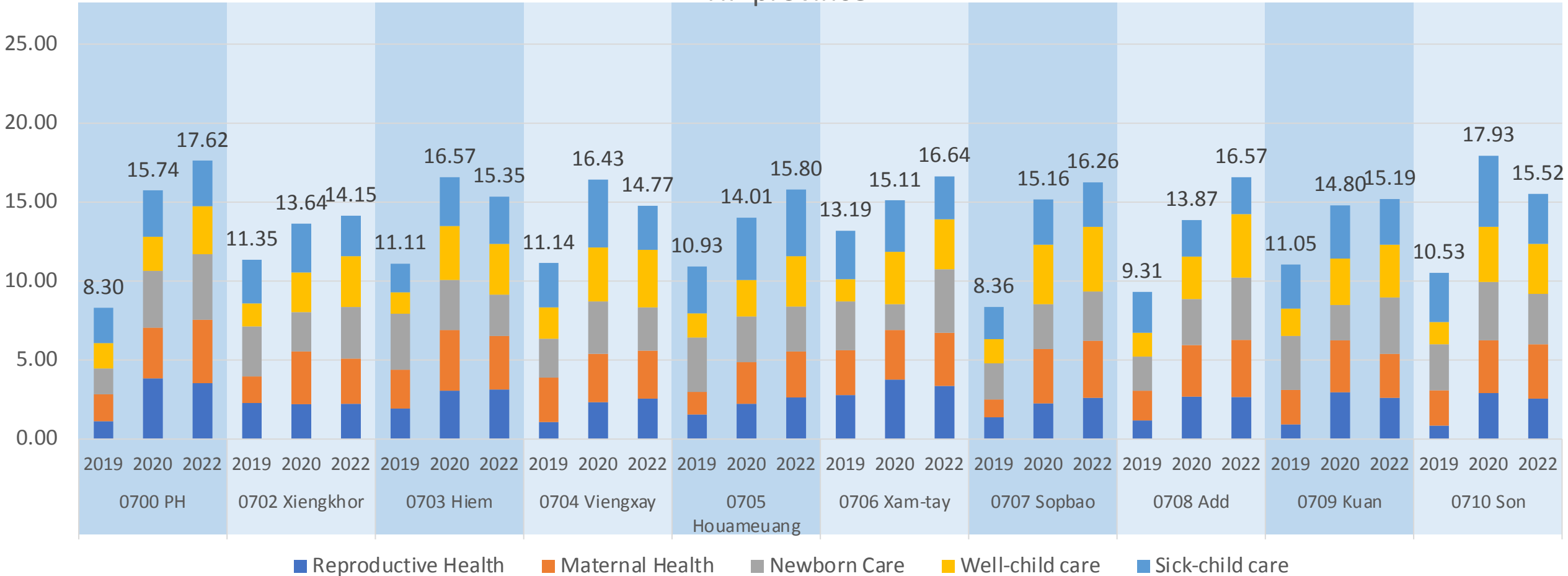
Provincial data-based planning with all districts in the province



National long-term strategic planning, policies and regulations

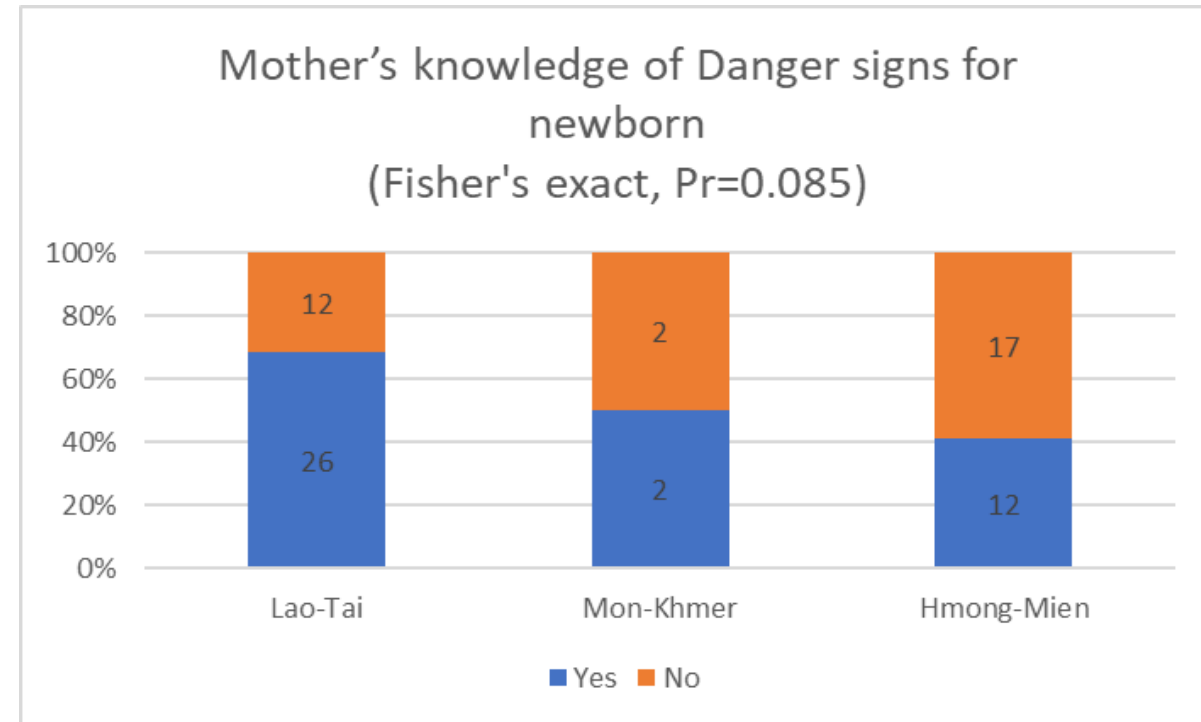
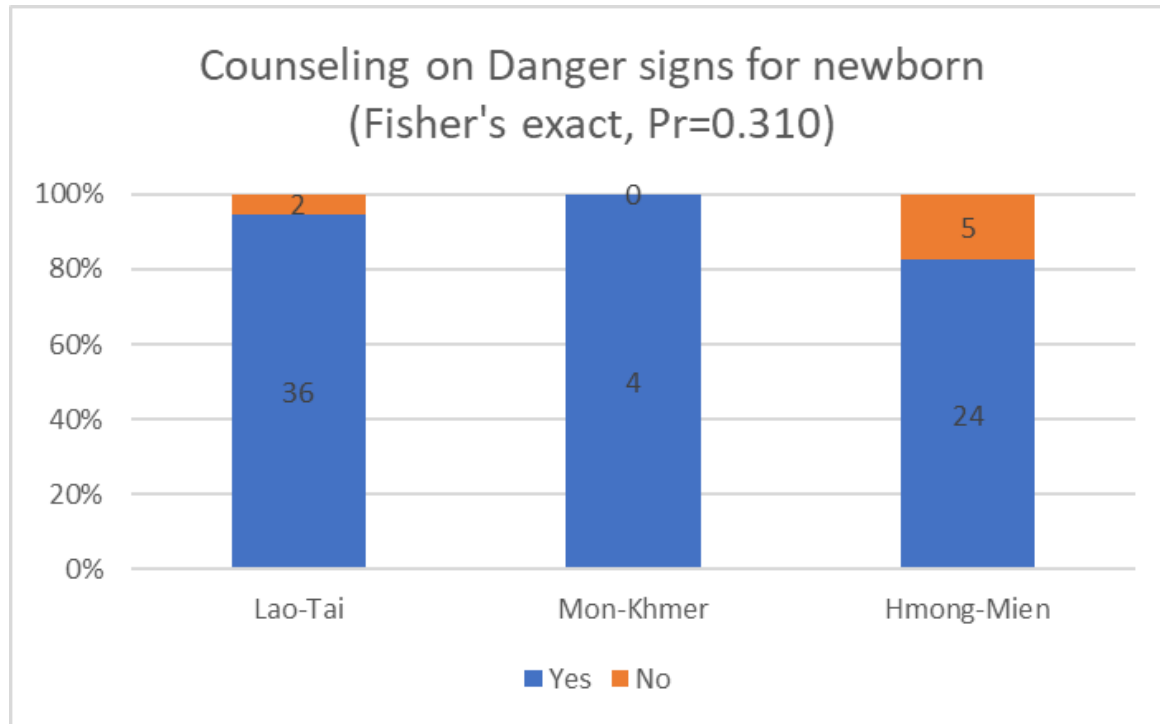
Trend in RMNCAH healthcare quality at province and all district hospitals in Huaphan Province

HP province



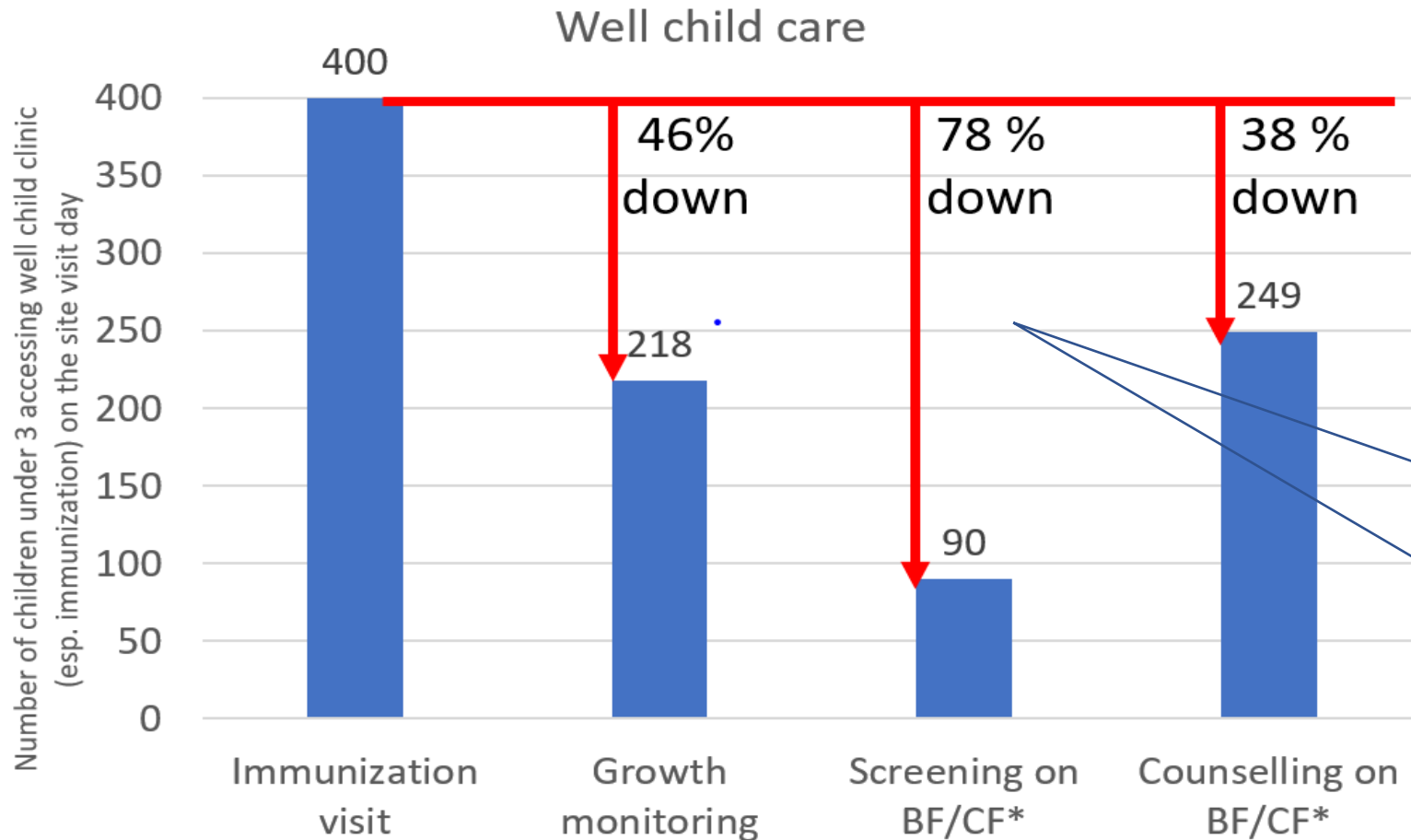
Each technical area has max 5 points (For RMNCAH, 5 points x 5 areas = 25 points)

Inequity in experience of care



Missed opportunity due to weak integration

Data: RMNAH technical quality assessment



*BF: breastfeeding (target: under 6 months old), CF: complementary feeding (target : 6 months-3 years old)

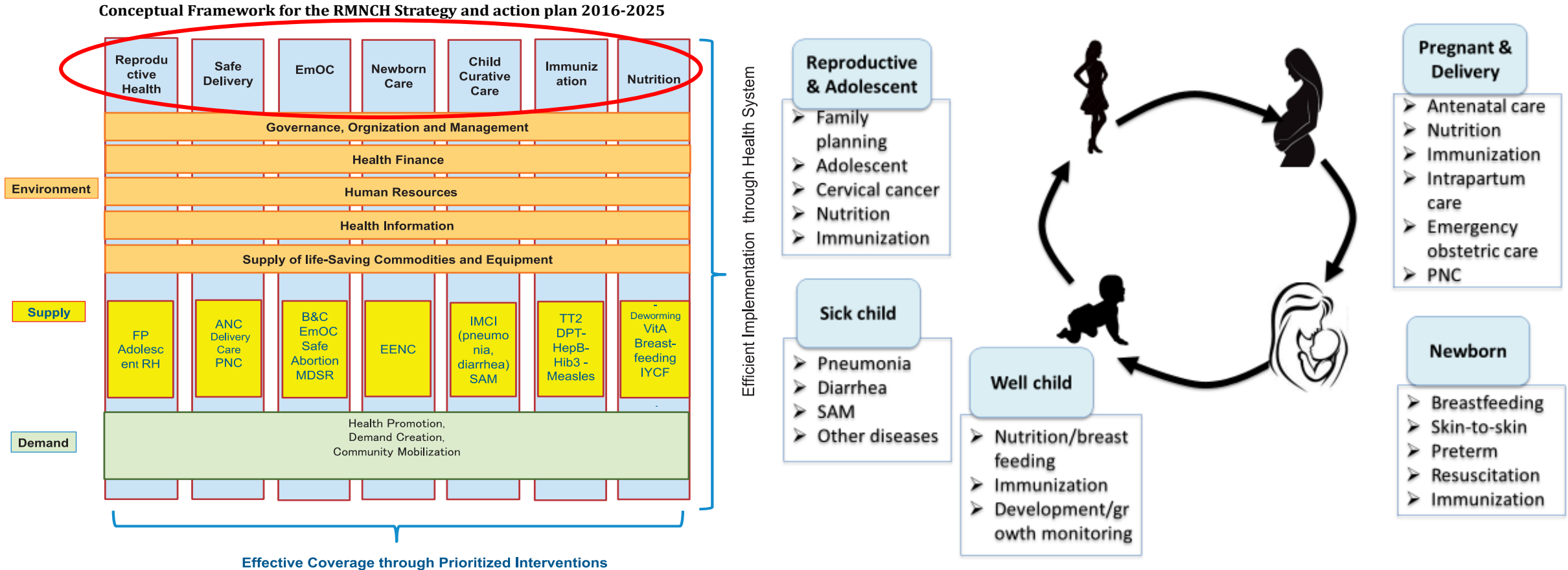
Almost 80% of children who came for immunization missed opportunity to receive essential nutrition service

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

Target population	Service area	# of interventions fully supported by regulation	Practice category																
			Assessment					Interventions in normal course				Interventions in abnormal course							
			History taking	Physical exam	Order	Test	Interpret	Diagnose	Educate/counsel/advise	Preventive prescription and its administration	Non-pharmacological intervention	Educate/counsel/advise	Curative prescription	Administer medicine	Non-pharmacological intervention				
Pre-pregnancy/Adolescent	Adolescent/Pre-pregnancy/Sexual Health	1/9																	
Maternal	Safe Abortion *1	0/4																	
	Antenatal Care	1/10																	
	Intrapartum Care	3/7																	
	Postpartum Care (including Postnatal Care)	1/2																	
Newborn	Newborn	2/3																	
Child	Well Child Care *2	0/4																	
	Sick Child Care *2																		
	Total	8/39 (20-5%)																	

The rows were categorized by target population and service area in the EHSP. The columns represent practice categories, which are based on the framework for quality maternal and newborn care (Renfrew MJ et al, Lancet, 2014.²⁹)
 *1 There is no wording of "Safe Abortion" in the regulation. The original words "Women during pregnancy" in the document is considered to include women who have an abortion.
 *2 The document has an unclear definition of the target age of children. The word "child" is inconsistently used as "Newborn", "Infant", "Childhood", and "Postnatal children".

Fully supported	All care tasks in a concerned practice category are supported by the Lao PDR Scope of Midwifery Practice
Partially supported	Not all care tasks in a concerned practice category are supported by the Lao PDR Scope of Midwifery Practice
Not supported	No care tasks in a concerned practice category are supported by the Lao PDR Scope of Midwifery Practice
Undefinable	Care tasks of a concerned practice category have not been defined by existing standards and guidelines



Target population	Service area	# of interventions fully supported by regulation	Practice category																
			Assessment					Interventions in normal course				Interventions in abnormal course							
			History taking	Physical exam	Order	Test	Interpret	Diagnosis (for abnormal course)	Education, counseling/advise	Preventive prescription and its administration	Non-pharmacological intervention	Education, counseling/advise	Curative prescription	Administer medicine	Non-pharmacological intervention				
Pre-pregnancy/Adolescent	Adolescent/Pre-pregnancy/Sexual Health	9/9																	
Maternal	Safe Abortion *1	2/4																	
	Antenatal Care	10/10																	
	Intrapartum Care	7/7																	
	Postpartum Care (including Postnatal Care)	2/2																	
Newborn	Newborn	3/3																	
Child	Well Child Care *2	4/4																	
	Sick Child Care *2																		
	Total	37/39 (94-9%)																	

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Table 2: RMNCAH interventions in the national EHSP supported by the Scope of Midwifery Practice before revision, Lao PDR, 2021.

Table 3: RMNCAH interventions in the national EHSP supported by the Scope of Midwifery Practice after revision, Lao PDR 2021.

5 tools for Reproductive, Maternal, Newborn, Well child and Sick child



Assessor handbook

for

RMNCAH

Quality assessment and
Improvement support
(QAIS)

Sick Child Health
V2.1
July 2023

Publications from Western Pacific Regional Office

Module 1: EENC AIR



Module 2: Coaching



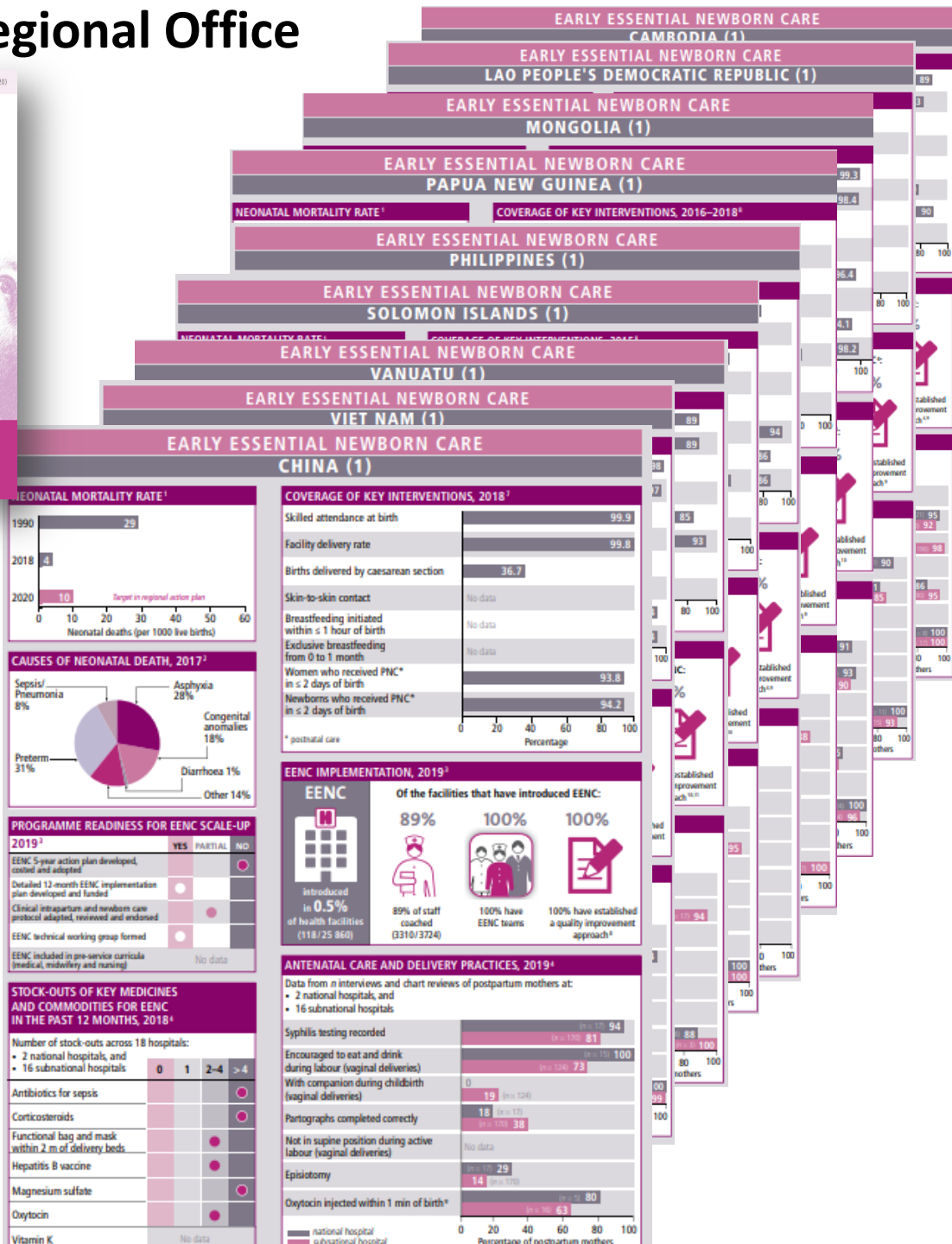
Module 3: EENC QI



Module 4: KMC



EENC webpage: <https://www.who.int/westernpacif/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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