Quality Improvement in Health Partnerships

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Quality UHC

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

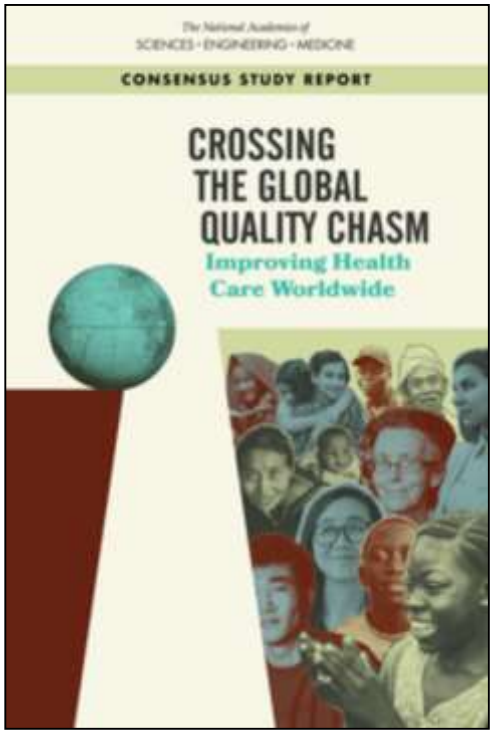
Target 3.8 Achieve **universal health coverage**, including financial risk protection, access to ***quality*** essential health-care services and access to safe, effective, ***quality*** and affordable essential medicines and vaccines for all.

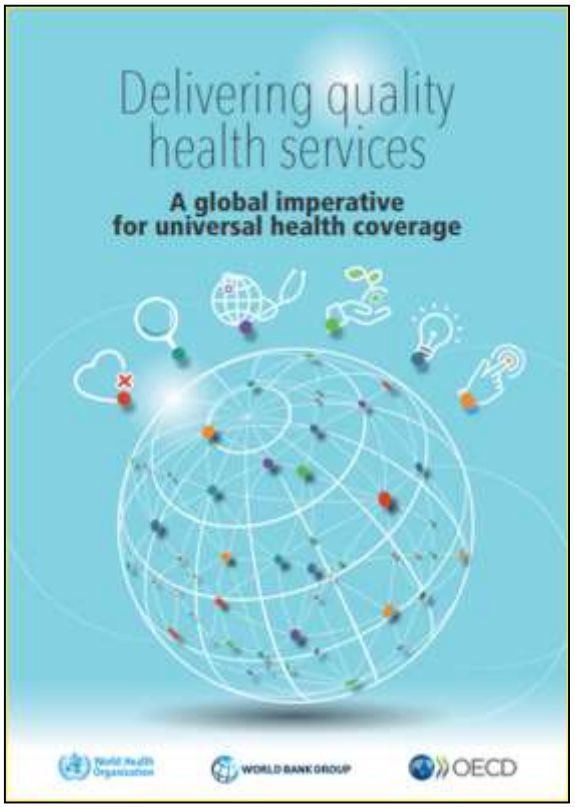
Universal Health Coverage

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.

2018 - Affirming quality as central to UHC

World Health Organization





Global report

World Health Organization

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

All governments should:

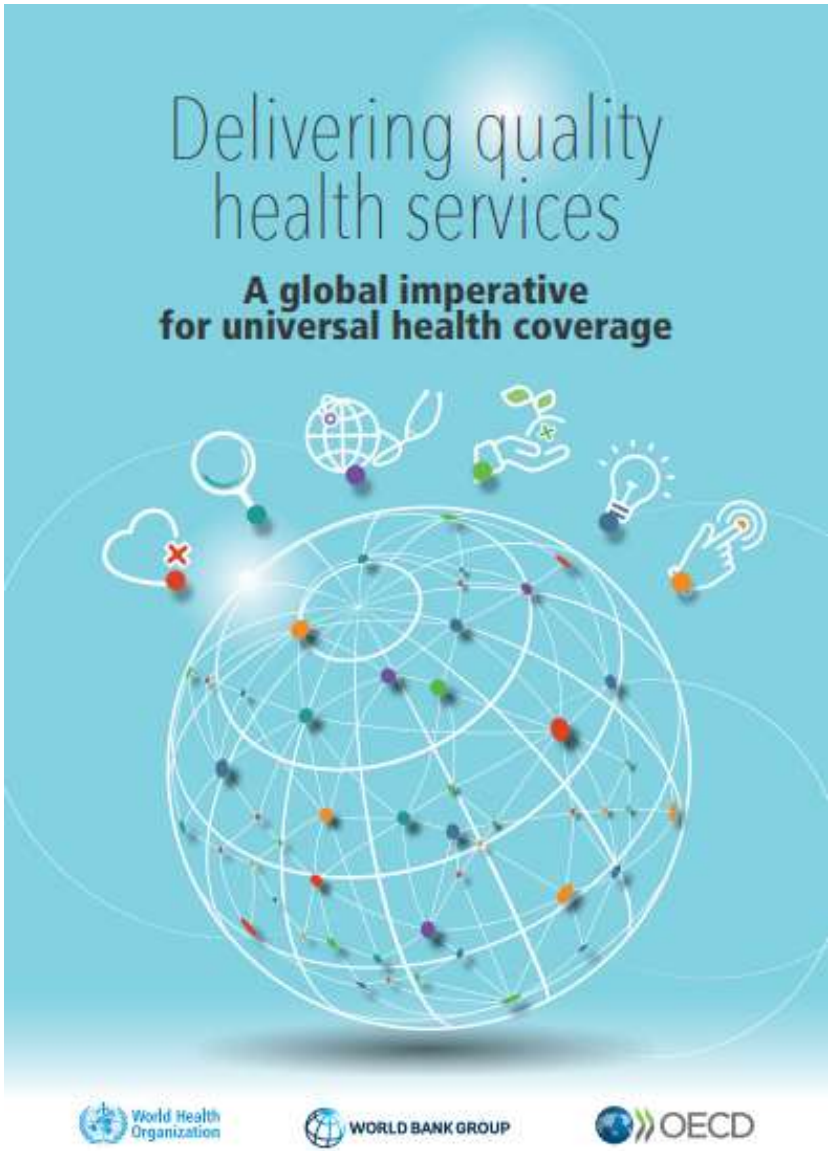
- have a national quality policy and strategy;
- demonstrate accountability for delivering a safe high-quality service;
- ensure that reforms driven by the goal of universal health coverage build quality into the foundation of their care systems;
- ensure that health systems have an infrastructure of 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;



Quality

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Quality health care can be defined in many ways but there is growing acknowledgement that quality health services across the world should be:

- **Effective:** providing evidence-based health care services to those who need them.
- **Safe:** avoiding harm to people for whom the care is intended.
- **People-centred:** providing care that responds to individual preferences, needs and values.

In addition, in order to realize the benefits of quality health care, health services must be:

- **Timely:** reducing waiting times and sometimes harmful delays for both those who receive and those who give care.
- **Equitable:** providing care that does not vary in quality on account of age, sex, gender, race, ethnicity, geographical location, religion, socioeconomic status, linguistic or political affiliation.
- **Integrated:** providing care that is coordinated across levels and providers and makes available the full range of health services throughout the life course.
- **Efficient:** maximizing the benefit of available resources and avoiding waste.

Quality Improvement

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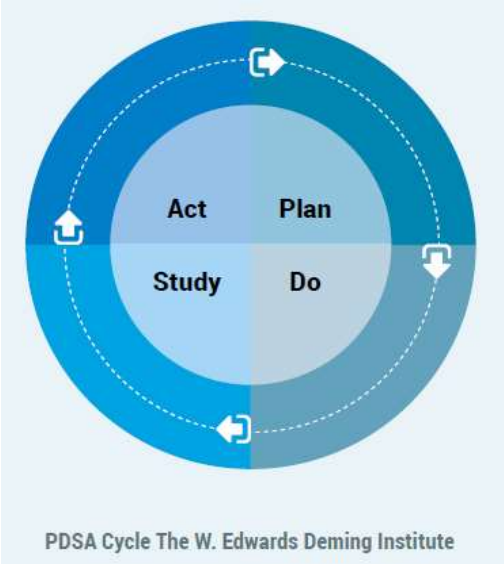
"An organizational strategy that formally involves the analysis of process and outcomes data and the application of systematic efforts to improve performance" (Agency for Healthcare Research and Quality)



PDSA Cycle The W. Edwards Deming Institute

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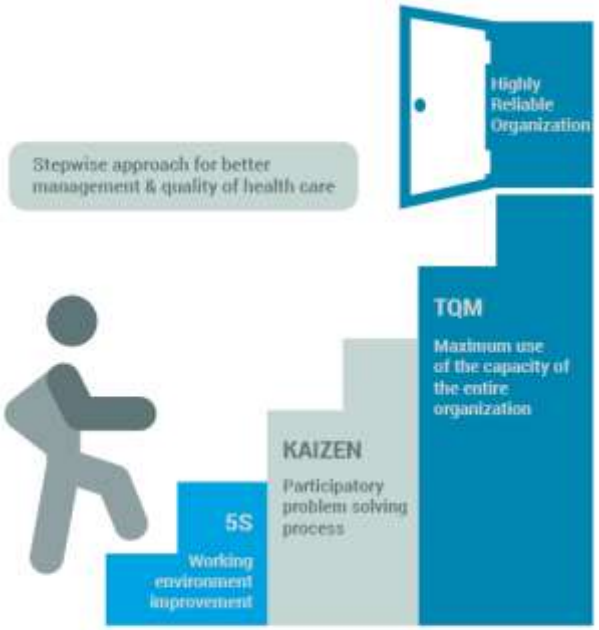

5S-Kaizen-TQM approach

Systematic **Collaborative** **Evidence-based** **Continuous**

Illustrative interventions

World Health Organization

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.

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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.

Illustrative interventions

World Health Organization

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.
- **Patient experience of care** has received significant attention as the basis of designing improvements in clinical care. Patient-reported measures are important unto themselves; patients who have better experience are more engaged with their care, which may contribute to better outcomes.
- **Patient self-management tools** are technologies and techniques used by patients and families to manage health issues outside formal medical institutions and are increasingly viewed as a means to improve clinical care.

Why focus on quality improvement in a health partnership?

- “First do no harm”
- Applicable to any clinical or non-clinical area – everyone can do it
- Partnerships can help give profile and human resource to these efforts
- Low resource
- Long lasting impact – sustainability and spread
- Opportunities to lead and learn
- Quality in the approach, and delivery of quality interventions

Twinning Partnerships for Improvement (TPI)

World Health Organization

- Twinning partnerships between health institutions is an innovative approach that can be utilized for improving different aspects of health service delivery.
- Emphasis on co-developed innovative solutions at the frontline.
- Identify and address bottlenecks in service delivery, build local capacity and connect the people behind the story.
- The key aim of WHO TPI is to support health care facilities in the improvement and enhancement of the quality of their service delivery.
- The implementation of twinning partnerships can include a variety of service delivery and clinical care areas that can be improved.

Further information here: http://www.who.int/servicedeliverysafety/twinning-partnerships/en/

WHO Twinning Partnerships for Improvement: Three Objectives

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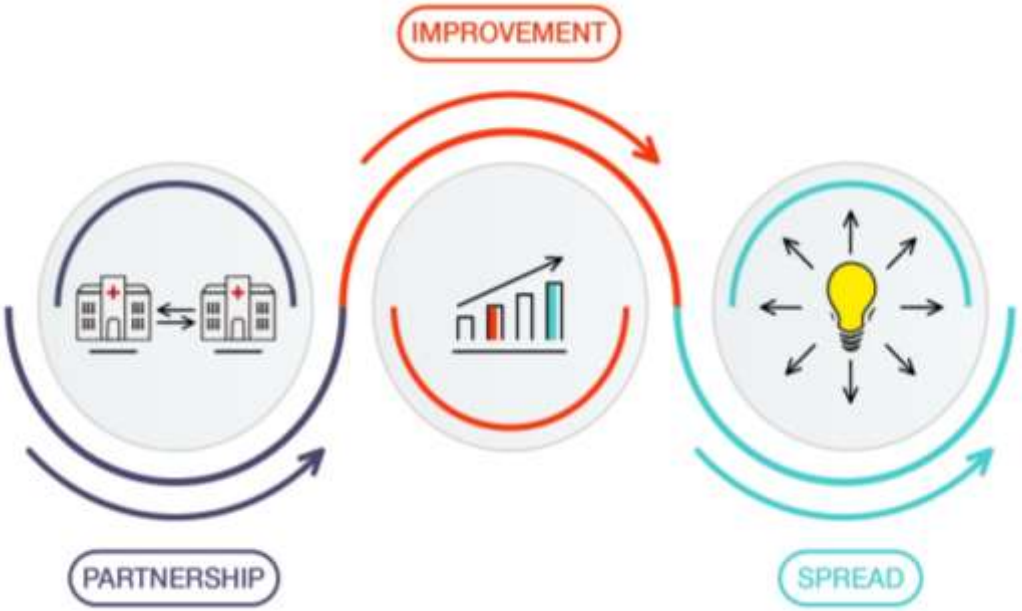

WHO TPI
Partnership Preparation Package

The **aim** of this document is to provide a practical step-by-step approach for any health institution interested in improving the quality of health service delivery through twinning partnerships.

Who benefits from TPI?

- Health workers
- Hospitals
- Health facilities
- Patients
- Communities
- Quality strategists
- National policy-makers

Access here: http://apps.who.int/iris/bitstream/handle/10665/273158/WHO-HIS-SDS-2018.13-eng.pdf?ua=11

WHO Twinning Partnerships for Improvement – Systematic 6-Step Partnership Cycle

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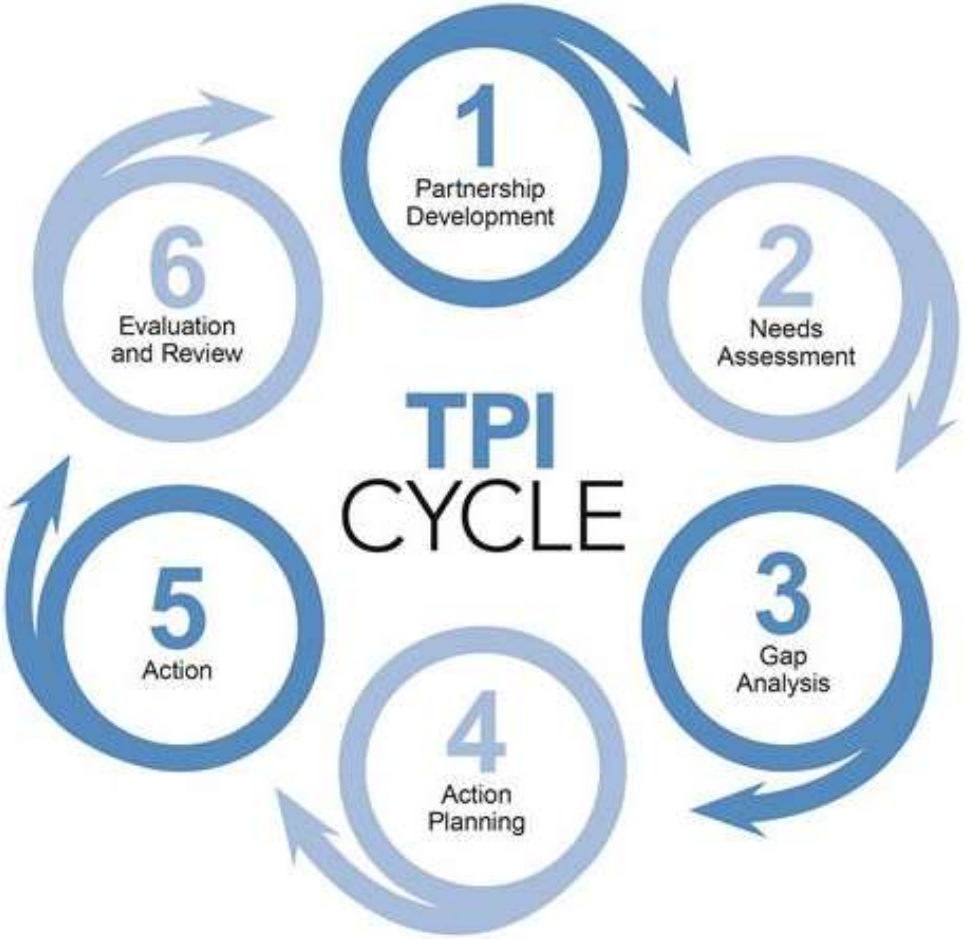


Step 1:
Partnership Development

Main activities

1. Secure formal management and leadership agreement.
2. Identify a twinning lead and deputy at each partner institution.
3. Ensure the engagement of multi-disciplinary staff committed to being part of the "improvement team".
4. Consider the suggested definition of partnership.
5. Negotiate with managers to secure protected time for the improvement team to work on the identified areas.
6. A kick-off meeting with the twinning teams.
7. Establish a schedule of regular communication using a variety of methods.
8. Establish a budget for the planned activities.

Outputs or deliverables

1. Exchange letters between institutional management.
2. Agreement on a definition of the twinning partnership.
3. Team members on each arm of the partnership selected and contact details exchanged.
4. Communication plan drawn up.
5. Kick-off meeting notes indicating potential areas of work, next steps and a tentative date for conducting the needs assessment.
6. Official designation of a lead and deputy trained in the approach using the outline provided in this preparation package.

See P29: http://apps.who.int/iris/bitstream/handle/10665/273158/WHO-HIS-SDS-2018.13-eng.pdf?sequence=1&isAllowed=y&ua=1

Step 2:
Needs Assessment

Main activities

1. Conduct a desk review on existing documents on quality of health services.

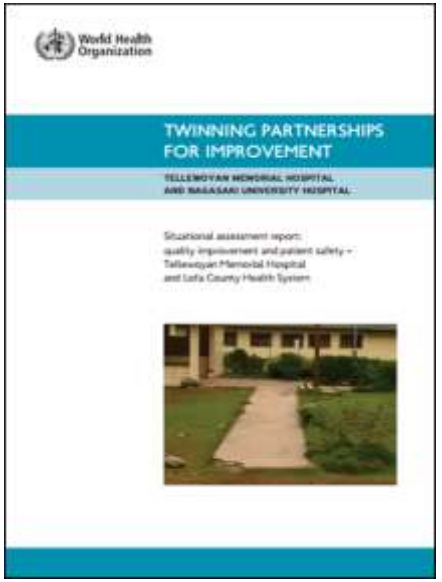
2. Identify experienced and motivated leads to coordinate the assessment.

3. All members of the assessment team should be briefed before starting the assessment.

4. Communicate to other facility staff about this exercise.

5. Undertake a specific needs assessment within the selected technical area.

6. Consider the use of a standardized tool to complete the needs assessment.



Outputs or deliverables

Completed baseline and situational analysis report appropriate to technical area of focus.

See P30: http://apps.who.int/iris/bitstream/handle/10665/273158/WHO-HIS-SDS-2018.13-eng.pdf?sequence=1&isAllowed=y&ua=1

Step 3:
Gap Analysis

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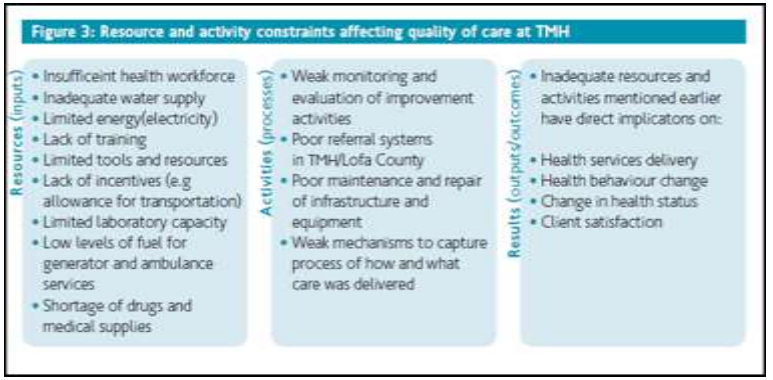
Main activities

1. Organize a face-to-face or virtual meeting to discuss the results of the situational analysis.
2. Analyse and interpret the data and information collected.
3. Develop a list of gaps that require improvement action and whenever possible, the causes of the gaps.
4. From the list of gaps, identify priority areas based on urgency and the human and financial resources available.
5. Define the indicators to be included in the improvement plan.
6. Focus on small-scale, simple actions.



Outputs or deliverables

1. A gap analysis report containing the current situation and desired improvements. This report should outline what constitutes the gap and the factors contributing to it.
2. A list of priorities and indicators based on the capacities of both arms of the partnership to address the gaps identified.

See P32: http://apps.who.int/iris/bitstream/handle/10665/273158/WHO-HIS-SDS-2018.13-eng.pdf?sequence=1&isAllowed=y&ua=1

Step 4:
Action Planning

Main activities

1. Hold a team meeting at the partnership facility
2. Agree on an intervention
3. Outline implementation activities
4. Outline roles and ensure capacity
5. Outline monitoring and evaluation activities
6. Complete written action plans

Outputs or deliverables

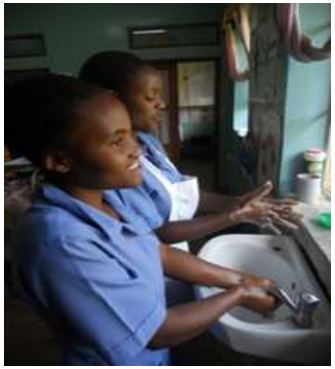
1. Complete written 2-year Partnership Plan.
2. Complete written 6-month initial short-term action plan.

See P34: http://apps.who.int/iris/bitstream/handle/10665/273158/WHO-HIS-SDS-2018.13-eng.pdf?sequence=1&isAllowed=y&ua=1

Step 5: Action

Main activities

1. Put Partnership Plan into action with partners
2. Manage the implementation of activities
3. Coach the team to implement the QI activities
4. Implement the quality initiatives and test changes
5. Assess and refine the interventions
6. Share learning and spread changes
7. Document and disseminate the improvements observed



Outputs or deliverables

1. Develop a series of reports outlining action and progress in partnership plan.
2. Conduct mid-term review of implementation activities.

See P37: http://apps.who.int/iris/bitstream/handle/10665/273158/WHO-HIS-SDS-2018.13-eng.pdf?sequence=1&isAllowed=y&ua=1

Step 5: Action






- **Partnership Activities**
  - Reciprocal partnership visits
  - Partnership calls
  - Cross-partnership technical exchange
  - National spread activities
- **Partnership Outputs – Examples**
  - Systematic training/capacity building
  - Hand hygiene improvement
  - Waste management improvement
  - Enhanced preparedness for outbreaks
  - Culture of improvement strengthened
  - Catalyze structural changes
  - Community engagement for local momentum
  - Influence national policy through experience
  - Leadership development
  - Bidirectional benefits!

Step 6:
Evaluation & Review

Main activities

1. The partners together review the monitoring reports and decide how to synthesize evaluation.
2. Synthesize findings from key indicators.
3. Prepare an evaluation report.
4. Reflect on the success of the evaluation training.
5. Conduct the situational analysis.
6. Conduct assessment on the strength of the collaboration.
7. Conduct assessment of the spread activities.
8. Synthesize all findings and agree on key lessons learned.
9. Prepare an evaluation report to demonstrate impact and to advocate for financial support.
10. Disseminate findings internally and externally.

Outputs or deliverables

1. For a 2-year project, three monitoring reports should be generated and shared across the partnership and with hospital leaders outlining action and progress towards achieving the Partnership Plan.
2. Repeated baseline assessment/ situational analysis.
3. Evaluation report.

See P40: http://apps.who.int/iris/bitstream/handle/10665/273158/WHO-HIS-SDS-2018.13-eng.pdf?sequence=1&isAllowed=y&ua=1

Lessons learned from previous partnerships

- **Motivated people** / focal point make an enormous difference
- Effective and regular **communication** are crucial
- **Comprehension** and **collaboration** are the basis - sharing success or fails is important to move forward
- **Decision making** jointly is central
- **Support from the leaders/managers** of the health care facility helps to create an enabling environment and facilitates the exchange.
- In some hospitals even the basics are missing (e.g. soap, communication tools, incinerator). **Interventions** have to be **adapted** / **prioritized** accordingly
- **Learning** and **sharing** is critical

The challenge!

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For new partnerships:

- Consider a systematic approach, with quality as the focus
- Build in detailed planning and evaluation
- Focus on strong relationships and co-development

For existing partnerships:

- How can participants be primed in quality improvement?
- How can you focus on spread of good practice?

For individuals:

- First, do no harm!
- Learn to improve – abroad and at home!

Further resources

WHO Twinning Partnerships for Improvement

http://www.who.int/servicedeliverysafety/twinning-partnerships/publications/en/

WHO point of care quality improvement guide

https://www.pocqi.org/

Institute for Healthcare Improvement

http://www.ihi.org/resources/Pages/Tools/Quality-Improvement-Essentials-Toolkit.aspx

USAID ASSIST improvement methods toolkit

https://www.usaidassist.org/toolkits/improvement-methods-toolkit

World Health Organization

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