HEALTH CLUSTER

QUALITY IMPROVEMENT

Health Cluster Forum 27th March 2019

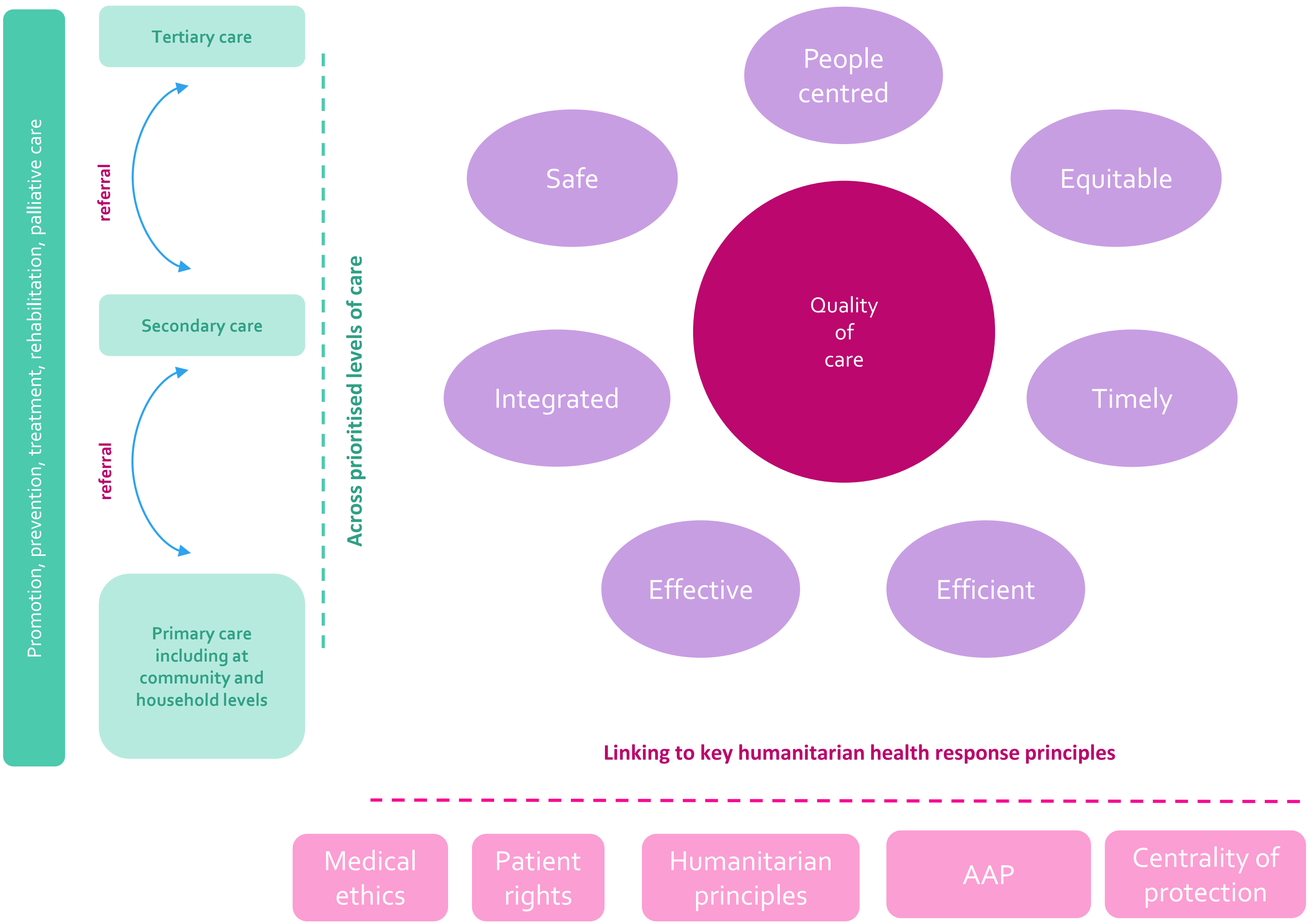
GHC Quality Improvement Task Team

- 15 Partners involved
  - Started March 2019

Agreed priority areas of focus

- Quality of care
- Medicines quality assurance

Model of quality of care and aspects to be examined



relevant

People centred

Patient satisfaction

AAP: Taking into account, giving account, being held to account etc

impartial

Equitable

appropriate

neutral

Safe clinical care, including referrals

Patient feels safe, knows their rights

Safe access

Safe

Safe place providing care including Infrastructure and HR efficiency

integrated

timely

effective

GHC QITT next steps

Quality of care

- Understanding existing tools
  - Gaps
- Workshop
- Understand what quality of care means
- Understand how Health Clusters can improve quality

Medicines quality assurance

- Understand current challenges and opportunities
- How the Health Cluster can support or assure medicines quality

What are Country Health Clusters doing on quality

- Iraq- presentation
- Yemen - presentation
- Gazientep - presentation

Primary care
Health Facility Quality Assessment Tool

- By EPHS Task Team, now under Quality Improvement Task Team
- Presentation by Andre (WHE)

UHC Quality Systems and Resilience work on quality

- Presentation by Dirk Horemans (WHO UHC QSR)

EMRO work on Quality in Extreme Adversity

- literature review
- Qualitative and nominal group work including field visits
- Experts consultation feb (2019)
- survey conducted n=40 (out of 70)

Results

- IPC was most important and valued
- Stakeholder engagement, NGOs to assume operational responsibility and maintain quality was most feasible

Action/Intervention	Intervention Number
Address infrastructure and basic access gaps	1
Third party validation of humanitarian health care providers	2
Quality self-assessment-needs tool	3
Infection prevention and control	4
Use of safety bundles including checklists	5
Guidelines, protocols, and standards for clinical care	6
Peer review - monitoring of care against standards	7
Community Engagement and empowerment programs	8
Supportive supervision and training	9
Performance feedback and monitoring	10
Patient rights and reporting of patients experience	11
Patient self-management tools	12
Learning community and best practices for quality in emergencies	13
Reporting and addressing medical errors and adverse events	14
Promoting medication management	15
Safety of health care professionals / Protection against violence	16
Use of electronic health and health technologies	17
Improving accountability of quality health care services	18
Ensuring equity of getting quality health care services	19
Advancing risk management skills of health care professionals	20
Coordination strategies among the field actors	21
Contracts with NGOs to assume operational responsibility in wards, clinics, and facilities	22

Intervention Number	Actions/Interventions	Av. Importance[1]	Av. Feasibility[2]	Av. Value[3]	Sum of Rating (out of 15)	Percentage of Sum Rating	Acute ER[4]	Protracted ER	Both Situations[5]
4	Infection prevention and control	4.93	3.7	4.65	13.28	88.50%	0.00%	5.00%	95.00%
6	Guidelines, protocols, and standards for clinical care	4.53	3.7	4.4	12.63	84.20%	2.50%	17.50%	80.00%
16	Safety of health care professionals / Protection against violence	4.53	3.3	4.33	12.16	81.10%	5.00%	5.00%	90.00%
9	Supportive supervision and training	4.47	3.63	4.18	12.28	81.90%	2.50%	25.00%	72.50%
19	Ensuring equity of getting quality health care services	4.47	3.1	4.15	11.72	78.10%	0.00%	17.50%	82.50%
21	Coordination strategies among the field actors	4.43	3.5	4.15	12.08	80.50%	17.50%	2.50%	80.00%
8	Community Engagement and empowerment programs	4.43	3.4	4.13	11.96	79.70%	5.00%	35.00%	60.00%
18	Improving accountability of quality health care services	4.33	3.1	4.1	11.53	76.90%	0.00%	27.50%	72.50%
5	Use of safety bundles including checklists	4.3	3.53	4	11.83	78.90%	7.50%	12.50%	80.00%
10	Performance feedback and monitoring	4.3	3.3	4	11.6	77.30%	0.00%	25.00%	75.00%
20	Advancing risk management skills of health care professionals	4.28	3.33	3.9	11.51	76.70%	5.00%	30.00%	65.00%
1	Address infrastructure and basic access gaps	4.28	3.28	3.9	11.46	76.40%	0.00%	22.50%	77.50%
14	Reporting and addressing medical errors and adverse events	4.28	2.9	3.9	11.08	73.90%	0.00%	25.00%	75.00%
15	Promoting medication management	4.22	3.35	3.8	11.37	75.80%	0.00%	32.50%	67.50%
11	Patient rights and reporting of patients experience	4.22	3.13	3.95	11.3	75.30%	0.00%	20.00%	80.00%
3	Quality self-assessment-needs tool	4	3.55	3.7	11.25	75.00%	7.50%	35.00%	57.50%
2	Third party validation of humanitarian health care providers	4	3.48	3.83	11.31	75.40%	20.00%	27.50%	52.50%
13	Learning community and best practices for quality in emergencies	4	3.15	3.75	10.9	72.70%	5.00%	35.00%	60.00%
22	Contracts with NGOs to assume operational responsibility in wards, clinics, and facilities	3.95	3.7	3.73	11.38	75.90%	17.50%	20.00%	62.50%
17	Use of electronic health and health technologies	3.95	3.13	3.75	10.83	72.20%	0.00%	27.50%	72.50%
7	Peer review - monitoring of care against standards	3.85	3	3.68	10.53	70.20%	5.00%	60.00%	35.00%
12	Patient self-management tools	3.78	3.3	3.65	10.73	71.50%	5.00%	45.00%	50.00%

EMRO work on Quality in Extreme Adversity

Next steps

- Refine tools for the selected priorities
- Pilot test a draft framework in Libya, Palestine and Yemen
- Second expert consultation to validate findings and framework
- Finalise tools and create a compendium for QEA
- Organise regional / global meeting to share framework and tools
- Build national capacities of nationals on the framework