PSBI in the Context of Improving Paediatric Quality of care

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Presentation Outline

- Background
- Why quality of care
- Paediatric standards of care
- Moving to implementation
- Available tools
Global child mortality rates and deaths decline by age, 2017

- **Children under age 5**
  - 1990: 33
  - 2000: 77
  - 2017: 39

- **Neonatal**
  - 1990: 37
  - 2000: 31
  - 2017: 18

- **Children and young adolescents aged 5–14**
  - 1990: 15
  - 2000: 12
  - 2017: 7

**1990**
- 12.6 million under-five deaths
  - Neonatal: 5.0 million (40% of under-five deaths)

**2000**
- 9.8 million under-five deaths
  - Neonatal: 4.0 million (41% of under-five deaths)

**2017**
- 5.4 million under-five deaths
  - Neonatal: 2.5 million (47% of under-five deaths)
Poor-quality care significantly contributes to deaths in LMICs

- Hospitalization leads to 134 million adverse events contributing to > 2.5 million deaths annually.
- Between 5.7 to 8.4 million deaths occur annually from poor quality of care.
- In some cases poor quality contributes > 50% of overall deaths.
- The cost of lost productivity due to poor-quality care is $1.4 to 1.6 trillion.

Overall number of deaths from poor-quality care annually in LMICs compared with total deaths
Mortality due to poor quality and non-utilisation of health services

Kruk E Margaret et al: Mortality due to low-quality health systems in the universal health coverage era: a systematic analysis of amenable deaths in 137 countries. The Lancet DOI: (10.1016/S0140-6736(18)31668-4)
Challenge: Poor quality of health services

- Even in high-income countries: **1 in 10 patients is harmed** while receiving health care;

- In low- and middle-income countries:
  - Nearly 40% health care facilities lack running water
  - Nearly 20% health care lack sanitation;
  - Children also experience abuse, lack of compassionate care, and exclusion from care decision-making during care.
Where does preventable mortality due to poor-quality health care occur?

Kruk E Margaret et al: Mortality due to low-quality health systems in the universal health coverage era: a systematic analysis of amenable deaths in 137 countries. The Lancet DOI: (10.1016/S0140-6736(18)31668-4)
Universal Health Coverage is an empty vessel unless and until quality improvement becomes central as UHC agenda
Global Strategy for Women’s, Children’s, and Adolescents' Health

1. SURVIVE
   End preventable deaths

2. THRIVE
   Ensure health and well-being

3. TRANSFORM
   Expand enabling environments
WHO vision

“Every woman, newborn, child and adolescent receives quality health services throughout the continuum of their life course and level of care”
WHO strategic work areas to support MNCAH quality of care

- MN & Paediatric standards
  - Published
- Guidelines
- Standards
- QoC Measurements
- QoC strategies and interventions
- Capacity for implementation
- Implementation science

Mostly Available

Co-development of Implementation support tools

Co-development & Learning
Quality of Care Framework and Standards

Maternal and newborn health

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

Experience of care:
4. Effective communication
5. Respect and preservation of dignity
6. Emotional support

Individual and facility-level outcomes:
- Coverage of key practices
- People-centred outcomes
- Health outcomes

Children and young adolescents

Provision of care:
1. Evidence-based practices for routine care of children and management of illness
2. Actionable information systems
3. Functioning referral systems

Experience of care:
4. Effective communication and meaningful participation
5. Respect, protection and fulfilment of child rights
6. Emotional and psychological support

Individual and facility-level outcomes:
- Coverage of key practices
- Child and family-centred outcomes
- Health outcomes

Quality improvement framework: guiding principles

- Informed by the health system building blocks
- Nested within the health system
- Prioritized areas to drive quality improvement
- Focus on both provision and experience of care
Paediatric quality of care framework

Health system

Quality of Care

 Provision of care  ↔  Experience of care

1. Evidence-based practices for routine care of children and management of illness
2. Actionable information systems
3. Functioning referral systems
4. Effective communication and meaningful participation
5. Respect, protection and fulfilment of child rights
6. Emotional and psychological support
7. Competent, motivated, empathetic human resources
8. Essential child and adolescent-friendly physical resources

Individual and facility-level outcomes

Coverage of key practices  |  Child and family-centred outcomes
|  Health outcomes

Standards for improving the quality of care for children and young adolescents in health facilities
Structure of the standards

Domain of the quality of care framework

Three or more quality statements per standard

= 8

= 40

Several input, output and outcome measures per quality statement
What is the scope of paediatric standards?

- Cover care of children and young adolescents 0-15 years of age.
- Applicable to all health facilities offering child care services.
- Specific focus on identified priority areas to drive quality care:
  - most common causes of morbidity and mortality
  - inclusive of emerging priorities such as injuries and chronic conditions
- Child-, adolescent- and family centred
- Address children’s provisions and experience of care
**Provision of Care**

1. Every child receives evidence-based care and management of illness according to WHO guidelines.

2. The health information system ensures the collection, analysis and use of data to ensure early, appropriate action to improve the care of every child.

3. Every child with condition(s) that cannot be managed effectively with the available resources receives appropriate, timely referral, with seamless continuity of care.
Experience of care

**Standard 4** Communication with children and their families is effective, with meaningful participation, and responds to their needs and preferences.

**Standard 5** Every child’s rights are respected, protected and fulfilled at all times during care, without discrimination.

**Standard 6** All children and their families are provided with educational, emotional and psychosocial support that is sensitive to their needs and strengthens their capability.
**Health system resource inputs**

**Standard 7**
For every child, competent, motivated, empathic staff are consistently available to provide routine care and management of common childhood illnesses.

**Standard 8**
The health facility has an appropriate, child-friendly physical environment, with adequate water, sanitation, waste management, energy supply, medicines, medical supplies and equipment for routine care and management of common childhood illnesses.
Standards and quality statements

Quality statement 1.1 All children are triaged and promptly assessed for emergency and priority signs to determine whether they require resuscitation and receive appropriate care according to WHO guidelines.

Quality statement 1.2 All sick infants, especially small newborns, are thoroughly assessed for serious bacterial infection and receive appropriate care according to WHO guidelines.

Quality statement 1.3 All children with cough or difficult breathing are correctly assessed, classified and investigated and receive appropriate care and/or antibiotics for pneumonia, according to WHO guidelines.

Quality statement 1.4 All children with diarrhoea are correctly assessed and classified and receive appropriate rehydration and care, including continued feeding, according to WHO guidelines.

Quality statement 1.5 All children with fever are correctly assessed, classified and investigated and receive appropriate care according to WHO guidelines.

Quality statement 1.6 All infants and young children are assessed for growth, breastfeeding and nutrition, and their carers receive appropriate support and counselling, according to WHO guidelines.
Quality statement 1.9 All children are assessed and checked for immunization status and receive appropriate vaccinations according to the guidelines of the WHO expanded programme on immunization.

Quality statement 1.10 All children with chronic conditions receive appropriate care, and they and their families are sufficiently informed about their condition(s) and are supported to optimize their health, development and quality of life.

Quality statement 1.13 All sick children, especially those who are most seriously ill, are adequately monitored, reassessed periodically and receive supportive care according to WHO guidelines.

Quality statement 1.14 All children receive care with standard precautions to prevent healthcare-associated infections.

Quality statement 1.15 All children are protected from unnecessary or harmful practices during their care.
Standards and quality statements

Analysis and use of data to ensure early, appropriate action to improve the care of every child.

**Quality statement 2.1**
Every child has a complete, accurate, standardized, up-to-date medical record, which is accessible throughout their care, on discharge and on follow-up.

**Quality statement 2.2**
Every health facility has a functional mechanism for data collection, analysis and use as part of its activities for monitoring performance and quality improvement.

**Quality statement 2.3**
Every health facility has a mechanism for collecting, analysing and providing feedback on the services provided and the perception of children and their families on the care received.
STANDARD 3.

Every child with condition(s) that cannot be managed effectively with the available resources receives appropriate, timely referral, with seamless continuity of care.

Quality statement 3.1
Every child who requires referral receives appropriate prereferral care, and the decision to refer is made without delay.

Quality statement 3.2
Every child who requires referral receives seamless, coordinated care and referral according to a plan that ensures timeliness.

Quality statement 3.3
For every child referred or counter-referred within or among health facilities, there is appropriate information exchange and feedback to relevant health care staff.
Standards and quality statements

Communication with children and their families is effective, with meaningful participation, and responds to their needs and preferences.

All children and their carers are enabled to participate actively in the children's care, in decision-making, in exercising the right to informed consent and in making choices, in accordance with their evolving capacity.

All children and their carers receive appropriate counselling and health education, according to their capacity, about the current illness and...
# Standards and quality statements

**At all times during care, without discrimination.**

<table>
<thead>
<tr>
<th>Quality statement 5.1</th>
<th>All children have the right to access health care services, with no discrimination of any kind.</th>
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<td>Quality statement 5.2</td>
<td>All children and their carers are made aware of and given information about children’s rights to health and health care.</td>
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<td>Quality statement 5.3</td>
<td>All children and their carers are treated with respect and dignity, and their right to privacy and confidentiality is respected.</td>
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<td>Quality statement 5.4</td>
<td>All children are protected from any violation of their human rights, physical or mental violence, injury, abuse, neglect or any other form of maltreatment.</td>
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<td>Quality statement 5.5</td>
<td>All children have access to safe, adequate nutrition that is appropriate for their diet, culture, and health, and with their parents or carers.</td>
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Standards and quality statements

STANDARD 6.
All children and their families are provided with educational, emotional and psychosocial support that is sensitive to their needs and strengthens their capability.

Quality statement 6.1
All children are allowed to be with their carers, and the role of carers is recognized and supported at all times during care, including rooming-in during the child’s hospitalization.

Quality statement 6.2
All children and their families are given emotional support that is sensitive to their needs, with opportunities for play and learning that stimulate and strengthen their capability.

Quality statement 6.3
Every child is assessed routinely for pain or symptoms of distress and receives appropriate management according to WHO guidelines.
Standards and quality statements

are consistently available to provide routine care and management of common childhood illnesses.

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**Statement 7.1**
All children and their families have access at all times to sufficient health professionals and support staff for routine care and management of childhood illnesses.

**Statement 7.2**
Health professionals and support staff have the appropriate skills to fulfill the health, psychological, developmental, communication and cultural needs of children.

**Statement 7.3**
Every health facility has managerial leadership that collectively develops, implements and monitors appropriate policies and legal entitlements that
Standards and quality statements

Waste management, energy supply, medicines, medical supplies and equipment for routine care and management of common childhood illnesses.

**Requirement 8.1** Children are cared for in a well-maintained, safe, secure physical environment with an adequate energy supply and which is appropriately designed, furnished and decorated to meet their needs, preferences and developmental age.

**Requirement 8.2** Child-friendly water, sanitation, hand hygiene and waste disposal facilities are easily accessible, functional, reliable, safe and sufficient to meet the needs of children, their carers and staff.

**Requirement 8.3** Child-friendly, age-appropriate equipment designed to meet children's needs in medical care, learning, recreation and play are available at all times.

**Requirement 8.4** Adequate stocks of child-friendly medicines and medical supplies are available for the routine care and management of acute and chronic childhood illnesses and conditions.
Application and use

- Provide guidance in the organization and planning for child health service delivery in facilities.
- Prepare evidence-based national standards and protocols.
- To identify the components of care and resource inputs that are required.
- To track quality improvements and monitor performance in care or services provided.
- To provide a benchmark for national health facility assessments, audits, accreditation and performance reward.
### Moving to country implementation: approach

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<th>Preparing for implementation</th>
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<td>Establish national policy, strategy and structures</td>
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<td>Build a broad coalition of stakeholders</td>
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<td>Undertake landscape analysis and review of QoC data</td>
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<td>Develop an operational plan and identify learning districts and facilities</td>
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<td>Adapt and adopt guidelines and quality of care standards</td>
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<td>Agree indicators and monitoring framework</td>
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<td>Build capability for quality improvement interventions</td>
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<th>Implementation</th>
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<td>Refine and adapt interventions</td>
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<td>Orient on QoC implementation package</td>
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<td>Implement interventions</td>
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<td>Monitor progress and learn</td>
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<td>Strengthen data systems to monitor progress</td>
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<td>Build learning system: national, district, facility</td>
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<td>Engage communities and create demand for quality</td>
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The QED Network – Launched in 2017

Partners: ASSIST, Bill and Melinda Gates Foundation, Council of International Neonatal Nurses (COINN), Institute for Healthcare Improvement (IHI), International Confederation of Midwives (ICM), International Council of Nurses (ICN), International Federation of Gynecology and Obstetrics (FIGO), International Pediatric Association (IPA), Jhpiego, Liverpool School of Tropical Medicine, Management Sciences for Health (MSH), Save the Children, The Partnership for Maternal, Newborn and Child Health (PMNCH), UNICEF, UNFPA, University College London, University Research Co., LLC – Center for Human Services (URC-CHS), USAID, WHO

http://qualityofcarenetwork.org/
Create a QoC Learning Network within and between Countries

**LEARNING OPPORTUNITIES**

- Learn across countries for replication
- Learn across districts for scale-up
- Learn across facilities, communities for effective district management
- Frontline QI teams learn within facility and community for better patient care
Available tools

Practice guidelines and tools to support:

- System environment
- Reducing harm
- Improving clinical interventions
- Patient, family and community engagement
The standards place children and adolescents at the centre of care by improving both the provision and patients’ experience of health care. They are a critical component for strengthening health systems. They uphold children’s right to health; the principle of the best interests of the child is the primary consideration throughout the health care services provided. Children and adolescents must receive the highest possible standard of care during health service delivery.

The standards are based on the eight domains of the framework for improving the quality of paediatric care and address the most common conditions that affect the quality of care of children and adolescents in health facilities.

“Children are not small adults”