

The Role of Standards in Quality Improvement

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Outline

- Definition of standards in health care
- Source of standards
- Illustrative standards in MNH
- Steps in developing standards

There is evidence of poor quality everywhere!



Definition of ‘Standard’

- **Definition by Farlex Free Dictionary**
 - › Something established as a measure or model to which other similar things should conform.
 - › There are **three types of standards** in health care: **structure, process, and outcome standards.**
 - » **Structure** refers to evaluation of the setting in which care is rendered and the resources that are available.
 - » **Process** refers to evaluation of the actual activities carried out by the care giver.
 - » **Outcome** refers to evaluation of the results of activities in which the health care worker has been involved (what the result is for the patient).
 - › **Standards of practice** are a **set of guidelines** that identifies the content of practice and serves as a model to guide care towards excellence



Other definitions of ‘Standard’

- WHO
 - › Standards represent **benchmarks against which improvements can be measured and should therefore be measurable.**
- Council for Health Service Accreditation of Southern Africa (**COHSASA**):
 - › Standards are **statements that define the key functions, activities, processes and structures and systems required for organizations to be in a position to provide quality services** and as they are determined by professional and regulatory bodies, health care professionals, staff, patients and citizens

Definition of ‘Performance Standards’

Performance standards describe the desired or expected level of performance. They describe:

- › What to do and
- › How to do it

PERFORMANCE

EXCELLENT

GOOD

AVERAGE

POOR

Where do Standards come from?

- Use **international** and **national guidelines** as reference
- Consider relevant **health facility policies**
- Use **process mapping** to guide tool development

Example of resources reviewed by WHO to define MNH standards

- International Organization for Standardization
- International Society for Quality in Health Care
- The Joint Commission (USA)
- National Institute for Health and Care Excellence (NICE), United Kingdom
- Council for Health Service Accreditation of Southern Africa
- National Department of Health: National Core Standards for Health Establishment in South Africa (2011)
- Safecare Basic Health Care Standards (PharmAccess Foundation of the Netherlands,
- The Joint Commission International of the USA and the Council for Health Service Accreditation of Southern Africa)
- Australian Commission on Safety and Quality in Health Care: National safety and quality health service standards (2012)
- WHO standards for maternal and newborn health. Group 1: General standards of care for healthy pregnancy and childbirth (2007)
- WHO Regional Office for South-East Asia: Standards of Midwifery Care (1999)

“Operationalization” of Standards

Guidelines

(“Reference” standards)

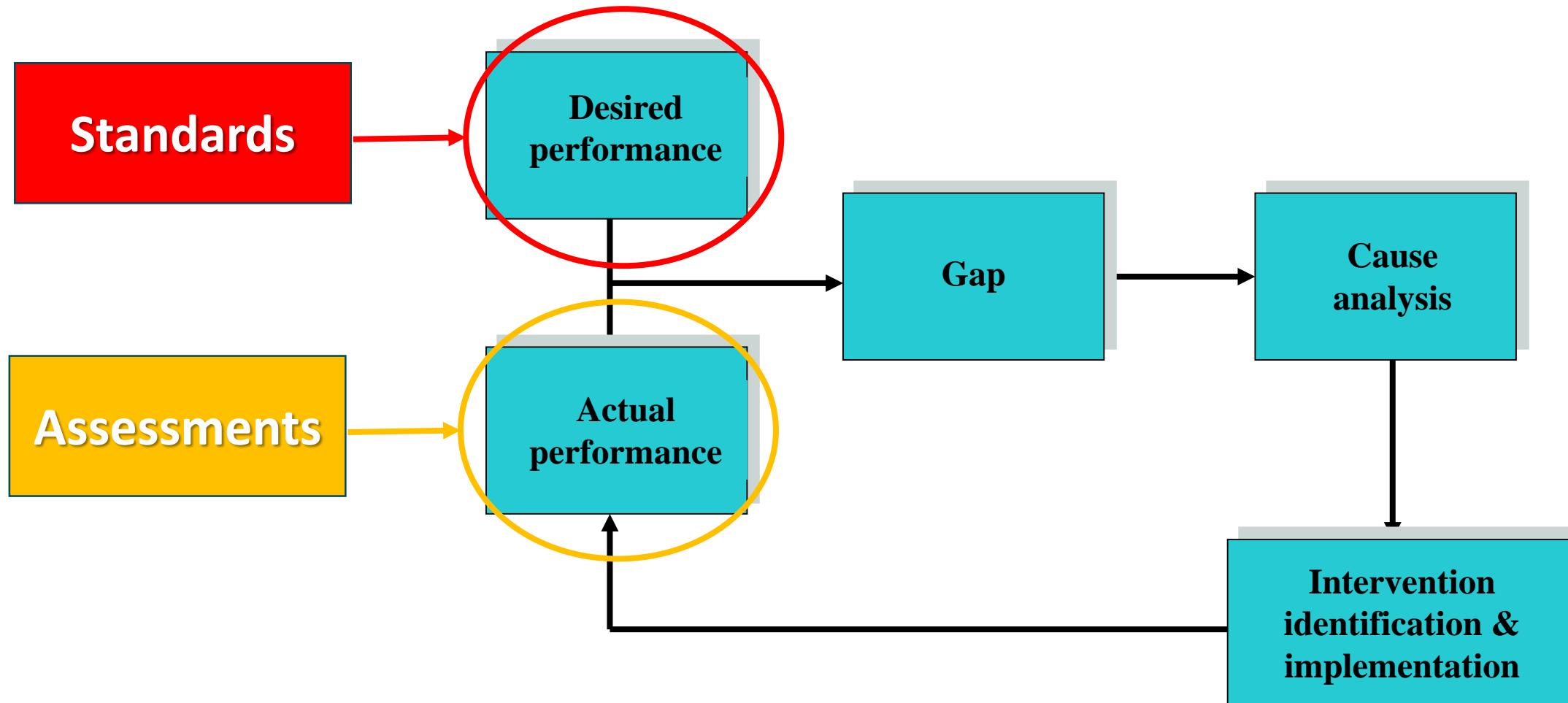


Assessment tool

(“Operational” performance standards
plus verification criteria)

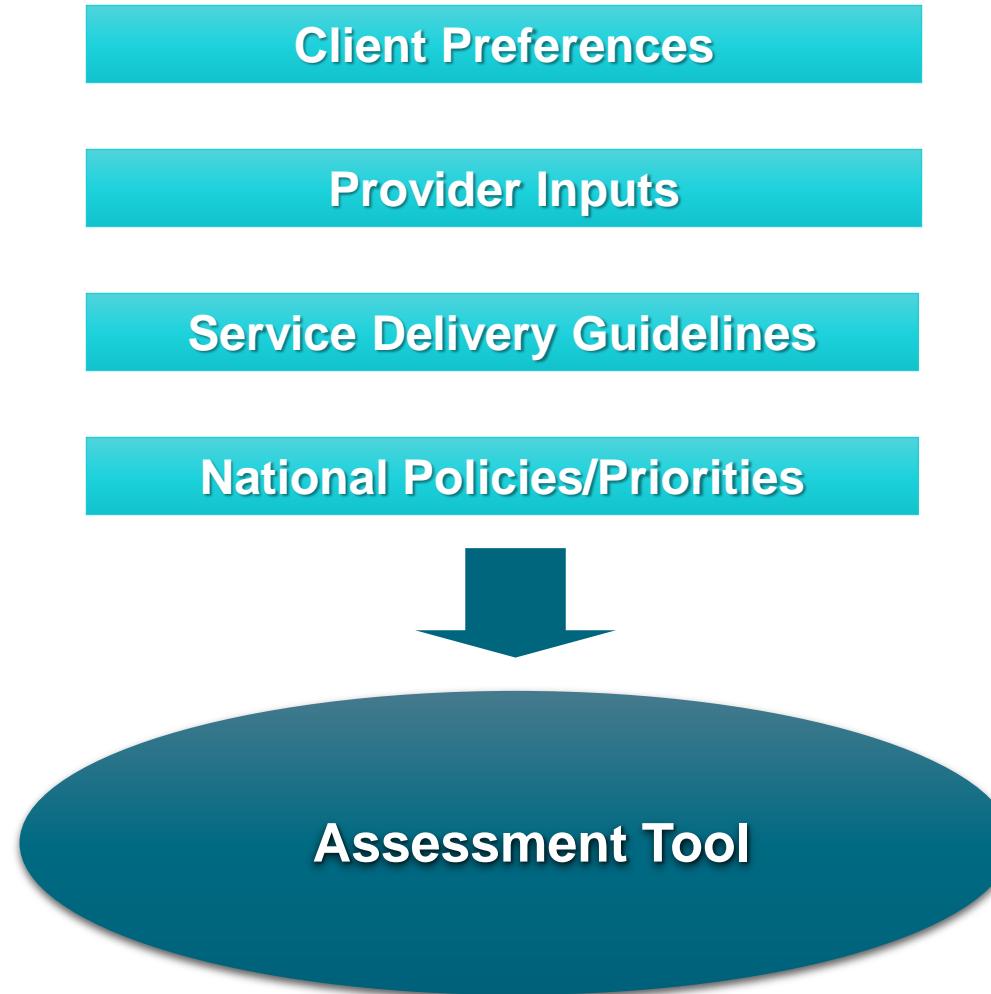


Quality Improvement Implementation Cycle



Model Adapted from the International Society for Performance Improvement

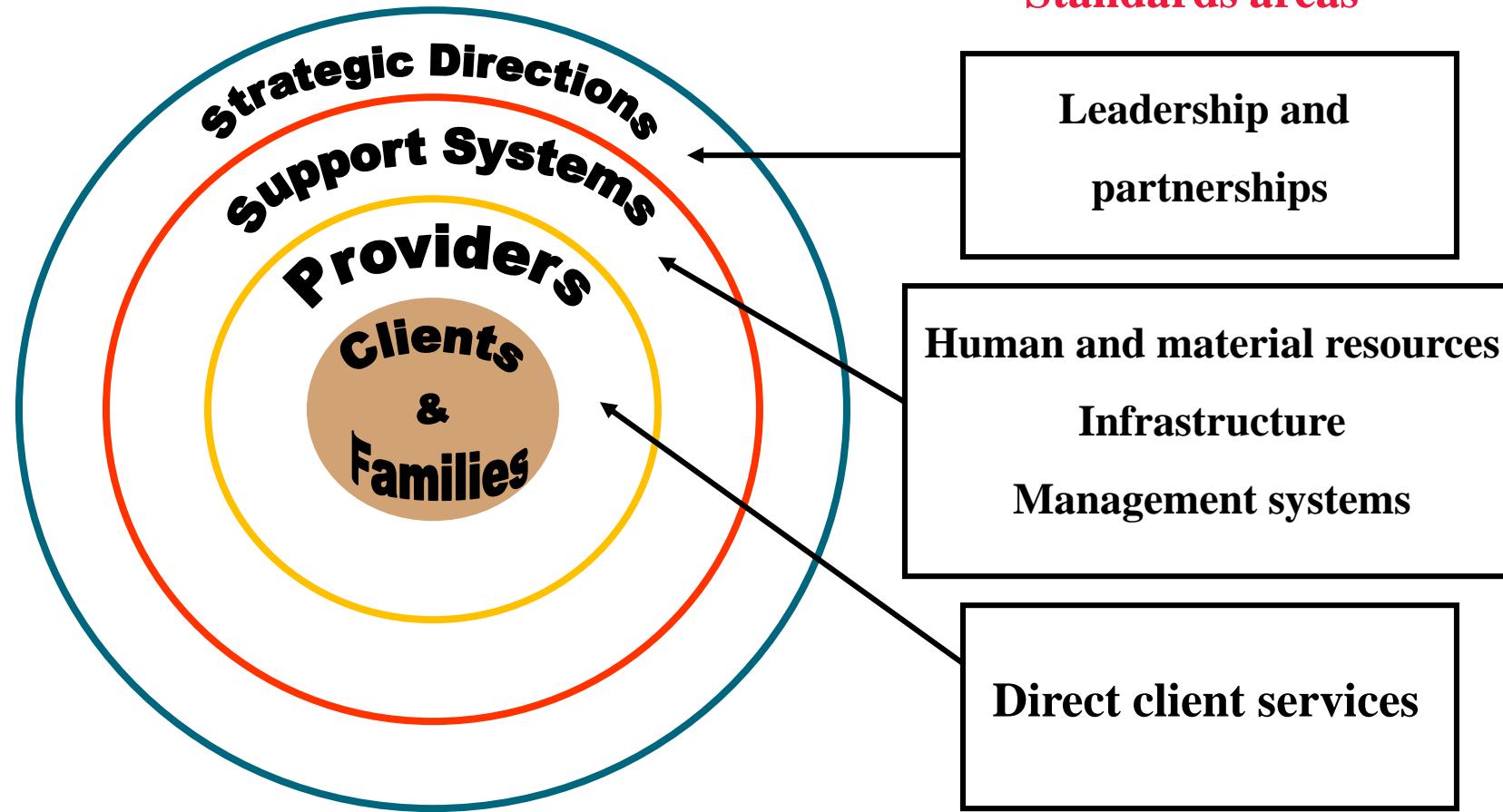
Standards for Desired Performance are the basis for quality assessment tools



Developing and organizing standards

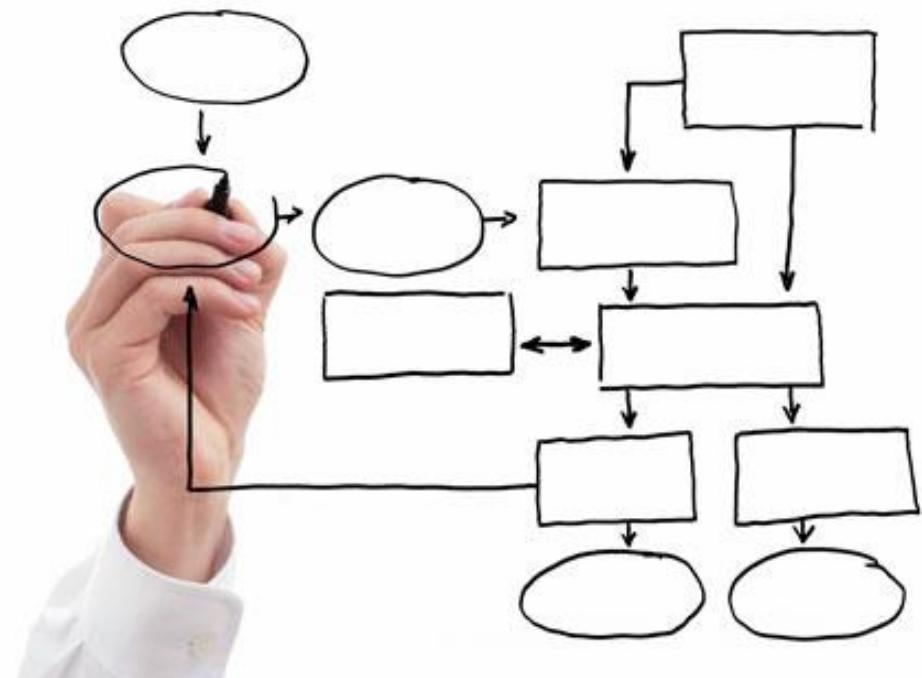


Organizational Infrastructure and Standards



Use Process Mapping as needed

- Process maps are diagrams that show how services are delivered. The mapping shows:
 - › The major processes in place,
 - › Their key activities,
 - › The sequencing of these activities,
 - › The inputs required, and
 - › The outputs to be produced.

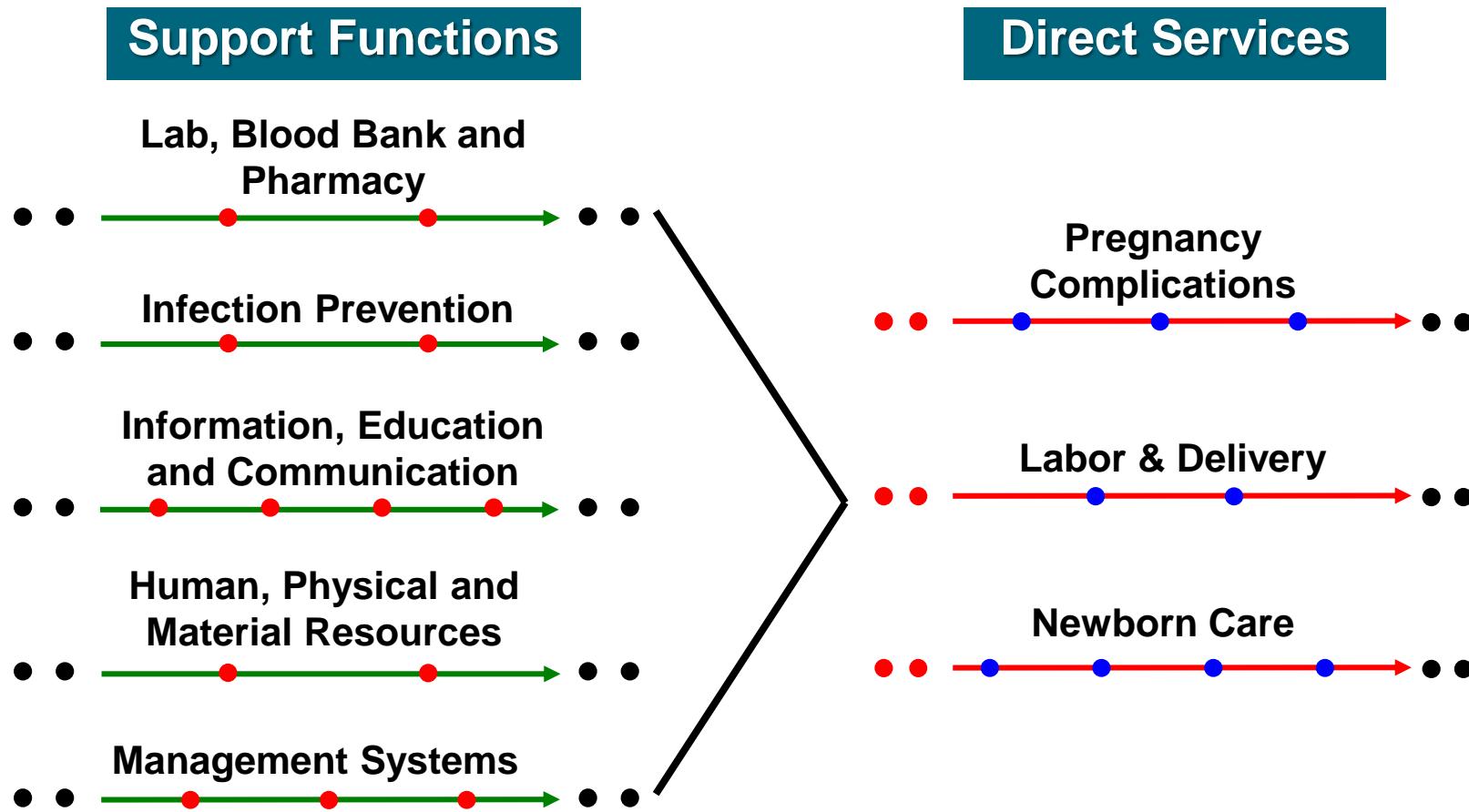


Process Mapping

- Ensures that the **activities** making up a particular process **are properly understood**
- Ensures **activities** are **well managed** in order to deliver appropriate customer service



Organization of an Assessment Tool for EmONC services



*Dots represent inputs, process steps (on the arrow) and outputs

“Operationalization” of Standards

- Must be consistent with reference (international and national) standards
- Integrates all the different aspects of provision of care
- Links to indicators that are:
 - › Observable
 - › Objectively verifiable
 - › Practical



Architecture of an Assessment Tool

- Lists **key performance standards (what to do)** organized by area of services to clients and support functions
- Each performance standard has easily **observable verification criteria (how to do)** with “yes,” “no” or “not applicable” options
- Objectively describes the desired level of performance
- Measures actual performance using a rating scale
- Helps identify performance gaps
- Provides a comments column for articulating reasons for sub-optimal performance

Sample performance standard for EOC

Area: Focused Antenatal Care		How to do	Scoring
Perf. Standard	Verification Criteria	Y, N, NA	Comments
1. Personnel conduct a rapid initial evaluation of the pregnant woman at the first contact.	<p>Determine whether the provider/receptionist asks the pregnant woman upon her arrival in the clinic whether she has or has had the following signs:</p> <ul style="list-style-type: none">• Vaginal bleeding• Respiratory difficulty• Fever• Severe headache/ blurred vision• Severe abdominal pain• Convulsions/loss of consciousness• Assures immediate attention in the event of any of the above signs	_____ _____ _____ _____ _____ _____ _____	

Sample *Support Services* standard

Performance standard	Verification criteria	Y, N, NA	Comment
1. The laboratory is set up adequately to perform tests required for EmONC.	<p>Determine whether there are:</p> <ul style="list-style-type: none">• Working washbasin with tap• Sturdy bench and shelves• Good lighting• Stool• Armchair• Logbook• Fire-fighting equipment• Toilet where patients can change	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	

Sample *Management Systems Standard*

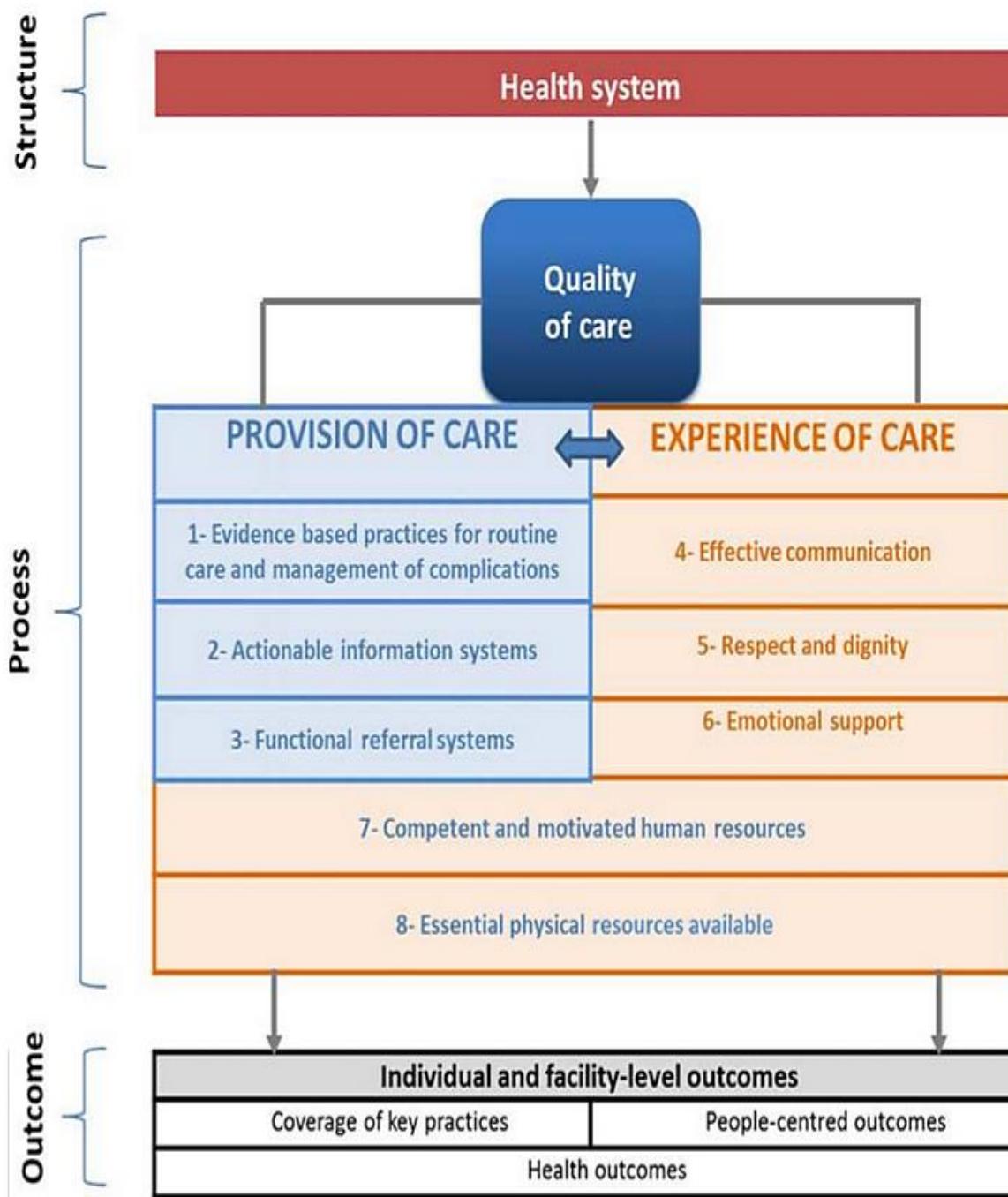
Performance standard	Verification criteria	Y, N, NA	Comment
1. Statistical data on EmONC are recorded daily, consolidated, and sent to the Ministry of Health, according to standardized frequency.	<p>Verify that the following reports have been properly completed:</p> <ul style="list-style-type: none">• Delivery register• Monthly report of deliveries and newborns• Monthly report of maternal and neonatal deaths• Monthly report on morbidity (e.g., eclampsia, PPH)	<hr/> <hr/> <hr/> <hr/>	

Sample Assessment Tool for EmONC Organized by Technical Areas

AREAS	STANDARDS
1. Focused Antenatal Care	16
2. Pregnancy Complications	25
3. Labor, Delivery, Postpartum, and Newborn Care	27
4. Postnatal Care for Mother and Newborn	23
5. Support Services	24
6. Information, Education, and Communication	10
7. Human, Physical, and Material Resources	26
8. Management Systems	14
9. Infection Prevention	34
Total	199

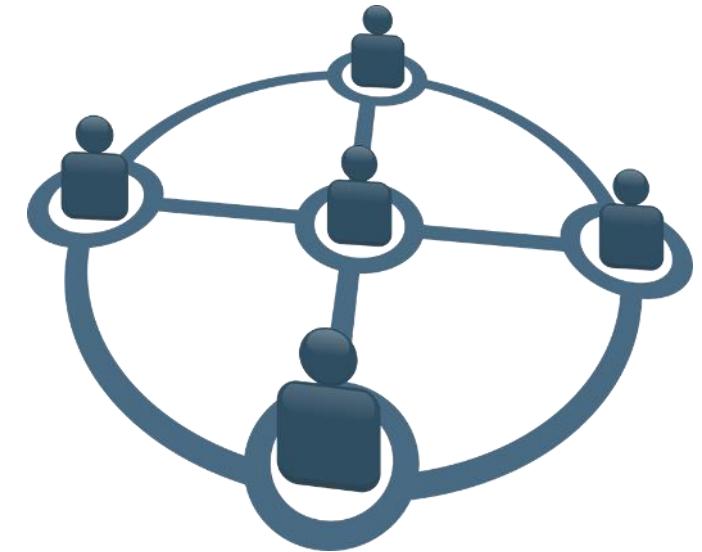
EmONC=Emergency Obstetric and Newborn Care

WHO's Quality of Care Framework for Childbirth

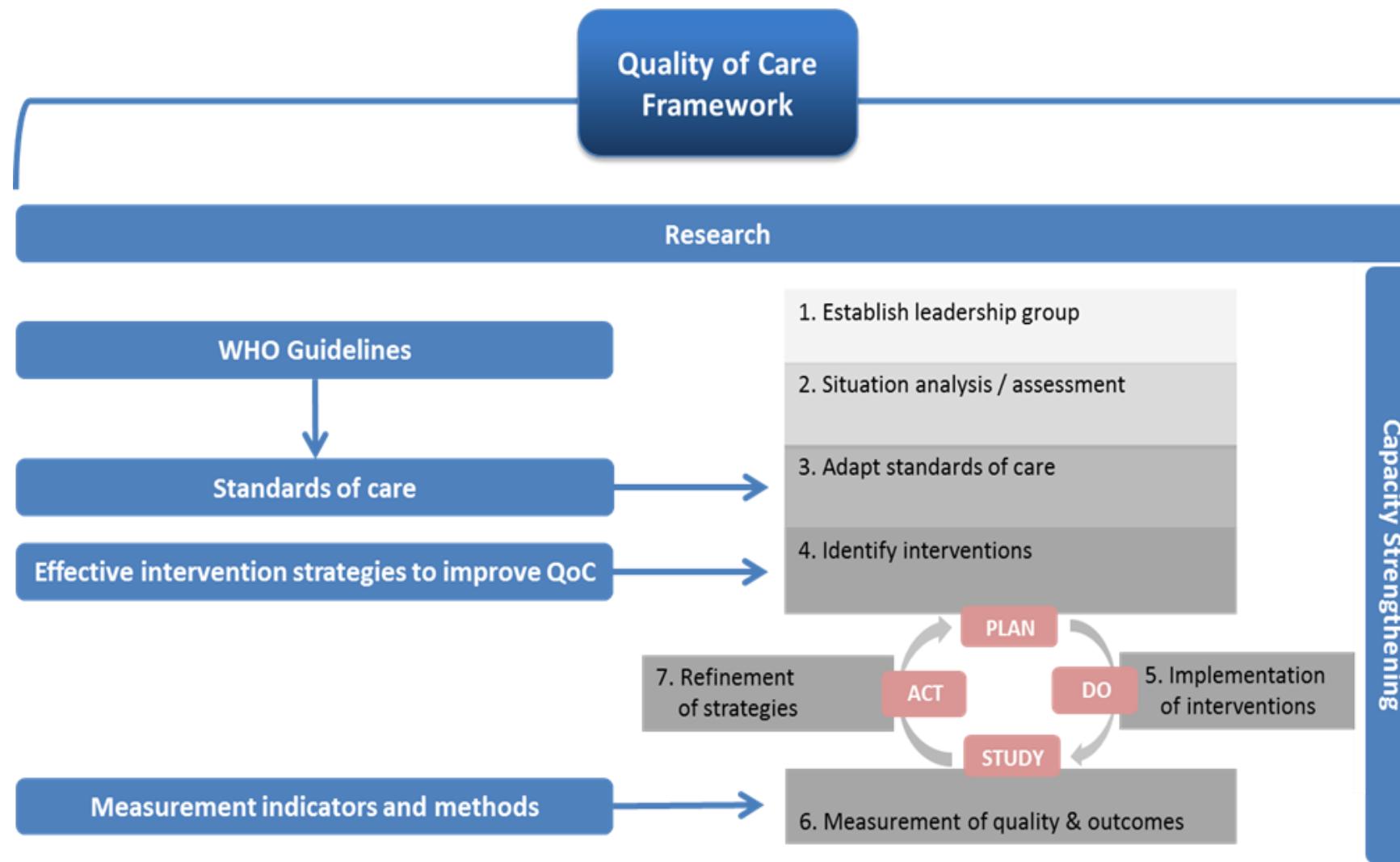


WHO's MNCH Quality Network

- Multi-Country MNH QI Initiative - 9 “first phase” countries
- Bold Vision: **Halve institutional maternal and newborn mortality rates within five years**
- Country-led with support of implementing partners
- Strong focus on
 - › **Governance and leadership** for quality (all system levels)
 - › **Building essential capabilities** for QI all levels (national, regional/district, facility)
 - › **Robust learning platform** (global, national and sub-national)
 - › **Advocacy and accountability** framework, including community engagement
- WHO country QI implementation guidance (under development)
 - › National level - key steps
 - › Sub-national (district) level - key steps
 - › Facility QI - key activities



WHO's Strategic Areas for MNH care



WHO's priority thematic areas

- 1. Essential childbirth care** including labour monitoring and action and essential newborn care at birth and during the first week;
- 2. Management of pre-eclampsia, eclampsia and its complications;**
- 3. Management of postpartum haemorrhage;**
- 4. Management of difficult labour** by enabling safe and appropriate use of medical technologies during childbirth;
- 5. Newborn resuscitation;**
- 6. Management of preterm labour, birth** and appropriate care for preterm and small babies;
- 7. Management of maternal and newborn infections.**

Each of 8 Domains has a Single Standard and Several Quality Statements and Measures

Standard: Description of what is expected to be provided to achieve high quality care around the time of childbirth (**Aspirational Goal**).



Quality statement: Concise prioritized statement designed to drive measurable quality improvements in the care around childbirth



Quality measures: Criteria that can be used to assess, measure and monitor quality of care

One Standard Per Domain of QoC Framework

Standard 1: Every woman and newborn receives evidence-based routine care and management of complications during labour, childbirth and early postnatal period.

Standard 2: The health information system enables the use of data for early and appropriate action to improve care for every woman and newborn.

Standard 3: Every woman and newborn with condition(s) that cannot be dealt with effectively with the available resources is appropriately referred.

Standard 4: Communication with women and their families is effective and in response to their needs and preferences.

One Standard Per Domain of QoC Framework *contd.*

Standard 5: Women and newborns receive care with respect and dignity.

Standard 6: Every woman and her family are provided with emotional support that is sensitive to their needs and strengthens her own capabilities.

Standard 7: For every woman and newborn, competent and motivated staff is consistently available to provide routine care and manage complications.

Standard 8: The health facility has appropriate physical environment with adequate medicines, supplies and equipment for routine MNH care and management of complications.

Steps to develop performance standards



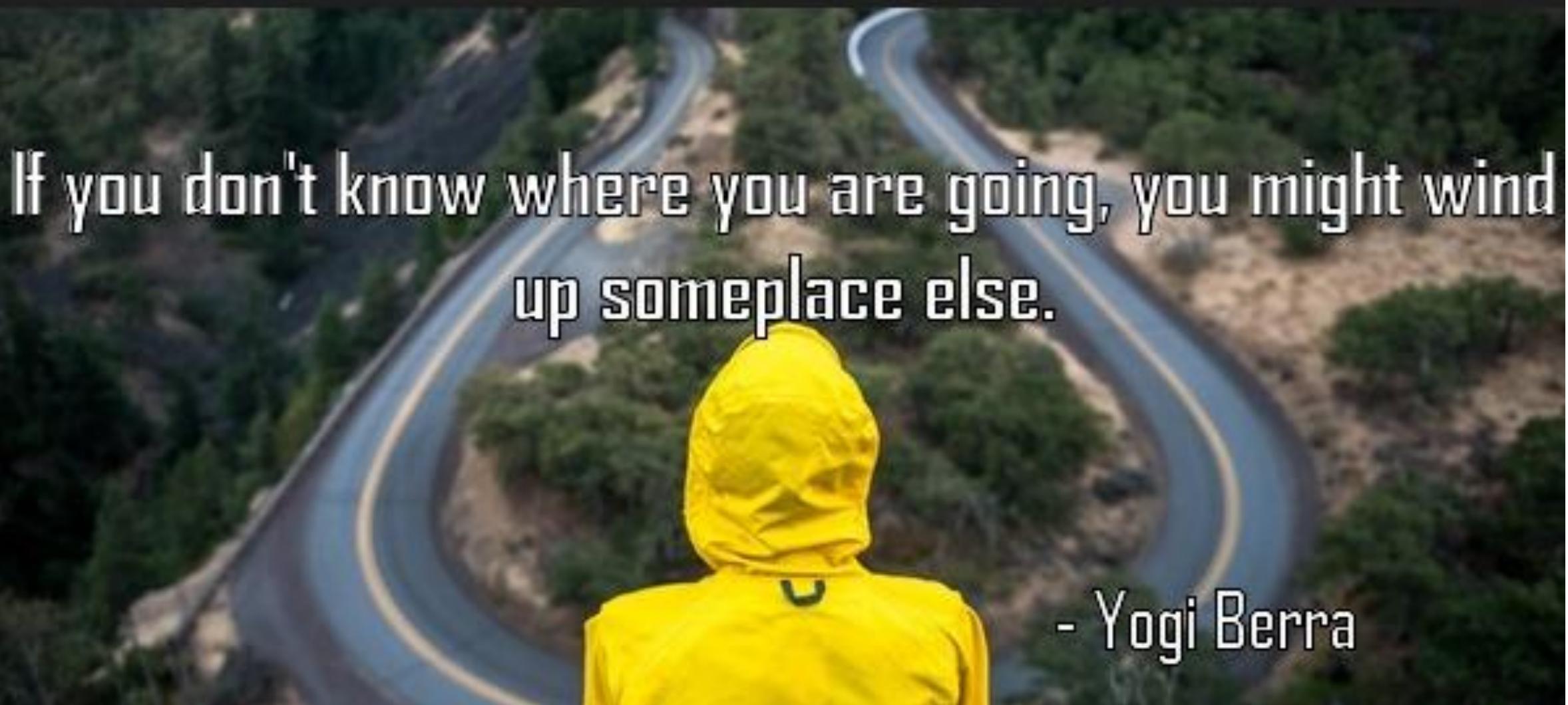
Steps in Standards Development

- 1. Select thematic area for quality improvement**
- 2. Identify critical stakeholders (health care managers, HCPs, NGOs, clients, community)**
- 3. Conduct technical update on thematic area to ensure stakeholders are on same page (2-10 days)**
- 4. Hold one or more stakeholder coordination meetings to map out CORE and SUPPORT functions for inclusion in assessment tool.**



Steps in Standards Development *contd.*

5. Hold **standards development workshop** to write first draft of assessment tool (3-5 days)
6. **Field test assessment tool** in selected facilities or service delivery points (1-2 weeks)
7. Hold meeting to **finalize assessment tool** based on field test results (3-5 days)
8. **Submit final draft** to relevant authority **for approval**
9. Plan for implementation

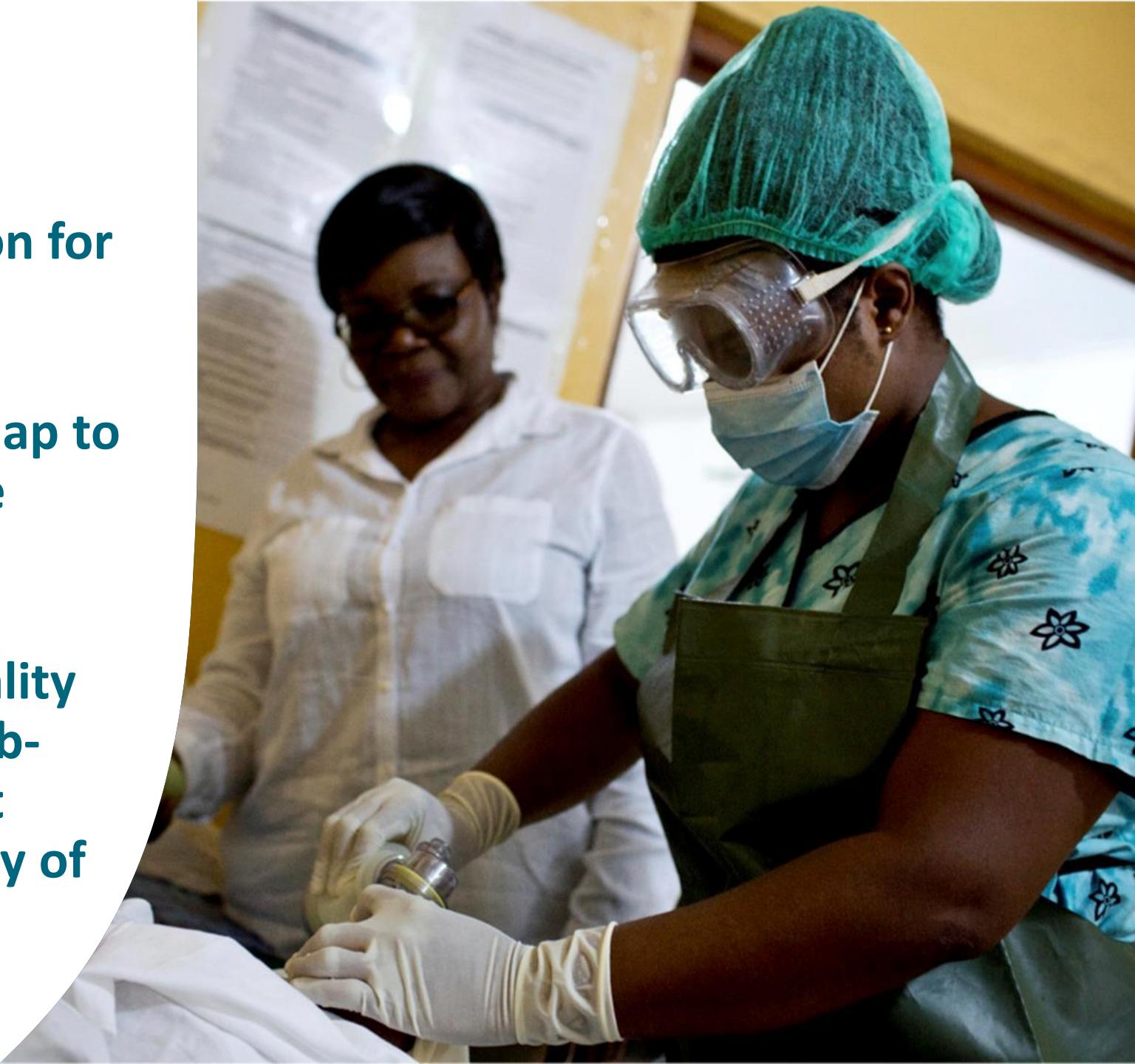


If you don't know where you are going, you might wind up someplace else.

- Yogi Berra

Conclusions

- Standards are the foundation for quality improvement
- Standards define the roadmap to achieving quality care in the health sector
- There is a need to raise ‘quality of care consciousness’ in Sub-Saharan Africa and to invest resources to raise the quality of care on the continent.



A final word from an Elder Obstetrician/Gynaecologist



- “..Once something sub-standard gets entrenched, it becomes difficult to replace it with something better in the future”

*-Prof. Kelsey Harrison,
BMJ 2011, 342:d3308*



Sub-standard care has become entrenched in our health facilities! AFRIQHER must reverse the trend!

Thank You

