

# Action Brief: Enhancing Facility Commitment to Quality Health Services

WHO GLL-HIFA Thematic Discussion Issue

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<b>Keywords</b>	Quality of care; Health services; Facility-level commitment
<b>Audience</b>	Health professionals, quality improvement experts, patient representatives, policymakers
<b>Key Messages</b>	<p>"In many low- and middle-income countries, facilities in urban and rural areas are not achieving minimum standards of care due to inadequate numbers of health workers, equipment, medicines, or supporting infrastructure." (Quality professional, India)</p> <ol style="list-style-type: none"> <li>1. The main challenge at the facility level is lack of resources; quality cannot be achieved unless basic needs are met, including sufficient health workforce, water and sanitation, medicines, equipment, training, as well as access to reliable information.</li> <li>2. On the other hand, quality is also about a culture of setting standards and continually aiming for quality improvement.</li> <li>3. Solutions need to empower both patients and health workers.</li> </ol>
<b>Background</b>	<p>In accordance with the "WHO Quality Health Services: a planning guide", quality improvement approaches that are utilized at the facility level, in a cyclical manner, include commitment to district and/or national quality improvement aims and identification of facility aims; establishment, organization and support of quality improvement teams; identification of gaps; adoption of standards of care; action plan development; implementation of plans; measurement of quality and outcomes; and continuous improvement, sustainability and refinement of plans.</p> <p>The thematic discussion was conducted to explore ways to enhance facility-level commitment to quality of care, provide practical examples of how this has been achieved around the world and identify any obstacles to quality care at the facility level that may be encountered.</p>
<b>Process</b>	<p>Healthcare Information For All (HIFA.org) is a global human-rights-based movement with 20,000 professional members from 180 countries interacting on six virtual discussion forums in four languages (English, French, Portuguese and Spanish).</p> <p>In collaboration with the WHO Global Learning Laboratory (GLL) for Quality Universal Health Coverage (UHC), HIFA conducted a thematic discussion on learning for quality health services. Between 28 June and 1 October 2021, 303 messages on the topic were posted to the discussion forum from 55 contributors in 28 countries (Australia, Cambodia, Cameroon, Canada, Croatia, Democratic Republic of Congo, Ethiopia, France, Iceland, India, Iraq, Ireland, Kenya, Malawi, Mexico, Mozambique, Nepal, Nigeria, Senegal, Singapore, South Africa, Sudan, Switzerland, Tanzania, The Netherlands, United Kingdom, USA, Zimbabwe). This work was supported by the Working Group and Catalyst Group on Learning for Quality Health Services, which worked collaboratively to identify thematic areas of discussion with relevance to quality of care and facilitate the discussion on the HIFA forums.</p> <p>Members were invited to comment on the following two overarching questions: <i>From your experience, what are the biggest challenges for improving quality of care at the facility level? Have you seen any practical solutions that should be shared more widely?</i></p> <p>After the discussion, a detailed thematic analysis of the contributions was conducted to identify recurring themes and emergent patterns. Messages were collated, coded in accordance with</p>

	<p>specific key words, and subsequently synthesized into this action brief. Throughout the synthesis process, the authors of this brief met regularly to discuss and agree the inductive and deductive content analysis approaches utilized, which was supported by weekly WHO GLL-HIFA strategic meetings.</p>
<p><b>Key emergent themes</b></p>	<p><b>From your experience, what are the biggest challenges for improving quality of care at the facility level?</b></p> <ol style="list-style-type: none"> <li>1. <b>Resource scarcity / shortage:</b> <i>"The greatest challenge to quality at the facility level are available resources. Without resources, the responsibility passes to the training, commitment, and spirit of the healthcare providers. In this context, positive feedback from funders, Ministry of Health, and the community makes a big difference to the spirit and positive energy of the health care providers, therefore improving quality of care."</i> (Global health professional, United States)</li> <li>2. <b>Insufficient health workforce:</b> <i>"One of the most significant challenges to the delivery of quality health services in Kurdistan region of Iraq is related to staff absenteeism. Large percentages of healthcare workers engage in dual practice, spending only few hours in the public health sector."</i> (Public health professional, Iraq)</li> <li>3. <b>Lack of a culture of quality:</b> <i>"One of the biggest challenges for improving quality of care at the facility level is the lack of favourable leadership culture towards quality and safety management."</i> (Quality professional, Ethiopia)</li> <li>4. <b>Urban-rural divide:</b> <i>"In many upper middle-income countries, facilities in urban areas pass minimum standards in terms of the supply of health workers, equipment, medicines, and infrastructure. These are often lagging in rural and remote areas where facilities do not have sufficient inputs to deliver high quality care."</i> (Global health professional, United States)</li> <li>5. <b>Measuring for improvement :</b> <i>"Many of our facilities really struggle to analyze their morbidity and mortality data with insight. Action plans are fairly generic, frequently focusing on the need for training and not actually measuring whether any training received actually has impact and leads to improved care rendered."</i> (Frontline health worker, South Africa)</li> <li>6. <b>Maintaining quality of care during conflict:</b> <i>"To improve on the quality of health services, staff should be motivated through incentives. Armed groups should stop targeting health units and their workers, humanitarian organizations should be allowed to offer their services without any intervention or interference, while community health workers should be empowered with knowledge and skills to improve on quality health care."</i> (Frontline health worker, Cameroon)</li> <li>7. <b>Self-reported patient experience:</b> <i>"Surveys of patient experience can capture an essential dimension of care quality, irrespective of the correlation between patient experiences and other measures of health care quality. I believe as healthcare systems around the world continue to develop, measuring self-reported patient experience in routine healthcare may become a standard process in evaluating quality of care (at a facility level)."</i> (Clinical microbiologist, Croatia)</li> <li>8. <b>Patient safety:</b> <i>"I dare to think how many patients may have received poor and probably dangerous care because 'the nurse feels scared to speak to a doctor who may have prescribed wrong treatment."</i> (Public health professional, Nigeria)</li> </ol> <p><b>Have you seen any practical solutions that should be shared more widely?</b></p> <ol style="list-style-type: none"> <li>1. <b>Setting standards of care:</b> <i>"An important regulatory instrument to overcome the challenge of improving quality is to set the basic infrastructure in both public and private facilities. For example in India there is a Central Clinical Establishment Act. The Act prescribes minimum standards for each type of facility from primary care to tertiary care."</i> (Quality professional, India)</li> <li>2. <b>Creating a culture of quality:</b> <i>"An organizational culture that values its staff as much as its statistics. A system that wants to improve quality as well as support staff to do it."</i> (Global health professional, United Kingdom)</li> <li>3. <b>Addressing people-centered care with specialized health workforce:</b> <i>"In the public sector in Zimbabwe, the HIV/AIDS program has introduced a cadre called Primary Care Counsellor who is trained to provide information and counselling to People Living with</i></li> </ol>

	<p><i>HIV. I think this model should be expanded to cater to all clients visiting health facilities.”</i> (Pharmacist, Zimbabwe)</p> <p><b>4. The use of digital technology:</b> <i>“We have been using digital technology (Zoom and WhatsApp) to facilitate quality improvement activities in some facilities in Ghana (primarily district hospitals) working within the available resources with no extra funding.”</i> (Global health professional, United States)</p> <p><b>5. Novel ways of patient engagement:</b> <i>“I have been speaking with patient representatives across Australia and had a discussion about how patients can become active – and add to quality of care – during the handover from one shift in the hospital to another. Pilot programs in hospitals are already underway.”</i> (Patient advocate, Australia)</p> <p><b>6. Stronger provider-patient relationships:</b> <i>“The skills, or ‘agency’ needed to make each contact count as quality contact for all parties involved can be seen as a competency; however, I see it more as human compassion.”</i> (Global health professional, United Kingdom)</p> <p><b>7. Monitoring and evaluation:</b> <i>“In order to improve the quality of care, they [nurses on a newborn care unit] need to know the required standard of care (evidence based) and then measure their care against this. They then need to measure this care against the health outcomes achieved. The skills necessary for this reflective process are not widely taught and therefore auditing tends to be more of a compliance process (ticking boxes) rather than a motivating process to bring about change.”</i> (Frontline health worker, South Africa)</p>
<p><b>Editors’ Perspective</b></p>	<p>Among the recurring themes of this discussion on improving quality of care at the facility level, we continuously encountered the issue of unmet health worker needs in several different contexts. Contributors to the discussion highlighted the challenges faced by health workers, such as: employment insecurity, funding difficulties, as well as management approaches that focus on financial accountability within health facilities and services, while leaving the basic needs of frontline health workers largely unexplored and unaddressed (a particularly pertinent issue in low- and middle-income countries). As a direct result, health workers are often not supported or empowered by their employers to deliver high quality care to patients.</p> <p>The empowerment of health workers would also facilitate the creation of a culture of quality within facilities delivering care to patients. Organizational culture and quality, along with factors such as service efficiency and patient safety are closely interconnected. In this discussion, it became evident how experience-based practices regarding performance can have a substantial influence on local culture, subsequently influencing facility-level managers, clinician leaders and policy makers in their approach to quality improvement. Consequently, fostering a culture of quality within healthcare facilities is a critical step in supporting quality improvement initiatives, both within facilities and within the wider health system.</p> <p>In addition, contributors to the discussion highlighted the importance of patient engagement and patient-centered outcomes in the delivery of quality care to patients within healthcare institutions. While the traditional approach of enhancing the relationship between patients and healthcare providers to facilitate shared decision-making and improve care continues to be utilized with great effect, patients/service-users can also be integrated into other important areas of the quality improvement process, such as the redesign of services in response to patient feedback. Consistent quality improvement at the facility level requires patient input into the delivery and design of services. This is a critical step in ensuring such services meet their healthcare needs in a safe, effective, efficient, people-centred, integrated, equitable and timely manner.</p>
<p><b>Unanswered questions for further analysis/investigation</b></p>	<ol style="list-style-type: none"> <li>1. If a health facility lacks access to water, adequate sanitation, or any of the basic requirements for delivery of care, then how can the facility be supported to improve quality of care?</li> <li>2. What is the role of quality improvement approaches in situations where basic needs cannot be met?</li> <li>3. Two aspects of quality of care have been highlighted in our discussion: health outcomes (morbidity and mortality) and patient experiences. What is the relative importance of</li> </ol>

	<p>these two aspects?</p> <p>4. What do we mean by 'redesigning platforms for quality care delivery'?</p>
<b>Further information</b>	<p>The full text of the (whole) discussion is available <a href="#">here</a>, with a structured, edited version <a href="#">here</a>. An integrated brief developed to capture perspectives across the national, district and facility-level is available <a href="#">here</a>.</p> <p><b>Acknowledgements:</b> With thanks to WHO GLL-HIFA Working Group and Catalyst Group on Learning for Quality Health Services.</p>