

Promoting cleaner, safer health facilities in SEAR: Informal experts consultation on improving quality and safety

Summary report

27–28 March 2019, New Delhi, India

Background

Poor quality care remains common, especially in developing countries—and extracts a heavy toll. Progress towards universal health coverage (UHC) will be seriously constrained without improvement in the quality of both frontline services and inpatient care. Adequate quality and safety, especially in frontline services, can improve the public’s trust in and increase the use of needed health services, reducing the pressure on secondary and tertiary care. The rise of antimicrobial resistance (AMR) lends fresh urgency to this issue. Political commitment to improving quality and safety of care as part of UHC is increasing, as evidenced in the SDGs UHC target (3.8) as well as the “UHC billion” in WHO’s 13th General Programme of Work.

Almost all SEAR countries have developed and begun implementing policies and strategies to improve health care quality and safety. However, the reality is that after many years there is still a major problem with access to adequate quality care. In addition, there is fresh attention to positioning primary health care (PHC) as the cornerstone for UHC progress. Again, despite long political commitment to PHC, frontline public health services are often underutilized, in part because of perceptions about poor quality care. The question is: what should we do differently? Because some problems related to quality and safety are quite fundamental, getting the basics right could make a significant difference.

A small group of regional and international experts participated in the informal consultation and identified strategic priorities across a range of action areas.

Consultation objectives

- Discuss how to ‘expand the solution space’ to accelerate progress on health care quality and safety in SEAR, while keeping a strong focus on ensuring that WHO actions collectively contribute to many more ‘cleaner, safer health facilities.’
- With health facilities, including frontline health facilities, as the unit of focus, and building on what is already being done improve health care quality and safety in the South-East Asia Region, help to identify gaps and consider what could and should be done in addition, or differently, to accelerate progress.

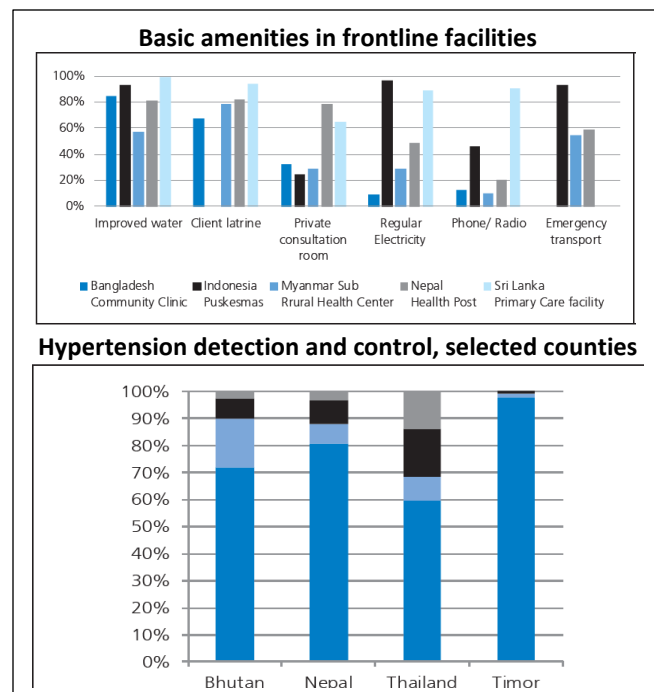
Overview of programme

Day 1:

- Improving health service quality and safety in SEAR
- Cleaner, safer health facilities: facility essentials
- Cleaner, safer health facilities: health worker essentials
- Cleaner, safer health facilities: policy and management essentials
- Panel discussion: Building on existing activities, filling the gaps—reflections from SEARO

Day 2:

- Essentials to monitor progress, use the results
- What actions are needed by level of care?
 - Priorities for frontline services
 - Priorities for hospital services
- Practical next steps at frontline and hospital levels
- Conclusions and recommendations



1. Facility essentials: key issues

- Availability of WASH in health care facilities is an essential.
- Health care waste management is a neglected area. Some basics can be ensured.
- Facility structures can be unsafe without design standards, their adaptation to local needs and compliance. WHO can advocate for action in this regard.
- WHO can help countries understand what facility essentials include and promote intersectoral action to ensure them.
- Data are needed on the capacity of Member States to provide facility essentials.
- Facility essentials are necessary but not sufficient—a culture of cleanliness and safety is needed to keep facilities clean and safe.
- Increasing demand and accountability through a public campaign to educate and involve patients, communities and parliamentarians could help.

2. Health worker essentials: key issues

- Health workers need to recognize that health care quality and safety are their business and be motivated to change practices.
- Quality and safety need to be integrated in both pre- and in-service education/continuing professional development (CPD). Much can be done with the latter, through bottom-up, participatory and peer learning based on improvement science.
- Teams, empowered around common goals, can be effective units for performance improvement.
- Infection control nurses can be the backbone of efforts. Trained cleaners are also key but neglected stakeholders.
- Culture change is key to bridging the “know-do” gap.
- Ensuring a culture of safety is often about resourcefulness, not resources. The safety of health workers should not be neglected.

3. Policy and management essentials: key issues

- Governments are serious about quality and safety, but improvements usually don't start with a national policy.
- Governments need to think of themselves as stewards rather than just providers of care, shift their role to governance.
- Structures, policies and goals are needed at both national and facility levels.
- Better governance and accountability can ensure stronger capacity for hand hygiene and other IPC interventions at scale.
- Well-designed standards, such as for facility accreditation, play a strong role.
- Benchmarks can help facilities compare themselves with other facilities.
- Improved management at facility level is key. Mid-level managers are key to changing the culture. They need ownership and empowerment to do so.

5. Essentials to monitor progress, use the results

- A dashboard/index needs to be developed comprising a few indicators from existing data collected through reporting or surveys that can measure cleaner-and safer health facilities, especially at the frontline. These can form the basis for phased acceleration, keeping an eye on agreed outcomes.
- Scorecards can spur healthy competition between facilities.
- Surveys such as MICS could be adapted to measure core IPC practices such as hand hygiene.
- Monitoring of health care associated infections should be started through point prevalence surveys.
- Data, based on timely feedback, need to be converted into knowledge through communication, to drive improvement and impact.
- Parliamentarians can be potential champions.

6. Actions needed by level of care

Priorities for frontline level services

- Make primary care facilities more visible, with a focus on quality and safety.
- Use IPC interventions as entry points to bring together actions across various dimensions.
- Use outreach by community health workers to improve quality and public trust.
- Identify the indicators for a "fit-to-serve" health facility.
- Use appropriate timely referral between levels of care as a key indicator of quality.

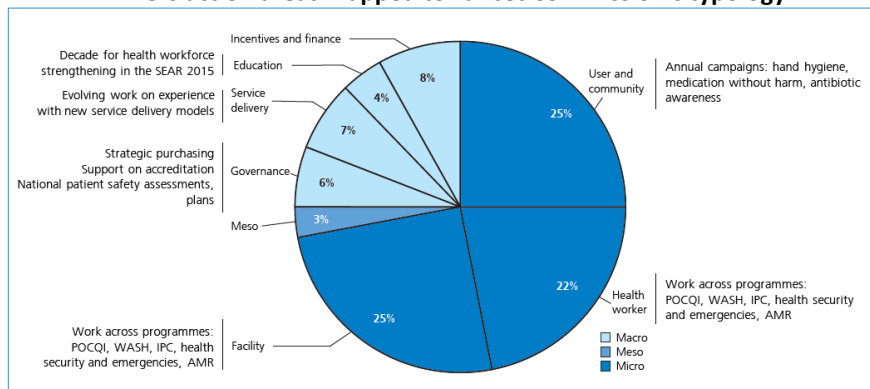
Priorities for hospital level services

- Make hospitals part of service delivery redesign for better quality and safety.
- Identify key actions to scale up IPC in hospitals, including hand hygiene.
- Promote self-assessment of performance against benchmarks to guide tailored actions.

4. Building on existing activities, filling the gaps—reflections from SEARO

- Better access and quality are not sequential, but two sides of a coin.
- Improved counting of losses due to poor quality helps in advocacy.
- Programmes need to work in coordination rather than fragmentedly.
- Resilience is a key feature of cleaner, safer health facilities.
- Documenting good practices can help others adapt and adopt them.
- At facility level, management support is key to scale up.
- Team-based approaches, multi-disciplinary standards and multimodal strategies based on co-development and behavioural change can create synergies across programme areas.

WHO's action areas mapped to Lancet Commission's typology



Suggested follow-up actions:

1. Ignite demand and create a sense of urgency for cleaner, safer health facilities, based on careful preparation, including through an awareness campaign targeting parliamentarians and the public, building on momentum for WASH.
2. At Regional Committee meetings, have Member States discuss strategic directions from 2020-2030 to accelerate progress towards cleaner-safer health facilities and set a mid-decade acceleration goal for annual monitoring.
3. As a basis for such discussions, develop a dashboard/index to measure cleaner, safer health facilities and share it with Member States at Regional Committee meetings as part of WHO's annual UHC progress monitoring.
4. Support policymakers to use the dashboard/index to drive acceleration, with a "fit to serve" facility as the unit of interest, based on an underlying framework that includes responsiveness and patients' experiences and provides reasons why given indicators are selected.
5. To build health workers' capacity, prioritize CPD/in-service training in IPC for nurses and cleaners and strengthen the capacity of district level facility managers.
6. Implement actions to foster synergies between programmes.
7. Take the suggestions from this consultation to the Regional Consultation on Strengthening Frontline Services for UHC in July 2019.