



Building a culture of quality

15 May 2019
MSA Summit

Melissa Kleine-Bingham
Quality systems and resilience
Service delivery and safety division



**World Health
Organization**

Learning Objectives

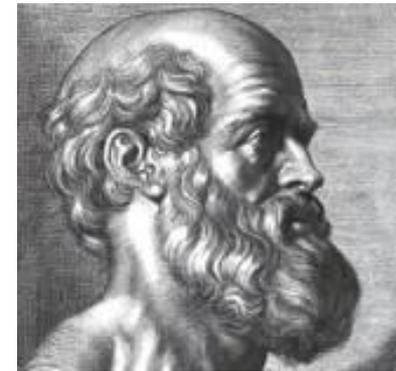
The webinar will allow participants to:

- Learn about the global shift towards quality health services in the context of universal health coverage;
- Learn about the WHO Twinning Partnership for Improvement model and how this approach creates a culture of quality
- Orient participants to the learning mechanisms put in place by the WHO Global learning laboratory and learning for quality

Setting the scene for quality

Goes back a long way...

- Hippocrates writes,
"I will never do harm to anyone"
- Later translated (& changed)
"Primum non nocere"



Fourth Century B.C

"First do no harm"



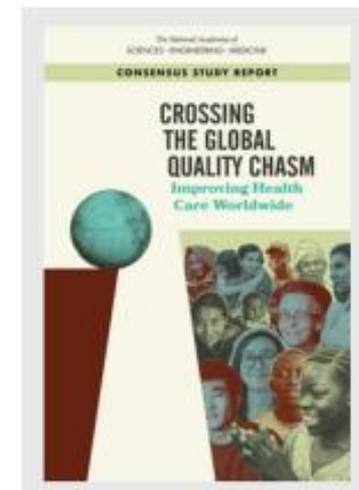
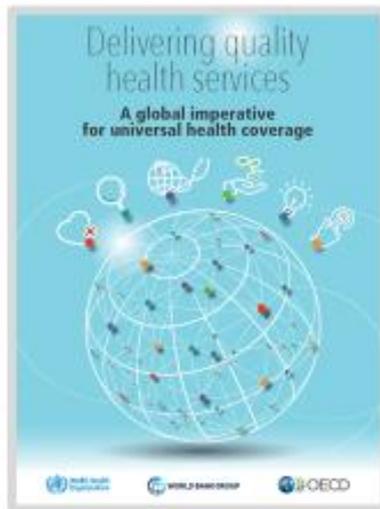
Ensure healthy lives and promote well-being for all at all ages



Strengthen the means of implementation and revitalize the global partnership for sustainable development

Universal Health Coverage (UHC) means that all people and communities can use the promotive, preventative, curative, rehabilitative and palliative health services that they need, of sufficient **quality** to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.

2018 - Affirming quality as central to UHC



**Three Reports in 2018:
Building the evidence and responding to the call for a UHC
with Quality**

Strong & clear – united voice for quality!

A focus on people-centredness has to be the core of quality. **People and communities must be engaged in the design, delivery, and ongoing assessment of health services** to ensure they are built to meet local health needs – rather than those of donors, commercial or political interests, or because “it’s always been done that way”. Focusing on quality is critical, but leadership must also focus on celebrating excellence; communicating transparently; and fostering collaboration across clinical teams, as well as with patients, and civil society – including patient groups, nongovernmental organizations, and grassroots community groups.

Universal health coverage is not a dream for the future. It is already a reality in many countries; however, **without quality health services, it can remain an empty promise.** This foundational report builds a strong technical and political case for investing in quality health services. The collective prize is a healthier, safer and fairer world.



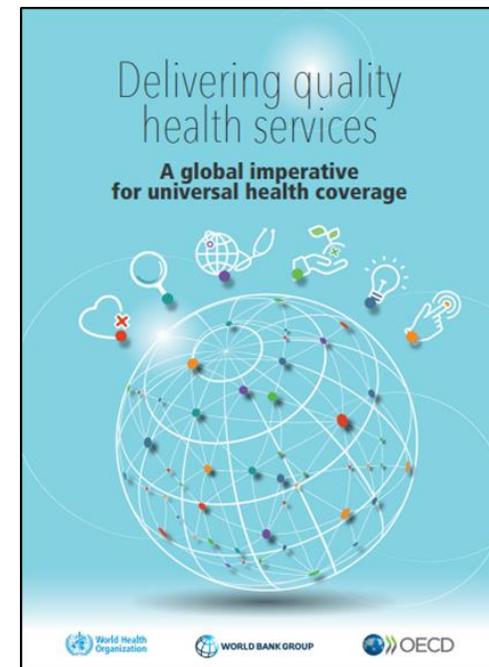
Tedros Adhanom Ghebreyesus
Director-General
World Health Organization



Jim Yong Kim
President
The World Bank Group



Angel Gurría
Secretary-General
OECD



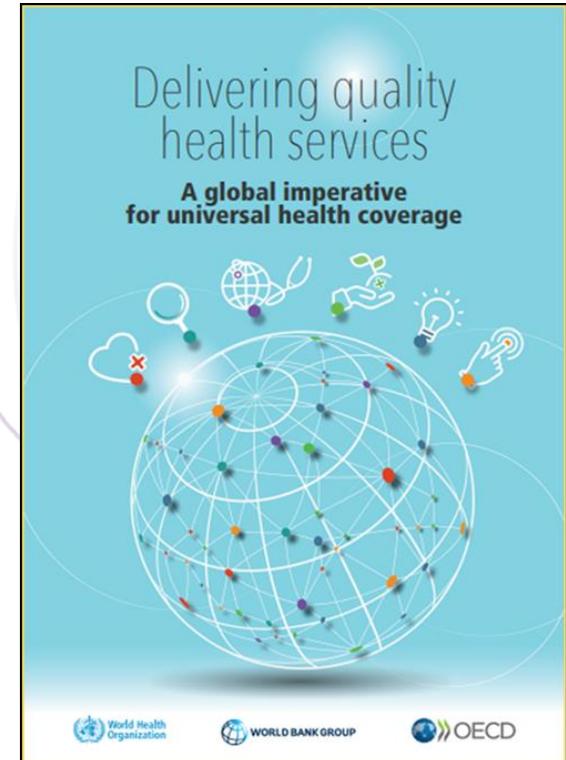
Quality health services? Health care that is...

- **Effective**
- **Safe**
- **People-centred**
- **Timely**
- **Equitable**
- **Integrated**
- **Efficient**

Figure 3.2 Elements of health care quality



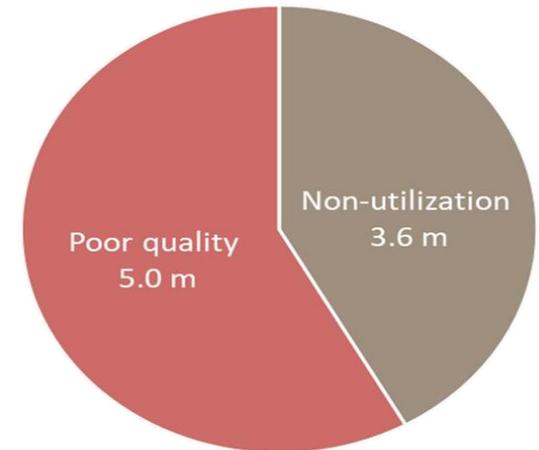
Source: Institute of Medicine (32).



- Improving quality implies change.
- Quality is multi-dimensional.
- Quality is the product of individuals working with the right attitude in the right system.

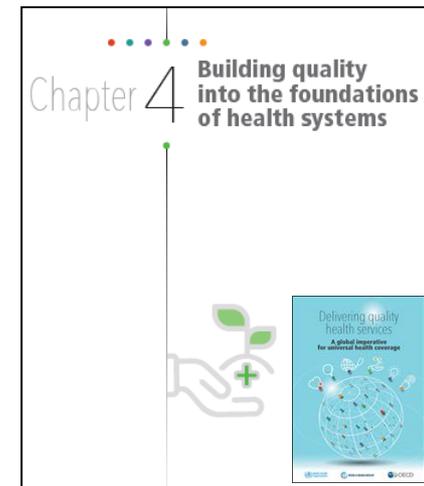
Deaths due to poor quality

- **8.6 million** deaths per year (UI 8.5-8.8) in 137 LMICs are due to inadequate access to quality care.
- Of these, **3.6 million** (UI 3.5-3.7) are people who did not access the health system.
- Whereas, **5.0 million** (UI 4.9-5.2) are people who sought care but received poor quality care.

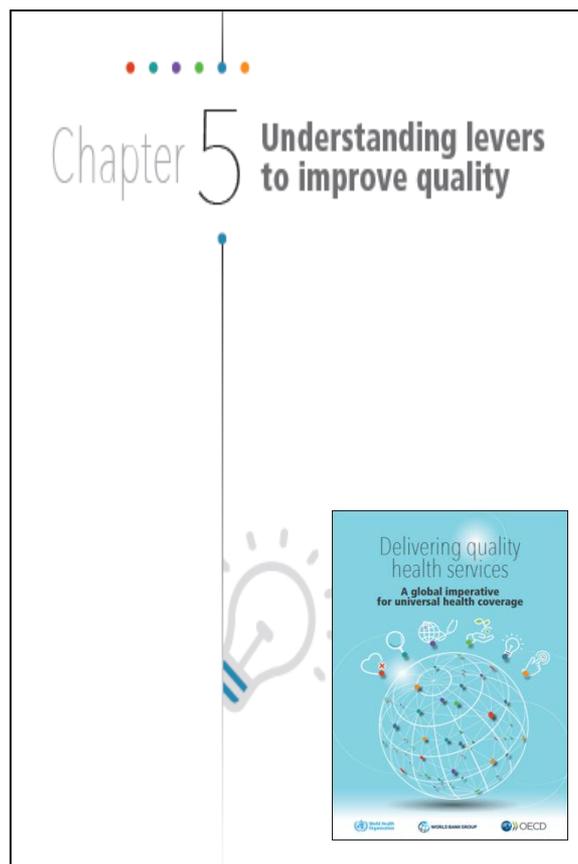


Building quality into the foundations of health systems

1. Health care **workers** that are motivated & supported to provide quality care;
2. Accessible & well equipped health care **facilities**;
3. **Medicines, devices & technologies** that are safe in design & use;
4. **Information systems** that continuously monitor and drive better care;
5. **Financing** mechanisms that enable & encourage quality care.



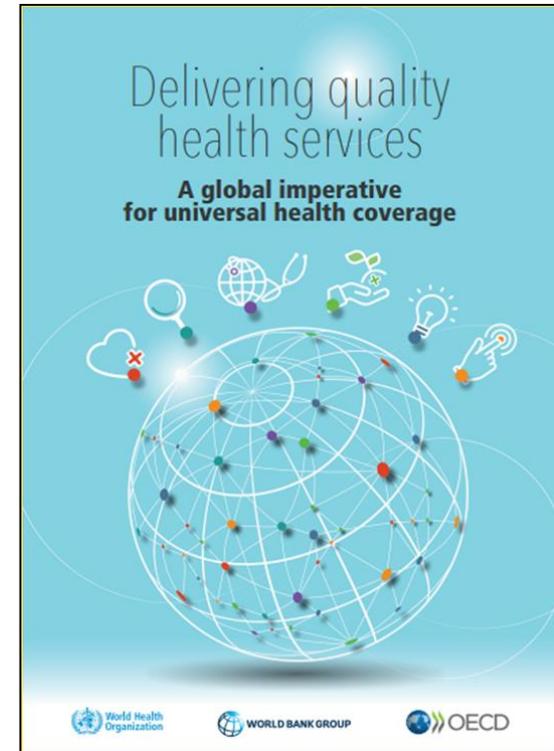
Quality Interventions



Category	Interventions
System environment	<ul style="list-style-type: none">● Registration and licensing of doctors and other health professionals, as well as health organizations, is often considered a key determinant and foundation of a well performing health system.
Reducing harm	<ul style="list-style-type: none">● Inspection of institutions for minimum safety standards can be used as a mechanism to ensure there is a baseline capacity and resources to maintain a safe clinical environment.
Improvement in clinical care	<ul style="list-style-type: none">● Clinical decision support tools provide knowledge and patient-specific information (automated or paper based) at appropriate times to enhance front-line health care delivery.
Patient, family and community engagement and empowerment	<ul style="list-style-type: none">● Formalized community engagement and empowerment refers to the active and intentional contribution of community members to the health of a community's population and the performance of the health delivery system, and can function as an additional accountability mechanism.● Health literacy is the capacity to obtain and understand basic health information required to make appropriate health decisions on the part of patients, families and wider communities consistently, and is intimately linked with quality of care.● Shared decision-making is often employed to more appropriately tailor care to patient needs and preferences, with the goal of improving patient adherence and minimizing unnecessary future care.● Peer support and expert patient groups link people living with similar clinical conditions in order to share knowledge and experiences. It creates the emotional, social and practical support for improving clinical care.● Patient experience of care has received significant attention as the basis of designing improvements in clinical care. Patient-reported measures are important unto themselves; patients who have better experience are more engaged with their care, which may contribute to better outcomes.● Patient self-management tools are technologies and techniques used by patients and families to manage health issues outside formal medical institutions and are increasingly viewed as a means to improve clinical care.

Delivering quality health services

“Indeed, the common thread of success stories detailed later in this document is putting the patient’s needs and values front and centre. This means caring with *compassion* and respect.”



Quality is not a given. It takes vision,
planning, investment,
compassion,
meticulous execution, and rigorous
monitoring, from the national level
to the smallest, remotest clinic.

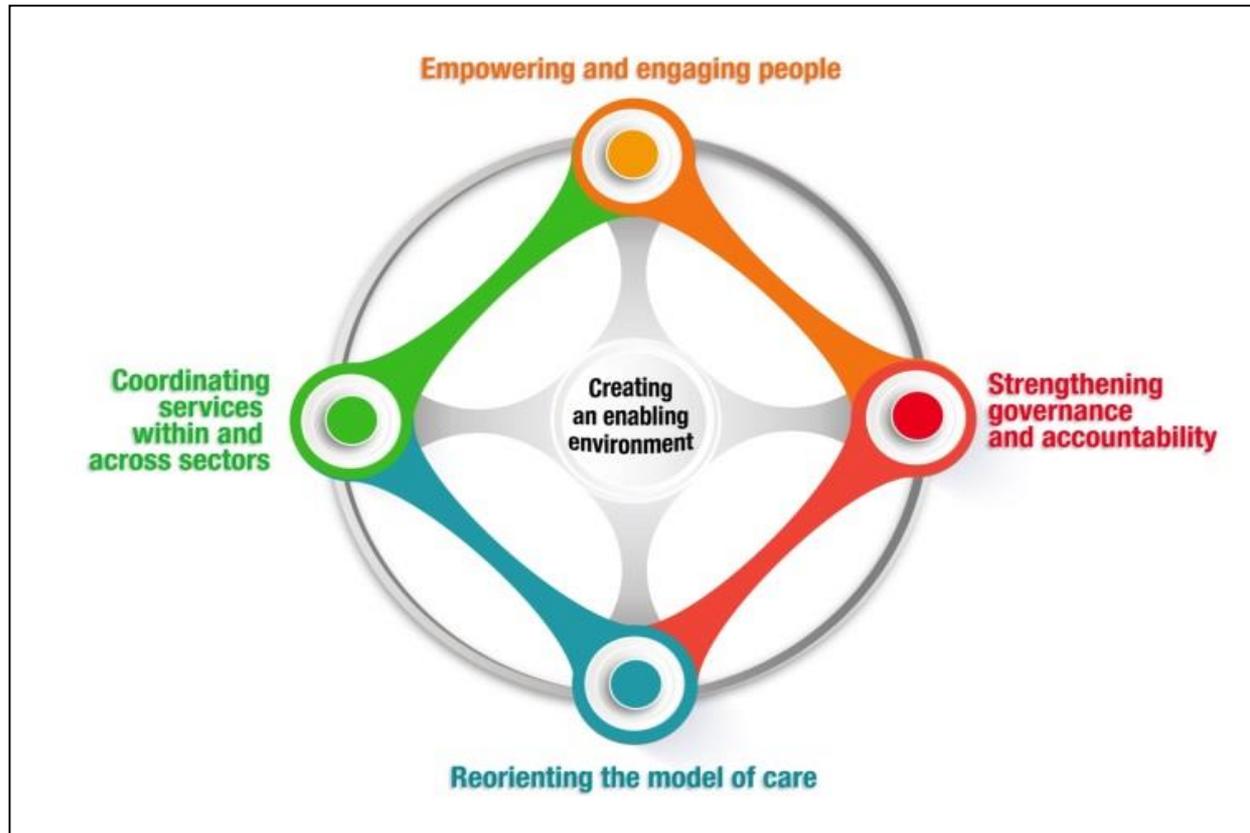
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Dr Tedros Adhanom Ghebreyesus
WHO Director-General



Sept 5, The Lancet - how could health care be anything other than high quality?

2016 World Health Assembly Resolution –focus on people



Quality Improvement?

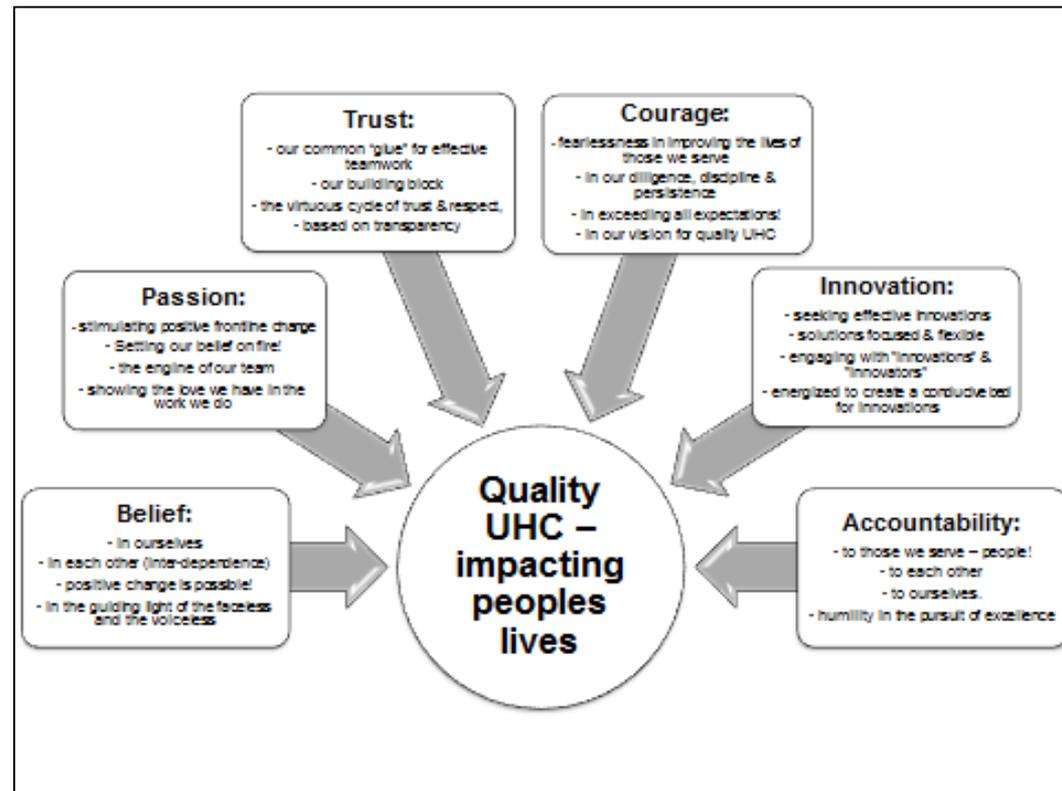


Quality improvement is the action of every person working to implement iterative, measurable changes, to make health services more effective, safe and people-centred.

Access: <https://www.who.int/service-delivery-safety/compendium-tools-resources/en/>

Creating a culture of quality

Creating a culture of quality

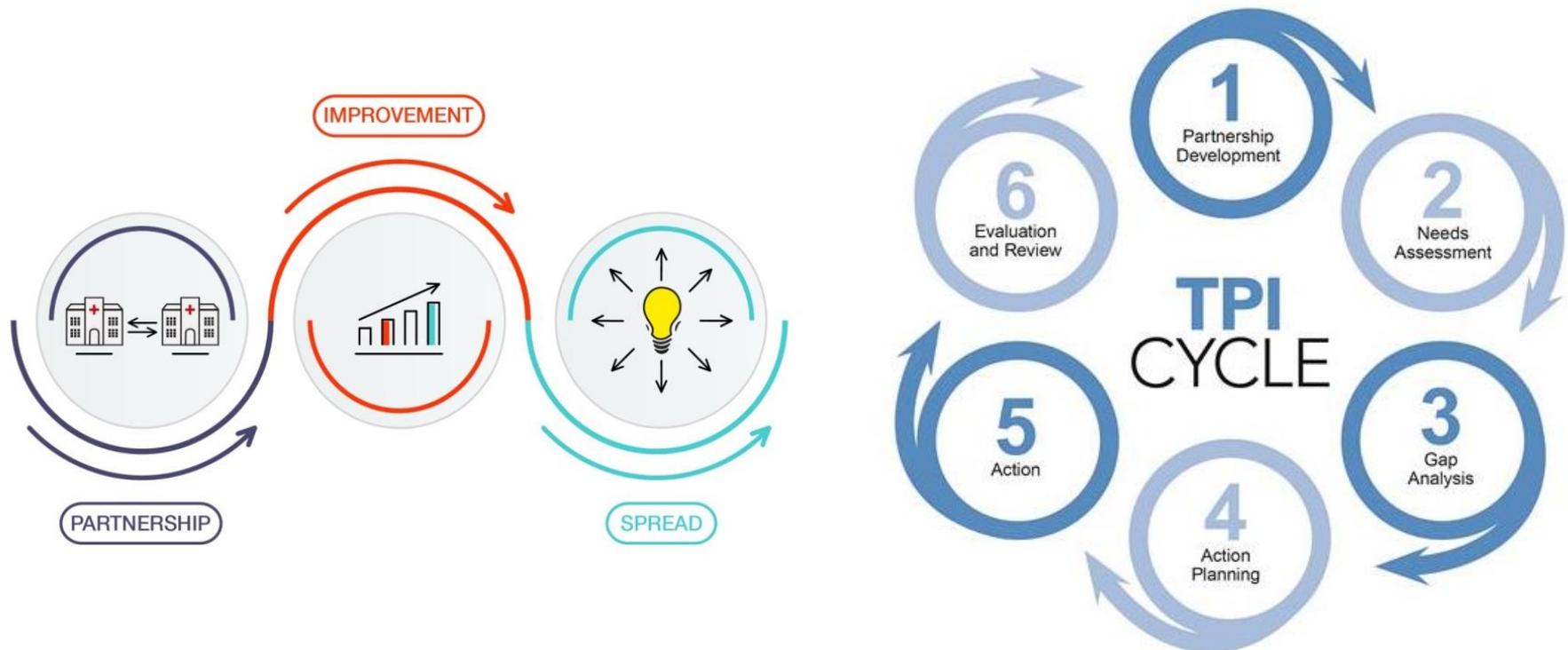


WHO Twinning Partnerships for Improvement

Working in partnerships

Twinning Partnerships for Improvement

The approach at a glance



The Evolution of TPI



World Health Organization

Partnerships for safer health service delivery:

Evaluation of WHO African Partnerships for Patient Safety 2009-2014



Organisation mondiale de la Santé

PARTENARIATS AFRICAINS POUR LA SÉCURITÉ DES PATIENTS

Rapport d'évaluation des partenariats hospitaliers pour la sécurité des patients entre la France et l'Afrique



World Health Organization

Twinning Partnerships for Improvement

Recovery Partnership Preparation Package

Building capacity to reactivate safe essential health services and sustain health service resilience



Twinning Partnerships for Improvement



World Health Organization

Partnership preparation package

A practical guide to implementing twinning partnerships

WHO Twinning Partnerships for Improvement



World Health Organization

Taking Action: STEPS 4 & 5

In Twinning Partnerships for Improvement

For Health Care Facility Managers, Quality Improvement Teams and Institutional Health Partnerships



What is a partnership?

"Partnership can be defined as a collaborative relationship between two or more parties based on trust, equality, and mutual understanding for the achievement of a specified goal. Partnerships involve risks as well as benefits, making shared accountability critical."



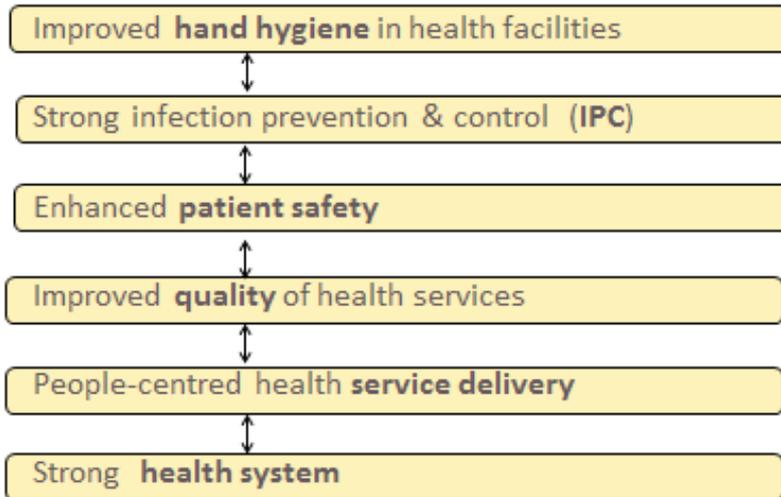
APPS Definition of a Partnership

Foster strong bidirectional partnerships between health institutions



TPI Objectives

An improvement continuum...focused clinical intervention to strong health systems



Brings changes to improve healthcare services



TPI Objectives

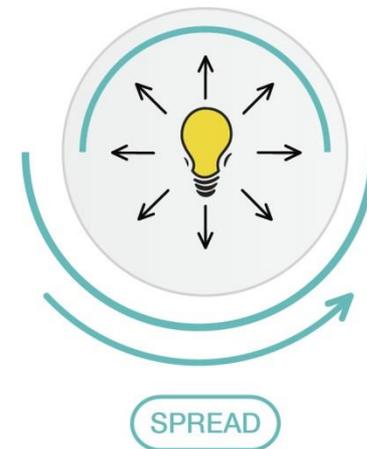
Context Specific National Spread

VERTICAL: Political/Legal

SPONTANEOUS

HORIZONTAL:
Expansion/Replication

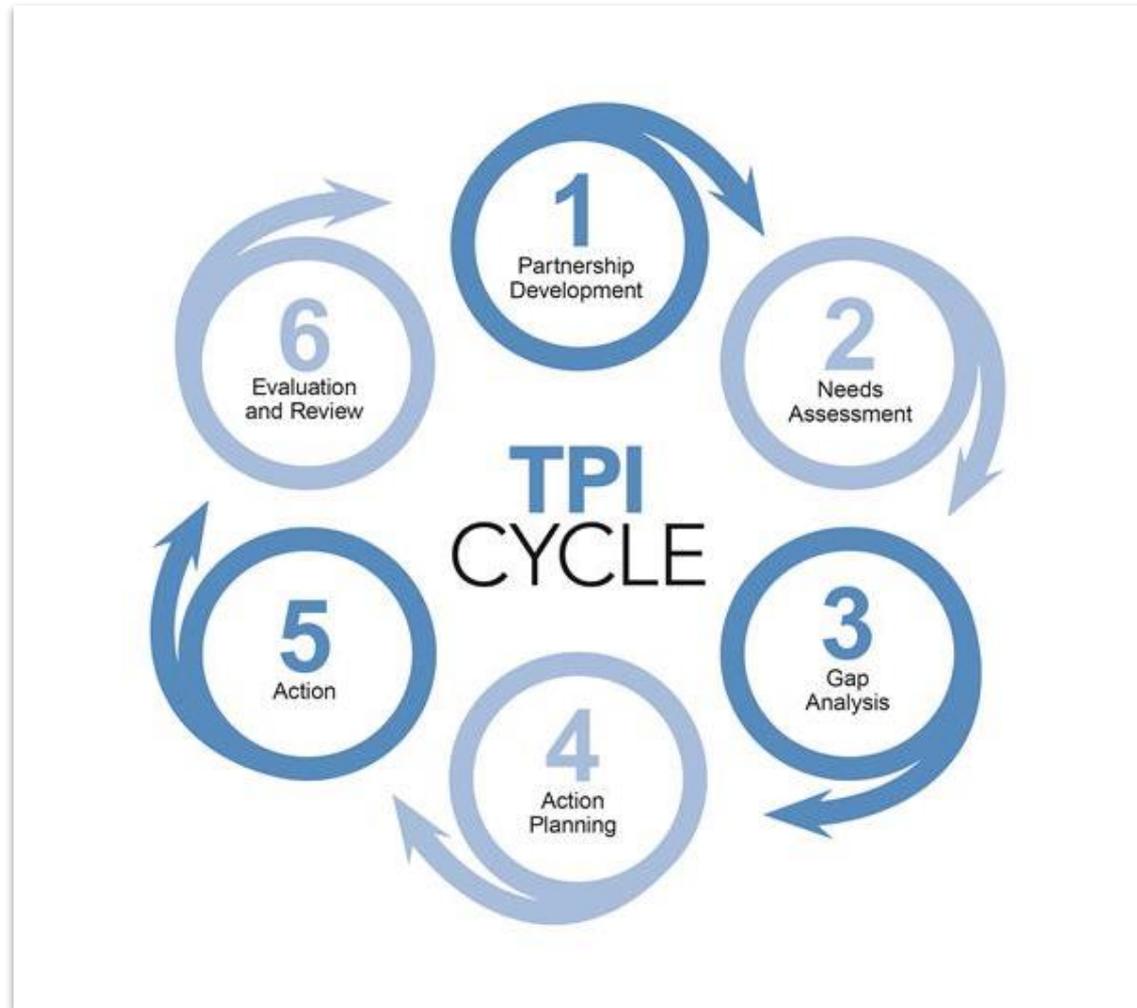
**Allows
knowledge and
learning to flow**



The power of spread – learning from Liberia



TPI 6-Step Model



Step 1: Partnership Development



What is a partnership?

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APPS Definition of a Partnership



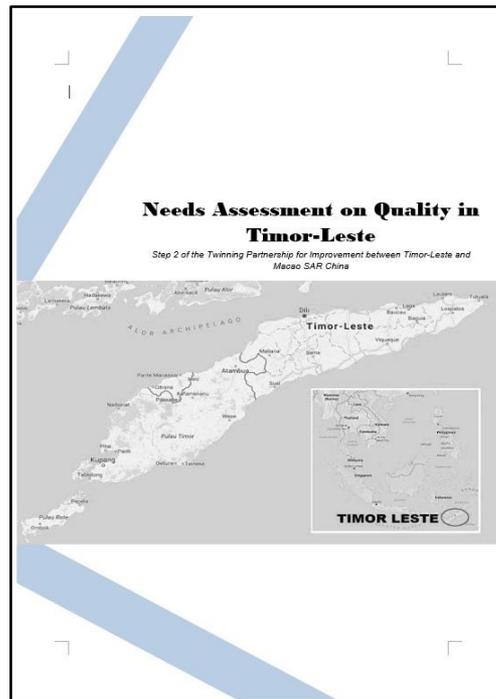
"If I had eight hours to chop down a tree, I'd spend six sharpening my axe."
- Abraham Lincoln



World Health Organization

Patient Safety
A World Alliance for Safer Health Care

Step 2: Needs Assessment

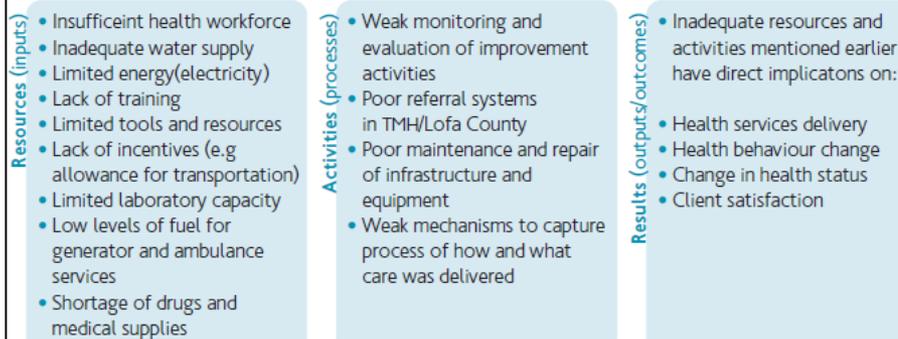


Drive change through structured (but adaptive) situational analysis to identify deficits and assets.

Step 3: Gap Analysis



Figure 3: Resource and activity constraints affecting quality of care at TMH



- **Drills down to key constraints for improvement.**
- **Applies standardized approach on specific technical areas.**
- **Helps prioritization within a set of priorities.**

Table 4: TMH hand hygiene score sheet

Component	Score
System change	25/100
Training and education	25/100
Evaluation and feedback	10/100
Reminders in the workplace	40/100
Institutional safety climate for hand hygiene	30/100
Total score*	130/500 (26%)

Step 4: Action Planning



- **Collective and systematic planning for maximal impact.**
- **Parameters of success defined jointly within the partnership.**
- **Co-development is key**

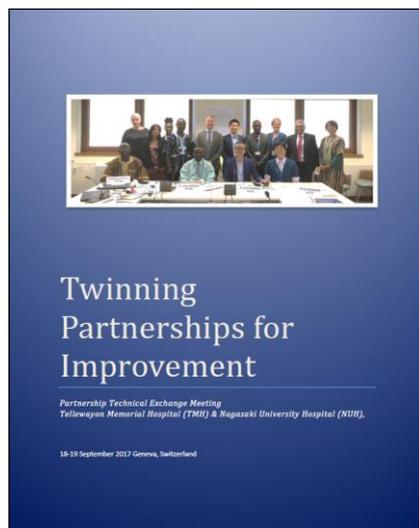
Annex 4. TPI Planning Template	
SUMMARY INFORMATION	
Name of twinning institution 1:	Name of lead:
Name of twinning institution 2:	Name of lead:
Name and date of situational analysis/baseline assessments used:	Names of individuals completing the plan:
Technical action areas for focus: <i>Partners to consider specific areas to work on, based on situational analysis (experience highlights the need to focus on 2-3 areas maximum)</i>	Example: <i>Project 1: Infection prevention and control</i> <i>Project 2: Knowledge and competency on quality improvement.</i>
For each action area, complete the template below. Use as many forms as required depending on the additional action areas addressed.	
Project number and action area	<ul style="list-style-type: none"> • E.g. Project 1: Infection prevention and control
Brief description of project	<ul style="list-style-type: none"> • Provide a 1-2 sentence outline of the project
Project goals	<ul style="list-style-type: none"> • List the change the project will contribute to in 1- 2 sentences. • Where possible, link to national and/or local policies and plans including the national direction on quality. • Try to emphasize how the goals of the project respond to the needs identified in the baseline assessment.
Project outcome(s)	<ul style="list-style-type: none"> • Describe the improvement that you hope will result from the project. • Outcomes often relate to changes in practice or health outcomes. • The outcomes should contribute to the achievement of the goal.
Project output(s)	<ul style="list-style-type: none"> • The direct results of the project e.g. 20 people trained in infection control. The outputs should lead to achievement of the outcomes.
Main activities	<ul style="list-style-type: none"> • List all planned activities. For each activity, briefly outline what will be done, where and who will be involved on each side of the twinning partnership; how long it will take; methods to be used; and associated costs. • List technical exchange schedule (e.g. Fortnightly skype connection, monthly leads 1-to-1, 6-monthly visits, ...)

Step 5: Action



- **Partnership Activities**
 - Reciprocal partnership visits
 - Partnership calls
 - Cross-partnership technical exchange
 - National spread activities
- **Partnership Outputs – Examples**
 - Systematic training/capacity building
 - Hand hygiene improvement
 - Waste management improvement
 - Enhanced preparedness for outbreaks
 - Culture of improvement strengthened
 - Catalyze structural changes
 - Community engagement for local momentum
 - Influence national policy through experience
 - Leadership development
 - Bidirectional benefits!

Step 6: Evaluation and Review



- Takes stock at the end of a partnership cycle.
- Partnership strength, improvement and spread considered.
- Next partnership cycle can build on previous.
- Builds knowledge for wider global application.



Basic principles of TPI



Shared Vision and joint planning

- Coordination and mutual agreement on plans and objectives
- Co-development
- Mutually agree on performance measures

Ownership

- Ownership from each arm of the partnership
- Emphasize roles, responsibilities, commitments from all stakeholders
- Plan with all levels of the health system

Good relationships

- Built on trust, non-judgement and commitment
- Harness the passion
- Respecting and understanding local cultures and customs

Good communication

- Effective communication to facilitate decision making
- Agree and secure channels for decision-making
- Clearly identify focal points and roles of each team member

Ways of working

- Nurturing individuals to be self-motivated
- Building transparency, flexibility, adaptability
- Celebrate what has gone well and modify what has not

Learning for improvements

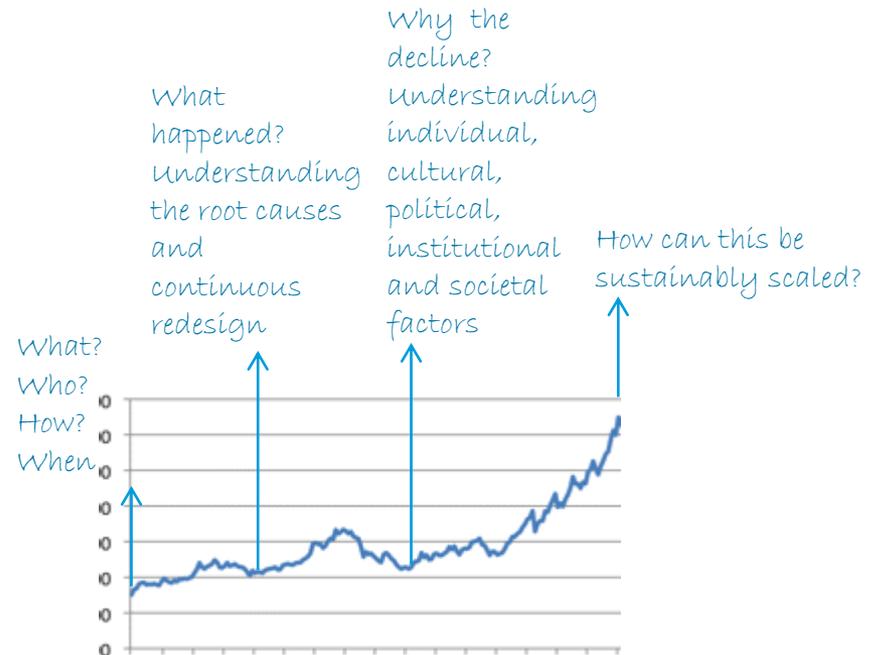
Learning

“We learn from each other. Real learning gets to the heart of what it means to be human. Through learning we re-create ourselves.”

-The Fifth Discipline – The Art and Practice of The Learning Organization

Learning

- Learning is the acquisition of knowledge or skills through study, experience, or being taught.
- Focus on messiness and “stories” behind improving health care quality
- Look beyond the numbers – learning from implementation.
- Focus on simplicity and clarity
- Share, challenge & spark
- Learning laboratory is a term used to refer to virtual platforms or mechanisms that generate and share information and resources on a particular topic area across users in different locations.



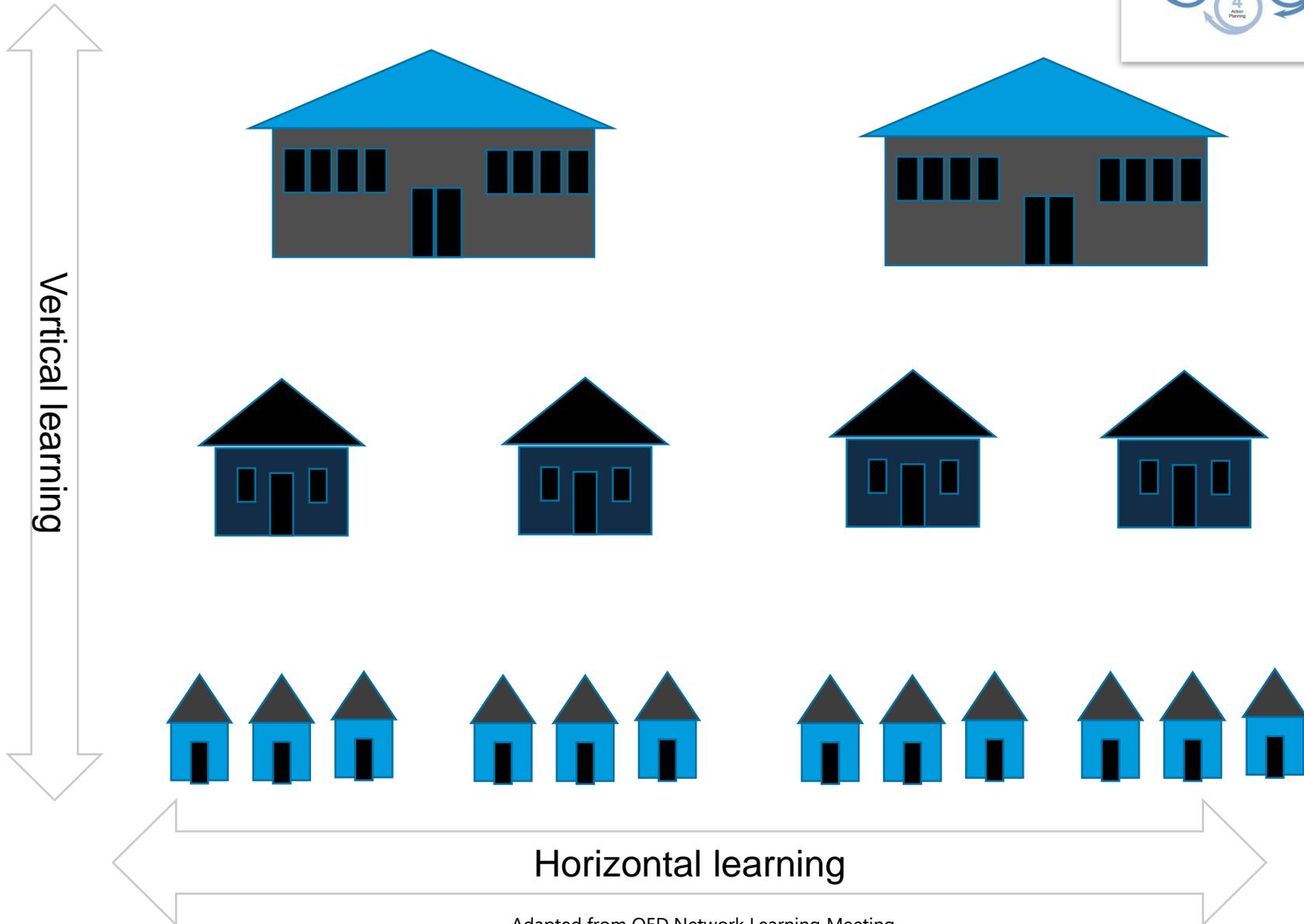
Factors to facilitate learning culture

Informed by 8-country NQPS cohort experience

- Dedicated governance, infrastructure and support architecture to facilitate learning
- Appropriate tools and resources to document stories for learning e.g. learning journals, bulletins, newsletters, training and capacity building
- Skills and knowledge of all health workers to monitor, document and learn from improvements beyond numbers.
- Involvement and engagement of teams/stakeholders in the process and documentation
- Collaborative learning
- Intrinsic and extrinsic motivation towards learning
- Periodic reviews of improvement through learning sessions/exchange and active feedback for improvement
- Understand the system (political, institutional, cultural, societal, and environmental).
- Transparency in performance and stories.
- Learning is everyone's responsibility



National learning system for QoC

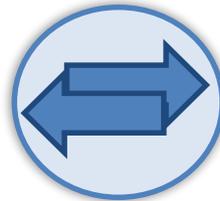


WHO Global Learning Laboratory for Quality UHC

*To create a safe space to **share** knowledge, experiences & ideas; **challenge** those ideas & approaches; and **spark** innovation for quality UHC.*

Share

Members share experiences, knowledge and ideas from the country level - lessons learned are disseminated across the globe.



Challenge

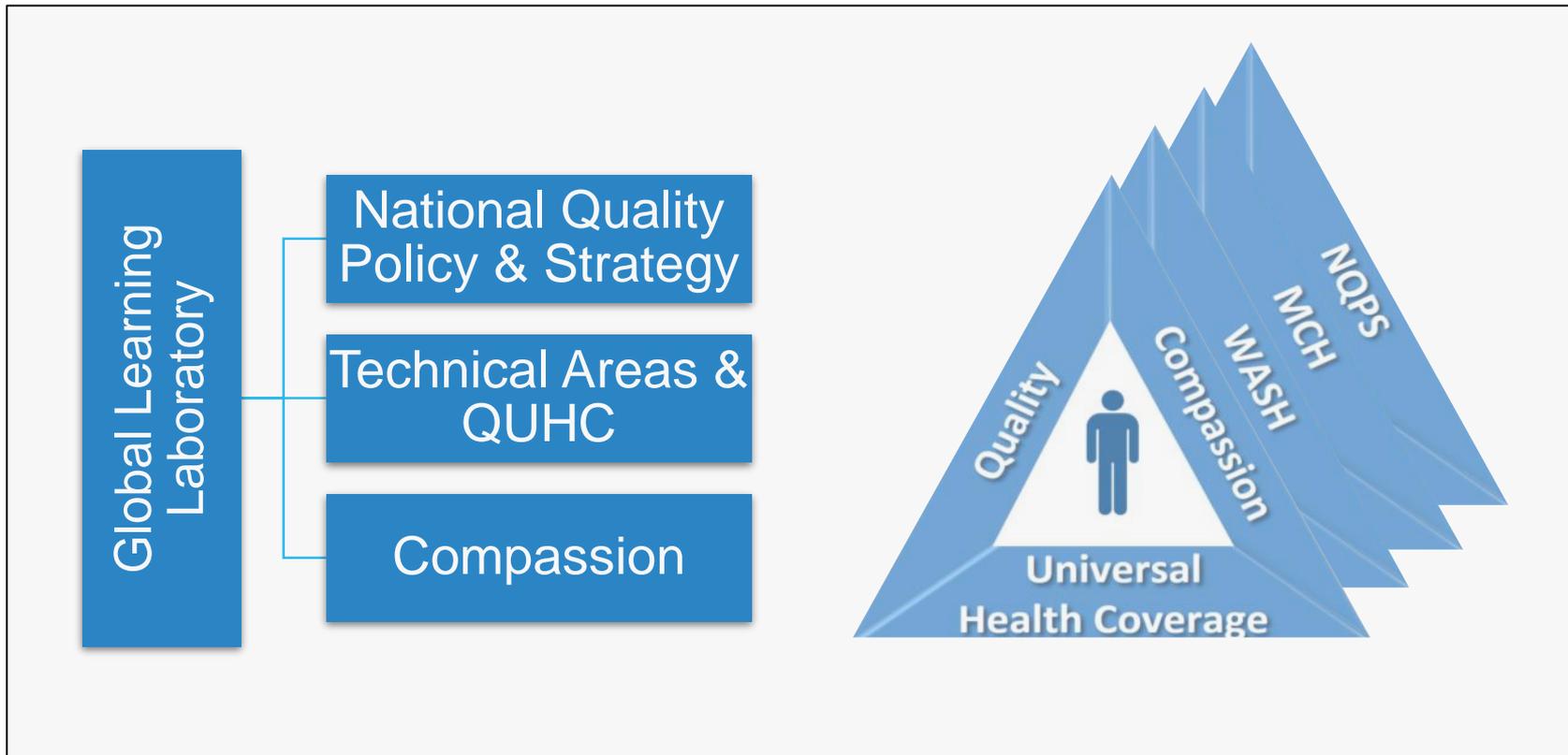
Members challenge experiences, knowledge and ideas – driving new and different ideas and understanding.



Spark

Members generate innovative ideas to support a collaborative task, activity or programme to be further developed in-country.

Focus of the GLL



WHO Global Learning Laboratory 4 Quality UHC

Examples of Knowledge Generation



Utilizing maternal & child health as a pathfinder for national quality policy in **Malawi**

Compassion and “What matters to you?”: the experience of **Scotland**

Implementing a national quality policy & strategy through a phased approach in **Mexico**

Integrating health care quality and health security in **Tanzania**

WHO Global Learning Laboratory for Quality UHC 

A safe space to **share** knowledge, experiences & ideas; **challenge** those ideas & approaches; and **spark** innovation for quality UHC.

Share
Members share experiences, knowledge & ideas from the countries – lessons learned are disseminated across the globe. 

Challenge
Members challenge experiences, knowledge & ideas – driving new, different ideas & understanding. 

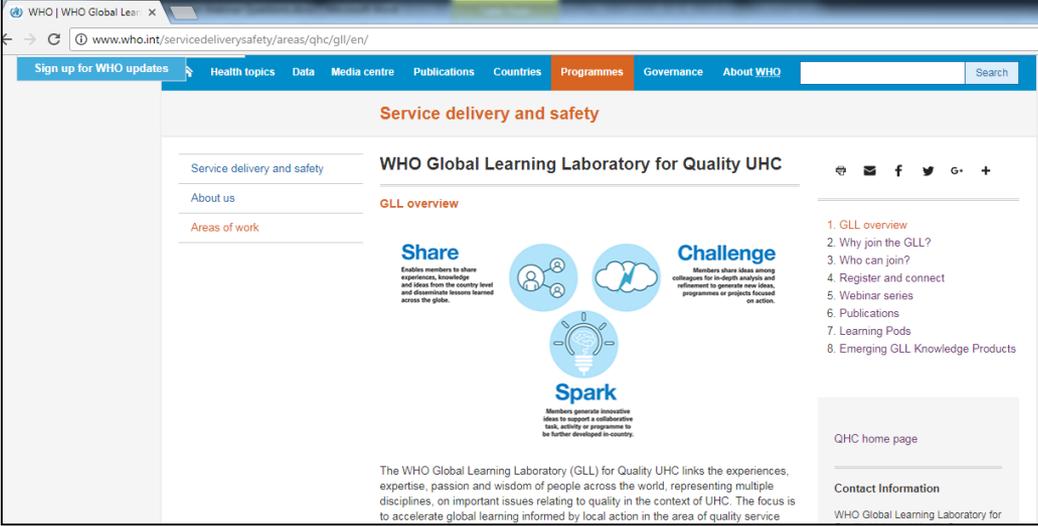
Spark
Members generate innovative ideas to support a collaborative task, activity or programme to be further developed in-country. 

To learn more: <http://www.who.int/servicedeliverysafety/areas/qhc/gll/en/index7.html>

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Questions & Answers



The screenshot shows the WHO Global Learning Laboratory for Quality UHC website. The browser address bar displays www.who.int/servicedeliverysafety/areas/qhc/gll/en/. The navigation menu includes: Sign up for WHO updates, Health topics, Data, Media centre, Publications, Countries, Programmes, Governance, and About WHO. The main heading is "Service delivery and safety". The page content includes a sidebar with "Service delivery and safety", "About us", and "Areas of work". The main content area features the title "WHO Global Learning Laboratory for Quality UHC" and a "GLL overview" section. This section is divided into three columns: "Share" (Enables members to share experiences, knowledge and ideas from the country level and disseminate lessons learned across the globe), "Challenge" (Members share ideas among colleagues for in-depth analysis and refinement to generate new ideas, programmes or projects focused on action), and "Spark" (Members generate innovative ideas to support a collaborative task, activity or programme to be further developed in-country). A list of 8 items is provided: 1. GLL overview, 2. Why join the GLL?, 3. Who can join?, 4. Register and connect, 5. Webinar series, 6. Publications, 7. Learning Pods, 8. Emerging GLL Knowledge Products. A "QHC home page" link and "Contact Information" section are also visible.



Global Learning Laboratory for Quality UHC: To register and learn more:
<http://www.who.int/servicedeliverysafety/areas/qhc/gll/en/index3.html>