National Quality Strategy

Meeting of the Society for Quality in Health Care in Nigeria

DRAFT

June 18th, 2013

The current Nigerian healthcare system results in high levels of preventable harm

Sentinel events

- A series of high-profile sentinel events have taken place and been broadcast by national media, including the wide reporting of a case of medical error that led to maternal death at a federal tertiary hospital
- Many hospitals and clinics nationwide experience adverse events, and patients and caregivers both seek improved care levels

Medical tourism

- Dramatic increase in outbound medical tourism as Nigerians lose faith in the capability of their medical system
- The amount of of external care seeking is a loss for the Nigerian economy, estimated to involve about $1 billion dollars in healthcare expenditure being spent abroad by Nigerians

The issue of quality of care has moved from an individual concern up to the national policy discourse. This change represents an opportunity to implement a robust approach to improve patient safety and assure quality of care in health facilities

Current state of affairs

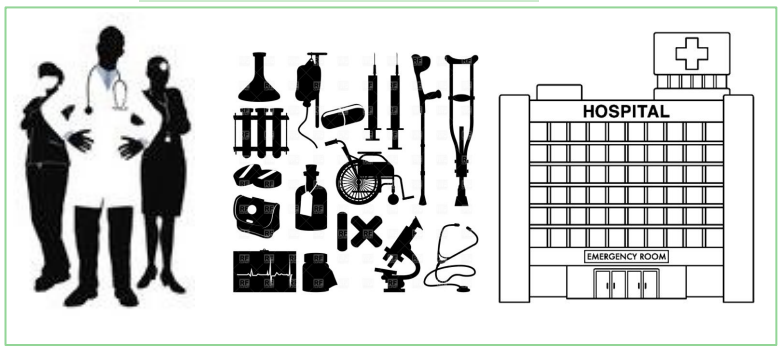
Conventional thought that hospitals and clinics have poor physical infrastructure and few supplies or resources at their disposal, which leads to poor quality of care being delivered

- **Example 1:** Facilities with untidy storage area filled with dirty linens, soiled mattresses, and other unkempt housekeeping material are inefficient and more likely to spread bacteria, germs, and infections.

- **Example 2:** High-tech equipment and supplies that are procured are often unused or misused. This phototherapy unit for neonatal intensive care was being used as a storage for books.

Rationale for change: Move from a focus on only the INPUTS of healthcare to a focus on the PROCESSES and OUTCOMES of care

Inputs



Processes & Outcomes

- Infection control
- Complication rates
- Mortality rates
- Patient satisfaction
- Diagnosis efficiency
- Utilization

Content of Care
Evidence based:
•Standards
•Protocols
•Guidelines

+

Process of Care
•Quality improvement methodology
•Collaborative learning

=

Improved quality of care
Quality improvement methodology

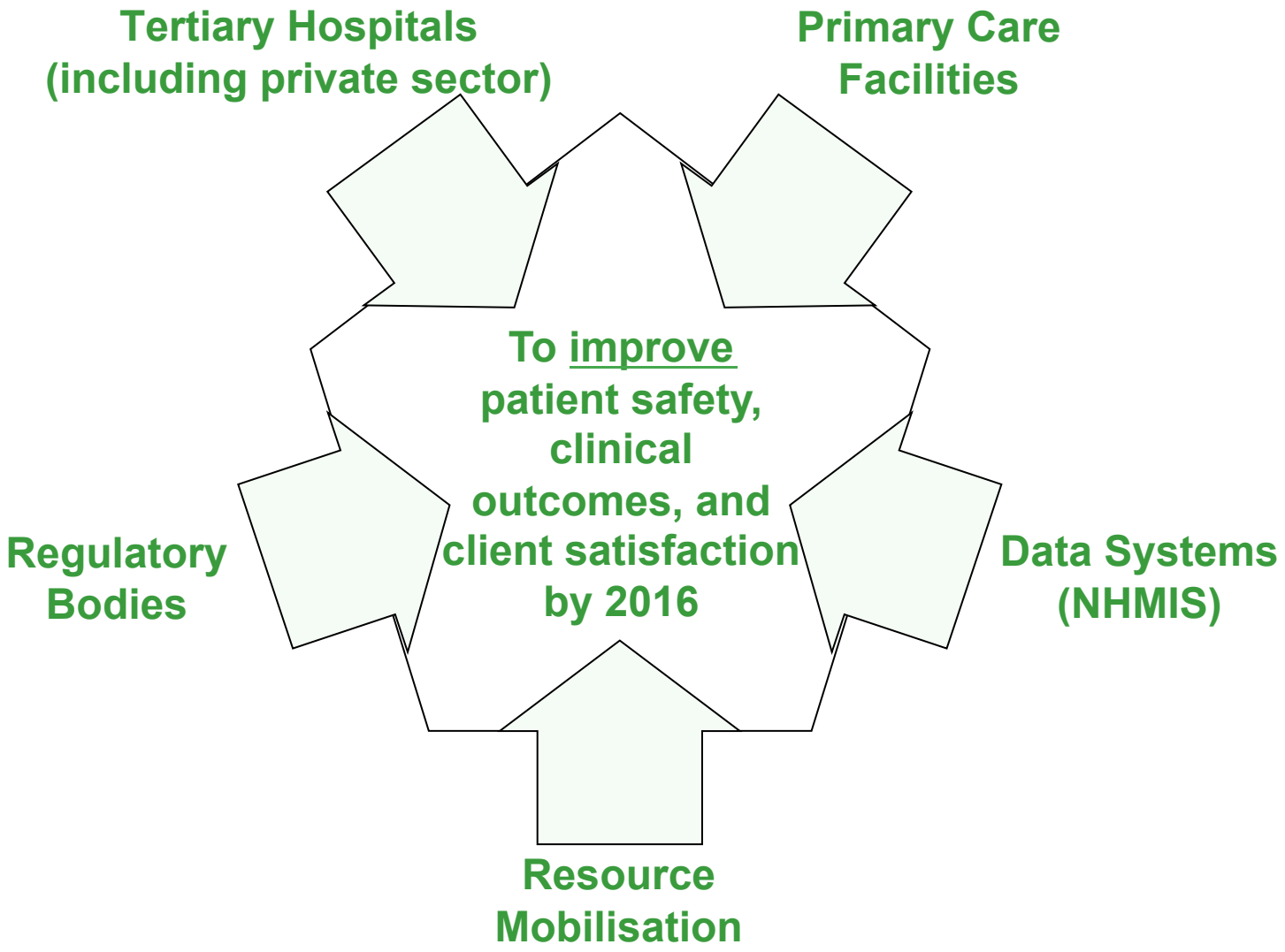
Quality improvement and clinical governance journey so far

	Activity	Outcomes
Oct. 2011	"Improving Quality and Efficiency of Health Services Through Better Clinical Governance" meeting held with CMDs and other government and non-government stakeholders	•Inauguration of the Task Team on Quality Improvement and Clinical Governance •Sign-up by FMCs for an initial training session of key clinicians •Development of preliminary metrics
2012	Development of strategic partnerships with organizations dedicated to quality improvement, including PharmAccess/ SafeCare and GE Healthcare	•Trainings on LEAN process improvement and healthcare management given to over 30 hospital administrators •Development of the SafeCare quality improvement initiative for ~50 SURE-P primary and referral facilities •Service Delivery Indicator study
Feb. 2013	Strategy meeting of the Task Force on Clinical Governance and Quality Improvement	•Align stakeholders' thinking on the core elements of quality improvement •Identified immediate, medium, and long term actions to take toward quality improvement •Developed prioritization areas for the National Quality Strategy
April 2013	Attended the International Forum on Quality and Safety in Healthcare	•Identified international best practices in quality improvement •Mitigated deficiencies in the national approach
May 2013	Impact evaluation of quality improvement study design in partnership with the World Bank	•Deigned a quantitative assessment to determine the impact of quality improvement measures to be implemented

Developing the National Quality Strategy

	1 Prior activities	2 Assessment of the current landscape	3 Consensus building and prioritisation	4 Strategy distribution and implementation
Strategic actions	▪ Creation and meetings of the Task Team on Quality Improvement and Clinical Governance ▪ Strategic partnerships development ▪ International Forum participation ▪ Impact evaluation study design	▪ Review of national quality strategies and health strategy documents conducted ▪ Consultations with global quality strategy experts ▪ Policy and report reviews ▪ Interviews with stakeholders across the healthcare system	▪ The Strategy development approach was very consultative and iterative in nature ▪ A working session comprised of regulators, providers and policy makers was held midway during the strategy process to pressure test initial hypotheses, prioritize improvement interventions, and discuss what would be needed to successfully implement these interventions	▪ Using the National Quality Strategy's identified key levers and prioritised improvement interventions, implement each area over three phases
Impact	▪ Identified broad appetite for improving the quality of care being delivered ▪ Detected multiple isolated and sporadic activities in place ▪ Recognized the need for coordinated efforts toward improvement	▪ Built understanding of the key themes for prioritisation in countries in Africa and globally ▪ Gained knowledge on the current state of quality at a systems level, including leadership and functionality structures	▪ Based on this consultative and participatory approach, a draft Strategy was developed ▪ States and LGAs were engaged in the Strategy development process to increase ease of implementation	**To improve patient safety, clinical outcomes, and client satisfaction by 2016**

National Quality Strategy: Key focal areas



National Quality Strategy Key Levers

AIM: To **improve** patient safety, clinical outcomes, and client satisfaction by 2016

KEY LEVERS	QUALITY AMBITIONS
A Tertiary and secondary hospitals	All federal tertiary (and some private) facilities, secondary facilities and their staff, labs and pharmacies will be empowered and equipped to deliver clinically appropriate care, avoiding harm to patients in a clean and respectful environment while reducing waste.
B Primary healthcare facilities	Each PHC will deliver care that is patient-centred and community-integrated. PHC staff will be continually developed and supported to deliver appropriate care. The accountability and ownership for PHC quality will be clear at the national level.
C Data reporting system	Data-driven decision-making by FMOH, states, and LGA, who use HMIS-collected data for targeted interventions and resource allocations; hospitals and PHCs reliably report a core set of process and outcome indicators related to quality of care and actively use them in improvement interventions.
D Regulatory agencies	Regulatory agencies will continually assess professional qualifications and institute a system of continuous registration and validation. Regulatory systems at all levels will enable disclosure and action related to unprofessional conduct and/or adverse patient safety events
E Resource mobilization for adherence to basic essential standards	The FMOH will harness the support of existing IPs engaged in infrastructural improvements to mobilize resources to states, LGAs, and facilities/PHCs. These resource s will be used for infrastructural investments in priority areas.

These specific improvement interventions to be implemented across three phases over the next three years

Phase 1
Demonstrate large scale improvements in preventable harm reduction, clinical outcomes and patient experience

- Focus efforts on aligning tertiary hospitals and primary health centres to demonstrate quality improvement (QI) in MCH and A&E at scale
- Roll out of two national patient safety initiatives, also called collaboratives—one in tertiary hospitals and private hospitals led, and the another in primary healthcare centres
- Develop core set of standards and indicators to monitor

Phase 2
Continuing to leverage demonstrated improvements from the on-going patient safety collaboratives

- Greater emphasis will be put on expanding the reach of the collaboratives, such as enrolling additional tertiary and secondary hospitals
- Strengthen data systems through ongoing data collection/analysis

Phase 3
Maintenance of gains made during the two previous horizons

- Broader adoption of best practices and sustainability planning
- Ensure on-going improvement to the health system and health outcomes

Patient safety collaboratives

Vision:

"Providing the very best evidence-based care every time to every patient, without waste or error, can contain costs and save lives…"

-Region Health Improvement Collaboratives

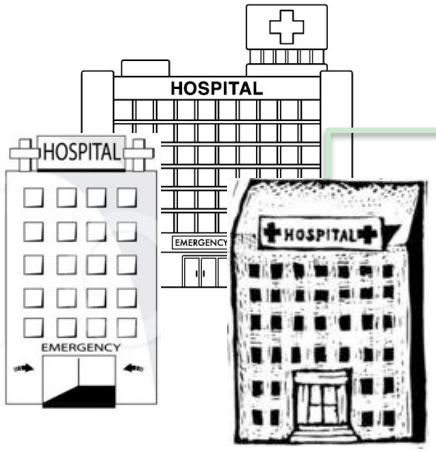
Objective

- To provide a structure for learning and action that will engage facilities in making real, system-level changes that will lead to dramatic improvements in care. As all teams within a collaborative are focused on the same improvement topic, teams learn with and from one another, as well as from experienced experts

Functions

- Unites individuals, groups, and organizations to facilitate partnership, improve communication, and undertake collective action (when appropriate) to improve patient safety
- Help stakeholders in their community/region identify opportunities for improving health quality and value, and facilitate planning and implementation of strategies for addressing those opportunities
- Facilitates the development, implementation and evaluation of quality improvement guidelines
- Governed by multi-stakeholder board composed of healthcare providers, payers, purchasers of health care, and consumers
- Works with a steering committee of quality improvement leaders, researchers, practitioners, and content experts

Collaborative 1: Tertiary & secondary collaborative focusing on A&E and MCH; Includes all federal tertiary hospitals and interested private sector hospitals

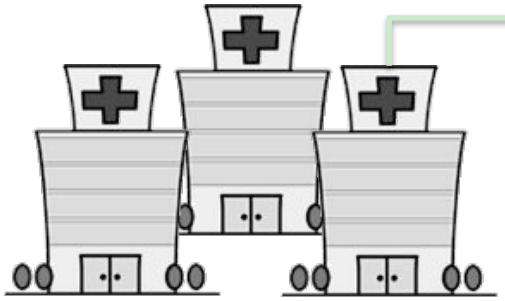


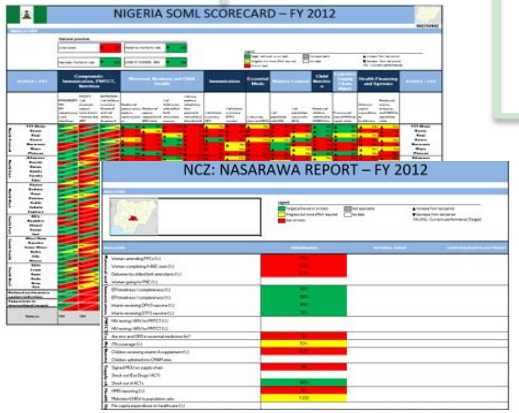
Timeline of activities (2013-2016)

1. Convene collaborative steering committee to be led by the DHS
2. Identify hospitals to be enrolled into the collaborative
3. Convene expert panel and begin developing evidenced-based content to assemble as preliminary change package for hospitals to begin testing
4. Conduct learning sessions on a regular basis, which bring together all hospitals, stakeholders, and expert panel, to share best practices
5. Create support structures (e.g., coaching calls) with collaborative hospitals between learning sessions to assess reported data and to maintain momentum of small-scale testing during action periods
6. Continually modify and refine the national tertiary hospital set of successful change concepts based on hospital successes for broader distribution at national scale

SOURCE: MCH PIU

Collaborative 2: Embark on patient safety collaborative around MCH, leveraging SURE-P as a platform for QI at PHC levels





Timeline of activities (2013-2016)

1. Convene collaborative steering committee to be led by NPHCDA
2. Identify SURE-P PHCs to be enrolled into collaborative
3. Convene expert panel, conduct learning sessions, and create support structures (e.g. coaching calls)
4. Continually modify and refine the PHC set of successful change concepts based on hospital successes for broader distribution at national scale
5. Embed existing tools into quality improvement initiative by including quality indicators in SURE-P monitoring and evaluation (M&E) metrics, as well as SOML dashboard
6. Ensure clarity on who “owns” quality in SURE-P facilities and ensure linkage between quality owners in LGA, state (including Primary Health Board), and federal level

SOURCE: MCH PIU

Immediate Next Steps

1. Task Force on Clinical Governance and Quality Improvement to develop guidelines and implementation of the national patient safety collaboratives
2. Launch patient safety collaborative across tertiary and private hospitals, demonstrating the impact of QI and the ability of FMOH to make lasting change
3. Launch patient safety collaborative at the PHC level through SURE-P facilities
4. Develop communication strategy of National Healthcare Quality Strategy and publicly launch strategy