Facility-level activities for improving quality of health services at the point of care

Before starting this section, consider reviewing the introductory, national- and district-level sections.

Introduction – the focus of this section

The ultimate aim of QI efforts is to deliver quality at the point of care in health facilities. This section focuses on health facilities and describes the activities that health workers can undertake to improve the quality of health services and patient outcomes. This encompasses a wide range of facilities where health services are provided to the population, including large to small hospitals and clinics, and primary care centres, covering the public, faith-based, private for-profit and not-for-profit sectors in both rural and urban areas. To some extent, the approach and principles can also be applied to a general practice or dental practice, although this is not the main intended audience.

Not all quality-related challenges can be addressed at the facility level. In some cases, facility-level activity and progress are influenced by what happens nationally and in districts. For example, a national aim to reduce waiting times for a specific surgical procedure can provide a strong mandate for facility level action. On the other hand, a facility may be more motivated to work on problems that are identified locally, by both health providers and the local community. Both approaches have advantages and disadvantages, which are explored in more detail throughout this section.

The key activities listed in the national- (from page 13) and district-level (from page 24) sections of this guide provide a useful reminder of upstream actions and responsibilities that will impact work to address quality-related challenges at the facility level.

Fundamental success factors

Take a few moments to review the foundational requirements and guiding principles in the introduction of this document (pages 4– 5). These help to lay the foundations for success.

In addition to the foundational requirements addressed earlier, there are certain aspects of the health system at the facility level that influence implementation of activities for quality health service delivery. The following are widely considered to be prerequisites for quality health services:

1. Essential infrastructure: These include but are not limited to elements related to the physical environment in which care is provided (e.g. WASH and safe waste disposal infrastructures; reliable energy/power supply; supplies of safe and effective medicines; medical devices and technologies; supplies of personal protective equipment; and hand hygiene materials).

For more information on WASH, see: Water, sanitation and hygiene in health care facilities: practical steps to achieve universal access *(12)*.

2. Health workers: Sufficient numbers of trained and competent staff.
3. Health management information systems and data systems (e.g. availability of quality measures and data collection templates to generate data; computer hardware/software to analyse data and synthesize the findings into actionable information for further improvement).

Box 7.

Who is taking action at the facility level?

Facility leadership and facility QI teams drive activity and ensure relevant stakeholders are engaged. These may be called by various names in different countries and contexts.

- The **facility leadership** includes the overall facility chief or administrator.
- The **QI team** includes the team working on specific improvement aims. The QI team is the focal point for guiding the process within the facility. Smaller facilities may have one QI team that works on different aims. Larger facilities may have multiple departments working on a range of QI-related issues and a central coordinating team.

The facility leadership and QI teams should work with all facility health workers – across all clinical and non-clinical cadres – to ensure everyone understands and is engaged in improving the quality of health services and to foster a sense of ownership and the realization that quality is everyone's business.

The role of patients, families and communities

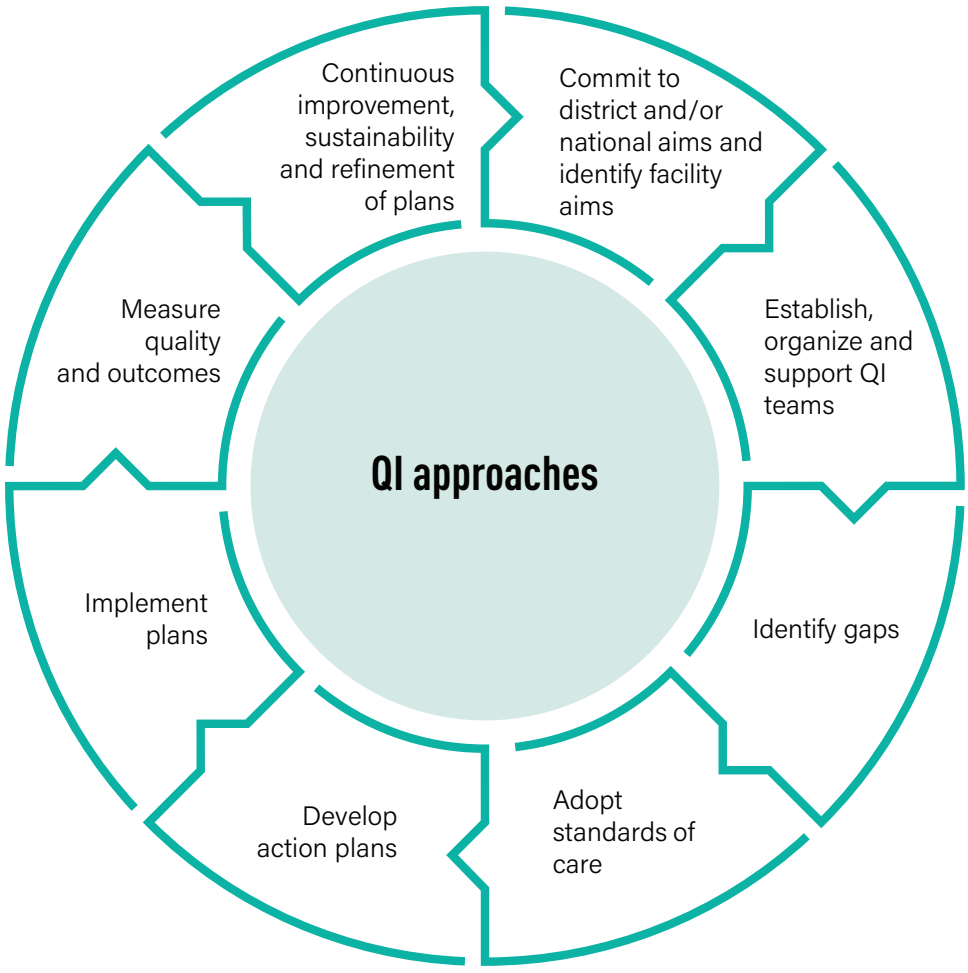
The health facility is the place where health services are delivered to the patients, their relatives and the local community, including community-based organizations and workers. This important stakeholder group comprises patients, families, the community and various population groups, and helps shape accountability and governance mechanisms for quality, the demand for quality services, and the prioritization of QI projects, and supports learning at the community level. They should be active partners in the development, implementation and evaluation/monitoring of QI projects in transparent and sustainable ways.

FACILITY-LEVEL START-UP ACTIVITIES

This section describes the actions that facility leadership and health workers can take to improve quality of health services.

Actions at the facility level are based on an iterative approach to quality improvement that supports refinement over time (Fig. 4).

Figure 4. Iterative approach to improving quality of health services at the facility level



The above diagram is not intended to represent a QI methodology; rather, it is a representation of a broader improvement process that links with the national and district approaches.[b]

b For more information see: *Taking action: Steps 4 and 5 in twinning partnerships for improvement (18).*

1 COMMIT TO DISTRICT AND/OR NATIONAL AIMS AND IDENTIFY CLEAR FACILITY IMPROVEMENT AIMS

A critical early step is for facility leadership to commit to district and/or national quality aims where these exist. Where a national quality policy or strategy and operational plan are in place, consider how to adapt the goals and associated priorities for the facility aligned with the district-level aims. Working towards the national goal or district aims allows facilities to start fast, and to learn from and share learning across districts and facilities. It can also present an opportunity to shape national and district priorities.

In the absence of national and/or district aims, the facility needs to select their priorities locally. This can motivate facility health workers to work on problems that are important to them and meet local needs.

Key activities

For facility leadership

- Where available, familiarize yourself with the district orientation package on key quality concepts and activities.
- Consult with health workers and the community around district aims, and adapt those aims to the local context through dialogue. This will also help secure commitment from those who will be most affected by the facility-level planning. With the support of district officials, introduce the collective district aims and targets to relevant health workers and community representatives (e.g. hold meetings to review and discuss district aims).
- Establish a mechanism for regular communication with community representatives and patients.
- Commit to creating an enabling environment for QI (e.g. availability of the fundamental success factors described earlier and promoting the key features of a quality culture (see Box 4). Liaison may be required with the district and national levels to explore plans for addressing critical gaps.
- Identify approaches, tools and resources needed in collaboration with the district.
- Create the appropriate quality management structures in the facility (e.g. identifying a QI coordinator, establishing a quality management unit).
- To motivate and incentivize for quality, provide health workers and members of the QI team with training opportunities to build their knowledge and skills for improving quality of health services.

For QI team

- Identify and define the overall aim(s) for the facility and develop a clear statement of purpose describing the aims with associated targets to achieve and the related timeframe (e.g. "This facility aims to reduce the surgical site infection rate by 50% for patients undergoing elective surgery, by 2021.")
- Commit to achieving the standards of quality of care set by the district and national level.
- Review district-level orientation package and identify how best to adapt to the facility context.
- Identify facility champion(s) (or quality focal point(s)) among health workers, partners, patients and community representatives to create a coalition of quality champions and role models. The coalition can help promote the initiative and mobilize support for implementation.
- For large facilities, QI teams should develop specific aims for their respective units/departments to improve the quality of health services.

For both leadership and QI teams

- Commit to and facilitate documentation and sharing of learning within the facility and the district (e.g. weekly or monthly newsletters, regular communication or meetings with the district level, as well as with community representatives and patients).
- To motivate and incentivize for quality as an integral dimension of fostering a positive environment, establish ways to recognize and reward progress and achievements. In addition to financial incentives, opportunities for QI teams and facilities to present their work in meetings, seminars, conferences and other sharing platforms can provide encouragement and inspiration.

2 ESTABLISH, ORGANIZE AND SUPPORT QI TEAMS – PREPARING FOR ACTION

Key activities

For facility leadership

- Establish and support a multidisciplinary QI team comprising all cadres of health workers involved in achieving the selected aim.
- Build on functioning teams where they exist (e.g. patient safety, IPC etc.).
- Aim to include people with effective communication skills, and those with interest, knowledge and the ability to address administrative and management issues.
- Include representatives from community and patient groups.
- For large QI teams (i.e. in larger facilities) ensure a dedicated QI manager to lead the QI team.

For QI team

- Agree upon QI team functions and develop clear roles and responsibilities:
  - a) Setting improvement aims; b) reviewing facility data on selected improvement aims; c) taking continual action to improve quality of care; d) sharing learning; and e) keeping facility leadership informed about activities and progress.
  - Establish a schedule of meetings, mode and purpose of communication etc.
- Collaborate with and introduce the quality of care programme to facility staff, community representatives and other stakeholders (e.g. holding briefings, learning and/or orientation sessions for clinical and non-clinical staff – such as cleaners, administrative workers, technicians).
- Use practical examples to illustrate how quality of care encompasses technical areas such as IPC and antimicrobial resistance.

For more information on taking action on quality improvement at the facility level, see: Taking action: Steps 4 and 5 in twinning partnerships for improvement *(18)*.

3 CONDUCT SITUATIONAL ANALYSIS/BASELINE ASSESSMENT TO IDENTIFY GAPS

The purpose of facility situational analysis is to understand the current 'state of quality' within the facility before starting implementation. While important to align facility improvement aims with those at the district and national levels, these aims are more specific and grounded in the local context and data. Through situational analysis the QI team gathers detailed information on different aspects of quality such as infrastructure, availability of policies, guidelines, standards and related resources in the facility. This is key to identifying gaps and effectiveness of applied quality interventions to inform improvement.

Key activities

- Conduct facility situational analysis to identify priority areas for action and inform improvement aims at the facility level.
- Use recent assessment results, where available.
- Based on the results of the assessment, undertake a gap analysis to identify where priority actions are needed.
- Actively engage facility staff, district leadership, the community and other stakeholders to identify gaps. Share results of the gap analysis with district and community stakeholders for feedback, and to support their advocacy and mobilization efforts both nationally and locally.

4 ADOPT STANDARDS OF CARE

Informed by the results of the baseline assessment, QI teams should ensure relevant clinical standards, protocols, pathways and guidelines that are set at the national and/or district levels are applied. The term 'standards' is used here to embrace all types of these. In the absence of national and district standards, international standards can be considered. Lack of specific standards is a barrier for defining and analysing gaps between standards and current practices.

Stakeholders from professional societies or councils, and academic research institutions can play an important role in this step. For example, working with academic research institutions could help shape the local research agenda, and result in research outputs focused towards improving quality of care, in addition to bringing on board a useful stakeholder group to advance the QI agenda.

Key activities

- Orient all staff towards relevant national standards, protocols, pathways and guidelines (if available) and on the results of the baseline assessment.
- Identify gaps in quality based on the standards, protocols, pathways and guidelines.
- Set goals for improving performance.
- Report to the district health management on critical resources that are needed to achieve improvements in quality.

IDENTIFY QI ACTIVITIES (DEVELOP ACTION PLANS)

Based on the overall improvement aim(s), the QI team identifies one or two specific clinical components of care for initial improvement. After they address these, they can move on to improve other components of care. The QI team should be encouraged and supported by leadership to progressively apply improvement strategies and methods during these steps, focused on identified priorities (e.g. where wide variations in practice have been identified).

The QI team coordinates the planning of QI activities by developing an action plan (see Annex 4 for sample). Elements of the plan should have SMART characteristics: specific, measurable, achievable, relevant and time-bound. **The QI team should review and consider the range of strategies and methods available to support QI** *(18)*.

Key activities

- Rapid recap on QI strategies and methods.
- Decide upon specific improvement aims with a defined target and time frame, based on the result of the situational analysis. Early success is a strong motivator, so look for 'quick wins' initially – aims that are: a) considered relatively easy to achieve; b) easy to measure; or c) would have the highest impact.
- Identify specific QI interventions to be implemented to achieve the improvement aims, informed by the national set of quality interventions (i.e. system environment, reducing harm, improvement in clinical care, patient, family and community engagement interventions).
- If the facility is already implementing interventions from the national set of quality interventions (e.g. clinical mentorship, clinical audits) consider establishing mechanisms to strengthen the capacity of QI teams.
- Develop an action plan that lists all the actions to be taken to implement the intervention(s), including start and end dates, the person(s) assigned to perform the action and required resources.
- Liaise with the district for implementation support.

For more information on taking action on quality improvement at the facility level, see: Taking action: Steps 4 and 5 in twinning partnerships for improvement *(18)*.

IMPLEMENT QI OPERATIONAL PLAN

QI teams test and implement the action plan. Periodic measurement will determine whether the actions are helping to reach the aims. The support of facility leadership is important to help make successful actions routine. New ways of working may then form new facility policies and protocols to support institutionalizing successful actions.

Key activities

- Test the proposed action plan initially on a small scale and for a limited period.
- Review data to determine effective actions and progress, and refine the action plan as needed.

- Consider the best ways to share good practices with all staff, facility leadership and other facilities (e.g. during meetings, exchange visits, online webinars and/or through other virtual and in-person platforms).
- Reflect on: 1) system interventions that are implemented nationwide and how these may affect your facility; and 2) how different disease or population-based programmes might implement selected QI interventions towards their specific goals, and how linkages might be made throughout a health facility to support learning of lessons.

7 UNDERTAKE CONTINUOUS MEASUREMENT OF QUALITY AND OUTCOMES

Measurement of outcomes, and in particular continuous monitoring of QI tracers and feedback, is an important responsibility of **QI teams**. Measurement generates internal knowledge and information that can be used quickly by the facility to drive improvement, often ***before*** being reported to district and/or national level. It enables monitoring of whether QI interventions are being implemented effectively. Measurement is also critical for team-based learning.

When QI interventions are prioritized at the district level consider how the district intends to evaluate or support evaluation of the effectiveness of these QI interventions at the facility level. Coaching, mentoring and supportive supervision may be helpful during this step and should be done in an integrated way where possible. Use existing tools such as surveys to collect patient and community feedback.

Key activities

- Define measures related to the identified aims and set up the measurement process for data collection, compilation, analysis and synthesis, drawing from existing measures and measurement processes where possible.
- Define a reporting process to share results with facility management and district leadership. Feedback is important – also consider feeding back to the local community.
- Consider whether the QI team requires additional facilitation, training, coaching or supportive supervision to conduct measurement e.g. district level/partner support if available.
- Develop job aids to support measurement.

FACILITY-LEVEL ONGOING ACTIVITIES

This section describes activities that may be currently ongoing or may require ongoing action at the facility level to support quality of health services at the point of care. A number of these areas also contribute to the start-up of quality of care activities at the facility level. These activities inform and feed into overall policy or strategy direction from national and district authorities.

Continuous improvement – sustaining the improvement and refining operational plans

Quality improvement is not a one-off static process but rather a continuous dynamic effort. Support from facility leadership is needed throughout the process to reach the selected improvement aims. Once an aim has been achieved and informed by the findings of measurement and monitoring, the QI team should continue activities by selecting new improvement aims based on the priorities that will most impact the quality of care and developing a new action plan accordingly.

A basic principle underlying continuous quality improvement is learning – identifying what works and what does not work – and sharing this knowledge within and across facilities and districts. To enable this, the facility leadership should foster a culture of quality described earlier in this document (see Box 4). QI benefits from shared and distributed leadership that involves multiple actors working together collaboratively. Facility leadership and QI teams should ensure quality care is sustained and the new way of working is made the norm in the facility. Additionally, and to promote sustainability, stakeholders and communities should be actively engaged.

The key activities listed on page 21 in the national-level section provide a useful reminder of actions and responsibilities at the central level that will impact work aimed at improving quality of care at the district level. Similarly, the activities outlined on page 47 in the facility-level section provide a useful reminder of actions and responsibilities at the facility level that need to be considered when planning and implementing district-level activities.

Key activities

For facility leadership

- Secure continuous support for quality improvement efforts:
  - Work with the district leadership to make sure the QI team receives adequate support such as coaching and clinical mentorship.
  - Support the QI team in involving community representatives in all stages of the process.
  - Ensure the QI team is able to collect and use measurement data to determine effectiveness of the interventions and progress.
  - Provide quick solutions to emerging problems, including those addressing processes, resources, infrastructures and clinical skills.

  - Foster a positive environment for QI.
  - Put in place health workforce development mechanisms (e.g. career paths, professional development).
  - Ensure improvement gains are institutionalized (e.g. revision of standard operating procedures, structural and process changes).
  - Ensure practical mechanisms are in place for occupational health and safety, including the ready availability of personal protective equipment.
- Share learning:
  - Facilitate continuous learning by sharing experiences and results (e.g. incorporating discussions in relevant routine facility meetings, peer-to-peer learning across the QI team).
  - Ensure facility health workers participate in learning activities to share their first-hand experience (both successes and failures) in relation to QI efforts.
  - Working with district counterparts, prioritize learning by:
    - Forming a collaborative with other health facilities/networks of facilities to discuss and compare indicators, data and quality improvement experience, as well as facilitate joint learning.
    - Participating in exchange visits between health facilities and between districts, according to direction from the district level.
    - Sharing experience and stories using district-generated tools and resources.
    - Building capacity on story-writing/sharing as part of regular QI support visits from the district level to enable health workers to capture key elements of improvement.
    - Participating in peer-to-peer learning opportunities (e.g. district-level review meetings, quarterly sharing meeting, district newsletters or bulletins, and other regular meeting opportunities using online technologies).
- Recognize and reward achievements (e.g. through awards or other acknowledgements, including the opportunity to present at conferences and seminars).
- Ensure engagement and accountability mechanisms:
  - Maintain engagement with the district, local stakeholders and the community as part of the ongoing demonstration of accountability (including social accountability).

For QI teams

- Share learning on challenges and successes both internally and with community representatives (e.g through social media, local newspapers and digital platforms).
- Ensure engagement and accountability mechanisms:
  - Maintain engagement with facility leadership – this is important when the facility leadership are not members of the QI teams (e.g. provision of regular updates on progress and requests for support).
  - Engage community representatives and patients, and collect patient experiences for identifying new improvement aims, analysing gaps and proposing and testing solutions. Ensure patient, family and community engagement mechanisms are functional and regular.
  - Consider how other facilities are engaging stakeholders and communities during exchange visits and peer-to-peer learning events.
- Continue improvement activities:
  - Select new improvement aims in discussion with district and aligned with national and district aims.
  - Orient new facility health workers to the QI efforts in order to amplify benefits into the future.

SUMMARY OF ACTIONS
FACILITY LEVEL

Improving quality of care requires several actions at the facility level. After reading this chapter you should know how to address the following interdependent actions.

- **Commit to district aims and identify clear facility improvement aim(s)**
- **Establish, organize and support multidisciplinary QI teams – prepare for action**
- **Conduct situational analysis/baseline assessment to identify gaps**
- **Adopt standards of care**
- **Identify QI activities – develop action plan**
- **Undertake continuous measurement of outcomes**
- **Focus on continuous improvement – sustain improvements and refine action plans**