



**Africa Health, 7th Quality Management Conference,  
28th -29th May 2019. Johannesburg SA.**

**Masterclass I: Building quality resilient health facilities  
Strengthening Facility Health Systems for Quality Resilience**

**Presented by Dr. Gilbert Buckle, Executive Director, AfHQSA**

Every system is perfectly designed to  
achieve the results it gets.

If you want different results change the system!

## What does it mean to be resilient?



- 1. Resilience** means the health facility is sensitive and responsive to deviations from the desired quality of practice of outcome.
- A **quality-sensitive** health system is one that is able to **IDENTIFY** and **MONITOR** variations in the quality needs of the population (users of and workers in the facility)
- A **quality-responsive** health system is one that is able to **RESOURCE** and **CONTINUOUSLY** execute quality improvement practices carried out in the facility correct variations

# Model for Institutional Transformation for Healthcare Quality [AfiHQSA]



# THE HEALTH FACILITY SYSTEMS: FUNCTIONS AND OUTCOMES



<b>Leadership and Governance</b>	Stewardship, setting health system performance goals, developing strategic plans and managing operations and resources in line with regulatory frameworks.	Accountability, transparency, efficiency, effectiveness and synergy amongst the health system building blocks towards the achievement of health system performance goals.
<b>Human Resources</b>	Planning, managing and utilizing the numbers, quality and distribution of health staff.	Required health workforce to deliver quality health services is available, motivated, satisfied and functional.



# THE HEALTH SYSTEMS FUNCTIONS AND OUTCOMES

<b>Service Delivery</b>	Provision of essential, accessible, affordable and integrated health services.	Availability and accessibility of health services
<b>Financing</b>	The mobilization, management and accountability of funds and resources.	Required inputs for services are available at the most competitive prices.
<b>Technologies</b>	Ensuring access to and appropriate utilization of medicines, vaccines, technologies and infrastructure.	Availability and use of scientifically sound and cost-effective technologies.

# THE HEALTH SYSTEMS FUNCTIONS AND OUTCOMES



<b>Health Information</b>	Monitoring and Evaluation, the use, analysis and dissemination of reliable and timely information.	Reliable and timely information for evidence-based decision making.
<b>Community Participation and Ownership</b>	Engaging communities and their leadership in determining health activities and taking ownership for their own health.	Increased responsiveness to the health needs of the community and improved health seeking behavior of community members.
<b>Partnership</b>	Working with stakeholders in the context of mutual respect to fill in gaps within the health system and address them in a coordinated manner.	Improved collaboration and coordination among actors and increased efficiency and effectiveness in service delivery.
<b>Research</b>	Study and analyze system functioning.	Evidence-based, locally relevant system improvement interventions.

# Facility Health System Readiness Assessment



**Score 1 to 5. 1=no, 2=sometimes, 3=most times, 4= very often, 5= yes**

	System Block	Readiness criteria	Score
<b>1</b>	Leadership and governance	Are we doing the right thing (adherence to processes, procedures guidelines)?	
		Are we doing the right thing, the right way?	
		Are we doing the right thing, the right way at the right time?	
		Are we doing the right thing, the right way at the right time all the time?	
		Average score	

# Facility Health System Readiness Assessment



**Score 1 to 5. 1=no, 2=sometimes, 3=most times, 4= very often, 5= yes**

	System Block	Readiness criteria	Score
<b>2</b>	Human Resource	Are we using the right people?	
		Are we using the right people, with the right skill?	
		Are we using the right people, with the right skill and right attitude?	
		Average score	

# Facility Health System Readiness Assessment



**Score 1 to 5. 1=no, 2=sometimes, 3=most times, 4= very often, 5= yes**

	System Block	Readiness criteria	Score
<b>3</b>	Service Delivery	Are we providing services that are meeting the needs and expectations of the users?	
		Are we providing services that are exceeding meeting the needs and expectations of the users?	
		Are we providing services that are achieving the desired level of care outcomes?	
		Average score	

# Facility Health System Readiness Assessment



**Score 1 to 5. 1=no, 2=sometimes, 3=most times, 4= very often, 5= yes**

	System Block	Readiness criteria	Score
<b>4</b>	Information	Are we collecting information on the quality of care provided?	
		Are we using the appropriate tools to collect the required information the quality of care provided?	
		Are we using the information to improve the services we provide and care outcomes achieved?	
		Average score	

# Facility Health System Readiness Assessment



**Score 1 to 5. 1=no, 2=sometimes, 3=most times, 4= very often, 5= yes**

	System Block	Readiness criteria	Score
<b>5</b>	Technology	Are we using the right medicines?	
		Are we using the right equipment?	
		Are we using the right infrastructure?	
		Average score	
<b>6</b>	Financing	Are we providing care at the right cost?	
		Are we budgeting for quality improvement?	
		Are we making funds available for quality improvement	
		Average score	

# Facility Health System Readiness Assessment



**Score 1 to 5. 1= no, 2=sometimes, 3=most times, 4= very often, 5= yes**

	System Block	Readiness criteria	Score
<b>7</b>	Community Participation	Are we engaging the community to better manage their health?	
		Are we supporting the community to better manage their health?	
		Average score	
<b>8</b>	Partnership	Are we partnering with the right people or organizations to promote quality of care?	
		Average score	

# Facility Health System Readiness Assessment



**Score 1 to 5. 1=no, 2=sometimes, 3=most times, 4= very often, 5= yes**

	System Block	Readiness criteria	Score
<b>9</b>	Research	Are we finding new ways to improve the services we provide and the outcomes they achieve?	
		Average score	
		Total Score (sum of all average scores)	
		Level of Readiness (%) (Total Score over 45 X 100)	



# Desired Quality Outcomes

- 1. Safety** — Patients and workers are not harmed while respectively receiving or giving the care that is intended.
- 2. Effective** — Scientifically proven evidence is the basis for care that is given for the achievement of optimal (desired) outcomes and avoidance of both underuse and misuse.
- 3. Efficient** — Wastage of manpower, time, equipment, medicines and medical supplies, ideas and energy (utilities) and all other resources is at a minimum .
- 4. Patient-centered** — Care delivery respects and responds to individual patient preferences, needs, expectations and values. Furthermore, these values guide all clinical decisions. All clinical stakeholders have a comprehensive view into each patients' entire medical history.



## Desired Quality Outcomes

5. **Timely** — Wait times and potentially harmful delays for both those who receive and give care is at a minimum
6. **Equitable** — Care does not vary in quality because of personal characteristics, such as gender, ethnicity, age, geographic location and socioeconomic status.
7. **Integrity** - The provision of care is devoid of collusion and corruption at all times
8. **Integrated** - The provision of care is not fragmented. It is a 'one-stop shop' experience!

# Quality Status Assessment



Score 1 to 5. 1=no, 2=sometimes, 3=most times, 4= very often, 5= yes		
Dimensions of Quality		Score
1	Safe	
2	Effective (outcomes)	
3	Efficient	
4	Patient centered *	
5	Timely	
6	Equitable care	
7	Integrity	
8	Integrated	
<b>Total Score</b>		
16/06/2019	<b>Quality Score (%) (Total score over 40 X 100)</b>	17

# Picker's (8) Principles of Patient Centered Care



- 1. Respect for patient preferences, values and expressed needs:** involve in decision making, treat with dignity, respect and sensitivity
- 2. Information, education and communication:** information on clinical status, progress and prognosis; information on processes of care; information to facilitate autonomy, self-care and health promotion
- 3. Coordination and integration of care and services:** coordination of clinical care; coordination of ancillary and support services; coordination of front-line patient care



4. **Emotional support:** anxiety over physical status, treatment and prognosis; anxiety over the impact of the illness on themselves and family; anxiety over the financial impact of illness
5. **Physical comfort:** pain management; assistance with activities and daily living needs; hospital surroundings and environment
6. **Involvement of family and friends:** providing accommodations for family and friends; involving family and close friends in decision making; supporting family members as caregivers; recognizing the needs of family and friends



- 7. Continuity and transition:** understandable, detailed information regarding medications, physical limitations, dietary needs, etc.; coordinate and plan ongoing treatment and services after discharge; provide information regarding access to clinical, social, physical and financial support on a continuing basis.
- 8. Access to care and services:** access to the location of hospitals, clinics and physician offices; availability of transportation; ease of scheduling appointments; availability of appointments when needed; accessibility to specialists or specialty services when a referral is made; clear instructions provided on when and how to get referrals.

# Patient Centered Care Rapid Assessment



**Score 1 to 5. 1= no, 2=sometimes, 3=most times, 4= very often, 5= yes**

	<b>Principle</b>	<b>Score</b>
<b>1</b>	<b>Patient preferences, values and expressed needs are respected?</b>	
<b>2</b>	<b>Care is coordination and integrated?</b>	
<b>3</b>	<b>Information, education and communication to patients is done?</b>	
<b>4</b>	<b>The physical comfort of the patient is attended to?</b>	
<b>5</b>	<b>Emotional support to the patient?</b>	
<b>6</b>	<b>The appropriate family and friends are Involved in the care of the patient</b>	

16/06/2019

# Patient Centered Care Rapid Assessment



**Score 1 to 5. 1= no, 2=sometimes, 3=most times, 4= very often, 5= yes**

	<b>Principle</b>	<b>Score</b>
<b>7</b>	<b>Care requiring different providers and at different times is continuous and the transition process smooth</b>	
<b>8</b>	<b>Access to care and services is easy</b>	
	<b>Average Score</b>	

# Conclusion



1. The context in which quality is to be achieved is unique to each organisation thus knowledge of the current situation in the organisation is fundamental to initiating any form of intervention.
2. In looking at the current situation, both the capacity of the health system to deliver quality outcomes and the level of quality has to be assessed.
3. The foundation of quality, is a health system designed for quality, remember every system is perfectly designed to achieve the result it gets.
4. When the system is 'quality ready' quality improvement interventions can then be initiated and executed , with a better potential to achieve sustainable improved service and care outcomes.



**DON'T FORGET!**

**Every system is perfectly designed to  
achieve the results it gets.**

**If you want different results  
change the system!**

**THANK YOU**



Thank You  
[info@afihqsa.com](mailto:info@afihqsa.com)  
[www.afihqsa.com](http://www.afihqsa.com)