


Improving Health care: Global Overview

Dr. M. Rashad Massoud, USAID Health Care

A Webber Training Teleclass



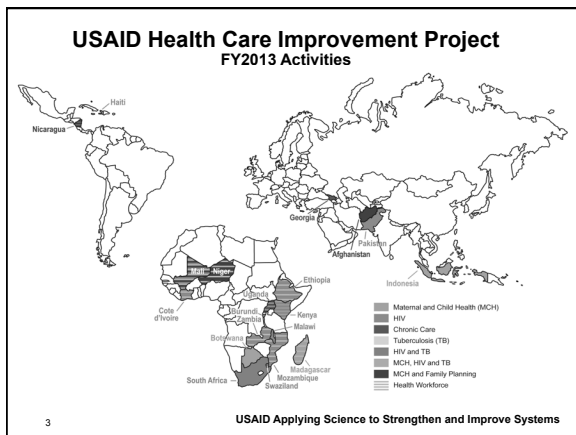
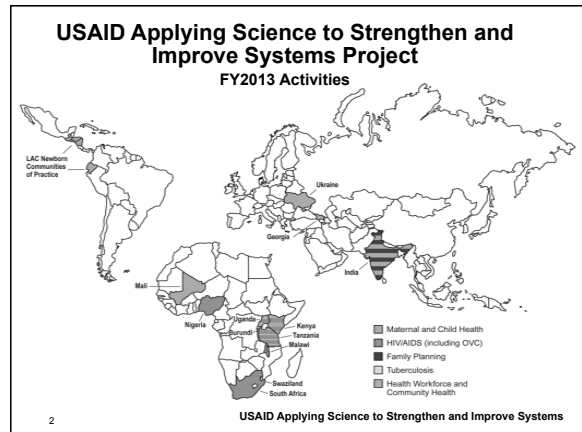
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Improving Health Care: Global Overview

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University Research Co., LLC

Hosted by Paul Webber
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Contributions to Achieving the MDGs in FY13

| MDG | Countries where HCI TO3 activities contribute in FY13 |
|-----|--|
| 1 | Haiti, Kenya, Malawi, Mozambique, Nigeria |
| 2 | Haiti, Kenya, Malawi, Mozambique, Nigeria |
| 3 | Afghanistan, Georgia, Kenya, Malawi, Mali, Mozambique, Nigeria |
| 4 | Afghanistan, Burundi, Haiti, Kenya, Madagascar, Malawi, Mali, Mozambique, Nicaragua, Nigeria, South Africa, Swaziland |
| 5 | Afghanistan, Botswana, Ethiopia, Georgia, Indonesia, Madagascar, Mali, Nicaragua, South Africa |
| 6 | Burundi, Côte d'Ivoire, Ethiopia, Haiti, Kenya, Lesotho, Malawi, Mozambique, Nicaragua, Nigeria, Pakistan, South Africa, Swaziland, Tanzania, Uganda |

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The issue of quality in health care

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Health MDGs Scorecard

| | World | Africa | Americas | Eastern Mediterranean | Europe | South-East Asia | Western Pacific |
|--|-------|--------|----------|-----------------------|--------|-----------------|-----------------|
| Under 5 mortality per 1000 live births | 65 | 142 | 18 | 78 | 14 | 63 | 21 |
| Measles immunization % coverage | 81 | 73 | 93 | 83 | 94 | 75 | 93 |
| Maternal mortality per 100,000 live births | 400 | 900 | 99 | 420 | 27 | 450 | 82 |
| Skilled birth attendant % births | 66 | 47 | 92 | 59 | 96 | 49 | 92 |
| Contraceptive use % married women aged 15-49 | 62 | 24 | 71 | 43 | 68 | 58 | 83 |
| HIV/AIDS prevalence % adults aged 15-49 | 0.8 | 4.9 | 0.5 | 0.2 | 0.5 | 0.3 | 0.1 |
| Malaria mortality per 100,000 population | 17 | 104 | 0.5 | 7.5 | - | 2.1 | 0.3 |
| TB treatment success rate % | 86 | 79 | 82 | 88 | 67 | 88 | 92 |
| Water % using improved sources | 87 | 61 | 96 | 83 | 98 | 86 | 90 |
| Sanitation % using improved facilities | 60 | 34 | 87 | 61 | 94 | 40 | 62 |

Legend: on track (light grey), insufficient progress (medium grey), off track (dark grey)

Data from World Health Statistics 2010

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What is the problem

“The reality is straightforward. The power of existing interventions is not matched by the power of health systems to deliver them to those in greatest need, in a comprehensive way, and at an adequate scale.”

—Margaret Chan
Director General
World Health Organization

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McGlynn et al. NEJM 2003. “The quality of health care delivered to adults in the U.S.”

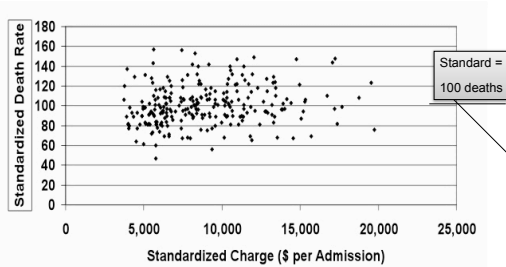
- 439 indicators of clinical quality of care
- 30 acute and chronic conditions, plus prevention
- Medical records for 6712 patients
- Participants received 54.9% of scientifically indicated care (Acute: 53.5%; Chronic: 56.1%; Preventive: 54.9%)
- Conclusion: The “defect rate” in the technical quality of American health care is approximately

45%

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Hospital Death Rate (Standardized for Age, Sex, Race, Payer, Admission Source & Type) vs. Charge per Admission (2004) (Standardized for Age and Diagnosis)



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The Issue of Quality in Health Care



“... Between the health care we have and the care we can have lies not only a gap, but a chasm...”

“... The problems come from poor systems – not bad people...”

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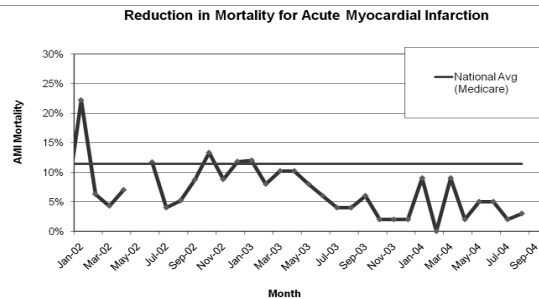
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What results are we seeing?

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Mortality Reduction as a Result of the Reliable Implementation of the AMI Bundle



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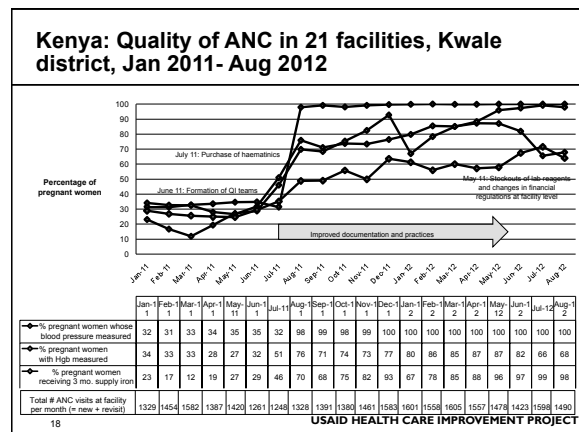
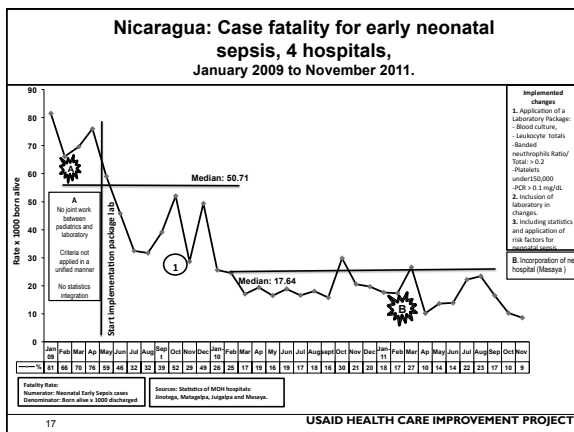
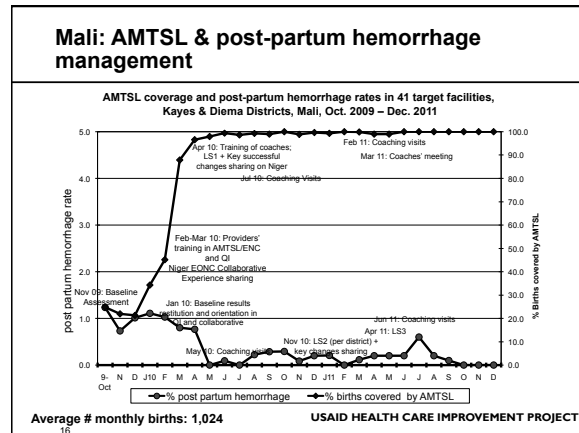
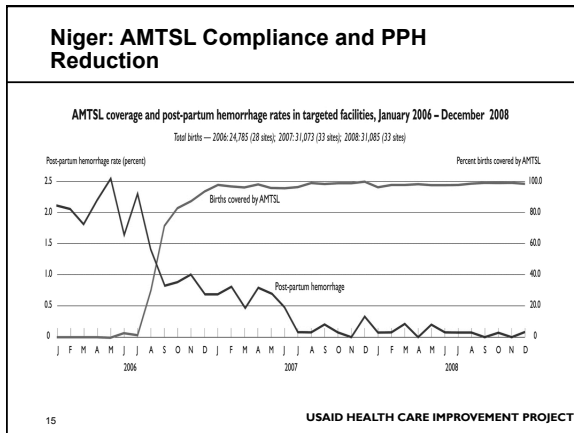
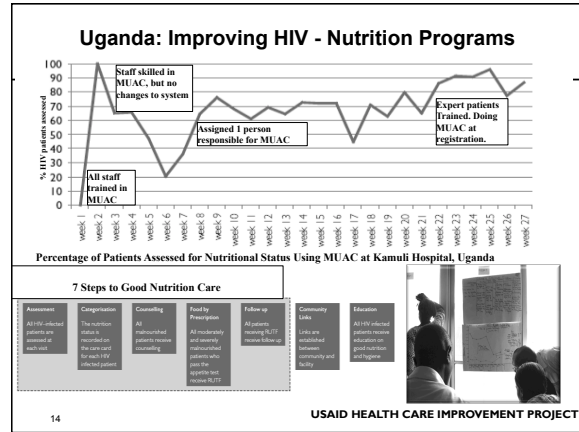
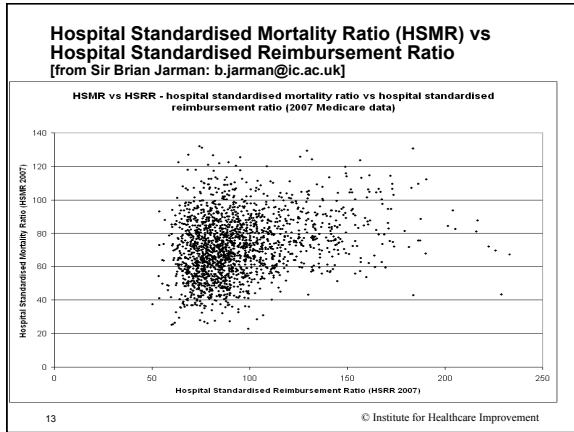
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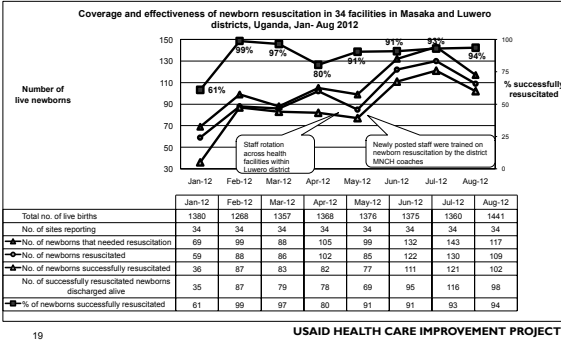


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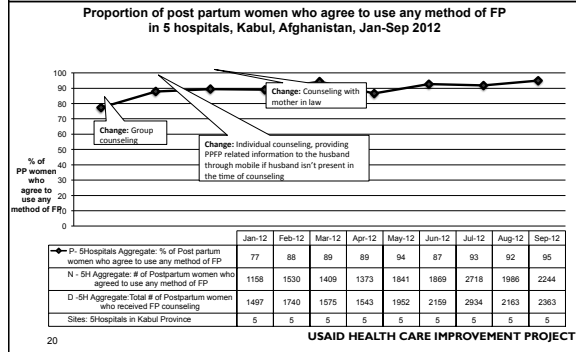
Uganda: Coverage and effectiveness of newborn resuscitation in 34 facilities in 2 districts, Jan-Aug 2012



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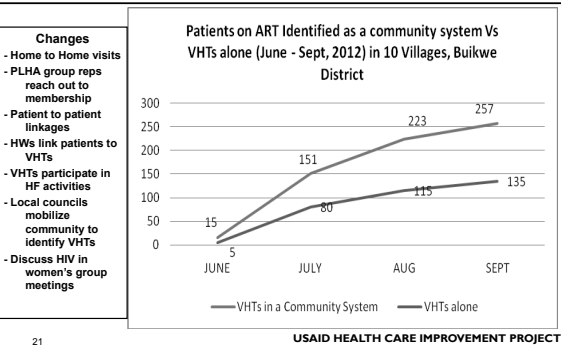
Afghanistan: Post-Partum FP method usage, Kabul



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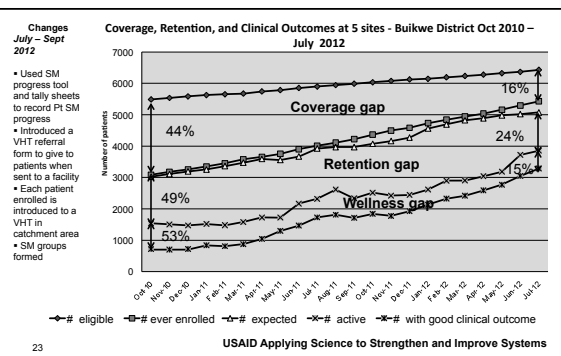
Uganda: Identification of patients on ART in the community



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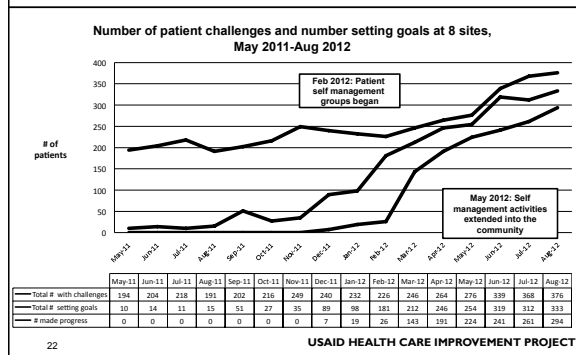
Uganda: Applying Chronic Care Model to improve coverage, retention, and clinical outcomes



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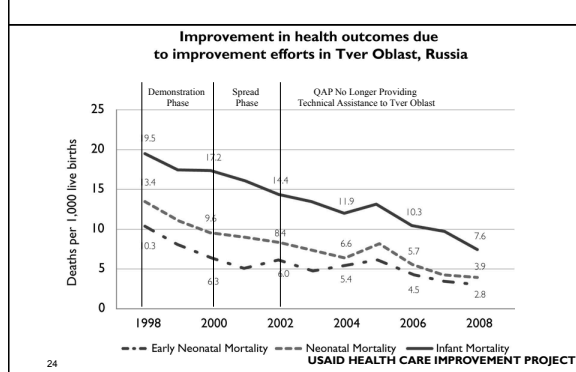
Uganda: Patient self-management challenges and setting goals



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Russia: Tver Oblast, Improving Neonatal Care



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Evaluation of Results of 27 Collaboratives: Study Objectives

- Were significant improvements in **quality of care** and **outcomes** achieved with collaborative improvement?
- How **quickly** were improvements achieved?
- Were gains **maintained** over time?

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Scope and content of study

Topic areas

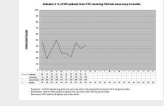
- MNCH
- FP
- HIV/AIDS
- Tuberculosis
- Malaria
- PHC

Countries (12)
Collaboratives (27)

- Benin (3)
- Bolivia (1)
- Ecuador (2)
- Guatemala (2)
- Honduras (1)
- Nicaragua (1)
- Niger (3)
- Russia (6)
- Rwanda (3)
- Tanzania (3)
- Uganda (1)
- Vietnam (1)

Indicators and Time series charts

135 time series charts representing 81 indicators



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Analysis of the Results from 27 Improvement Collaboratives in 12 Countries

- **Performance improved regardless of baselines:**
 - 88% teams reached 80% compliance or above
 - 76% teams reached 90% compliance or above
- **Results were achieved relatively rapidly:**
 - For indicators starting at < 50%, teams reached 80% compliance in 13 months
 - For indicators starting at > 50%, teams reached 80% compliance in 6 months
- **Collaborative improvement can produce sustained gains in performance**
 - 80% performance was sustained on average for 13.4 months out of 19.5 months of data collection

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What is Quality Care?

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What do we mean by quality care?

Quality care is what happens at all the points of service along the continuum of care, and high quality care is a function of the system's ability to produce care that will address the client's needs in an effective, responsive and respectful manner...

David Nicholas

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Aims for Quality Health Care System

- Safety
- Effectiveness
- Patient Centeredness
- Timeliness
- Efficiency
- Equity

Institute of Medicine, USA

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How Are These Results Obtained?

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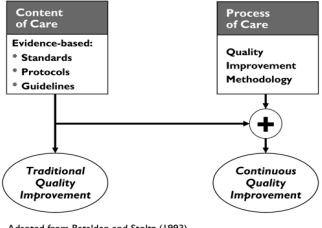
Different Ways BY Which Quality Can Become Better

- Through gradual accumulation of knowledge and experience over time
- Through advances in science and scientific experiments
- Through trial and error
- By coincidence
- On the basis of improvement science

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Integrating Content and Organization of Care

Quality Improvement Integrates Content of Care and the Process of Providing Care



Adapted from Batalden and Stoltz (1993)

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Improvement Principles & Frameworks

Fundamental Concept of Improvement: "Every system is perfectly designed to achieve exactly the results it achieves"

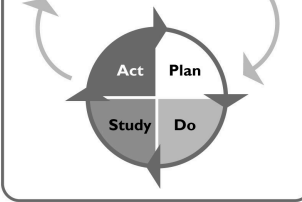
Principles of Improvement:

- Understanding work in terms of processes and systems
- Developing solutions by teams of health care providers and patients
- Focusing on patient needs
- Testing and measuring effects of changes
- Shared Learning

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Model for Improvement

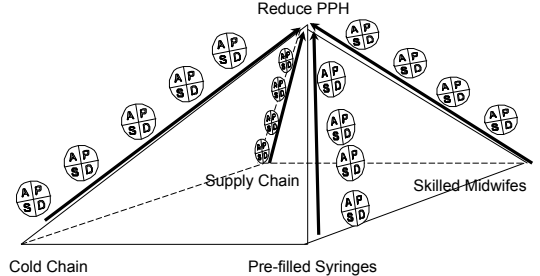
What are we trying to accomplish?
How will we know that a change is an improvement?
What changes can we make that will result in improvement?



35 Associates in Process Improvement

Multiple Ramps of Changes Towards a Single Aim

Reduce PPH

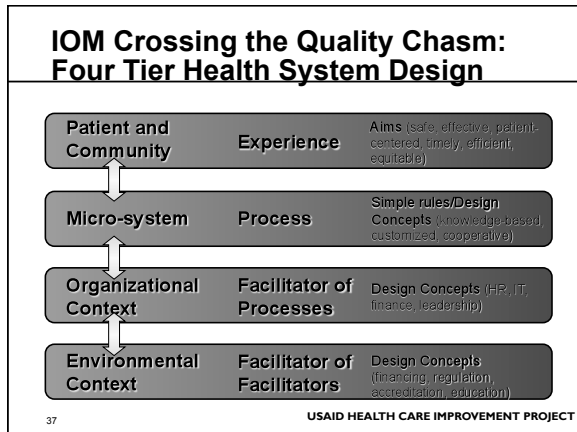


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Coming Soon

17 April *(South Pacific Teleclass)* CLOSTRIDIUM DIFFICILE IN THE COMMUNITY: FOOD FOR THOUGHT
Speaker: Prof. Tomas Riley, University of Western Australia

18 April LEADERSHIP IN INFECTION PREVENTION AND CONTROL
Speaker: Martin Kiernan, Southport & Ormskirk Hospital NHS Trust

25 April *(Denver Russell Memorial Teleclass)* ROLE OF SURFACES IN DISEASE TRANSMISSION: DOES ENHANCED DISINFECTION REDUCE TRANSMISSION?
Speaker: Prof. Bill Rutala, University of North Carolina

06 May *(Free WHO Teleclass ... Europe)* SPECIAL LECTURE FOR MAY 5
Speaker: Prof. Didier Pittet, World Health Organization, Geneva

09 May SURVEILLANCE OF HEALTHCARE ASSOCIATED INFECTION IN ACUTE CARE SETTINGS

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