



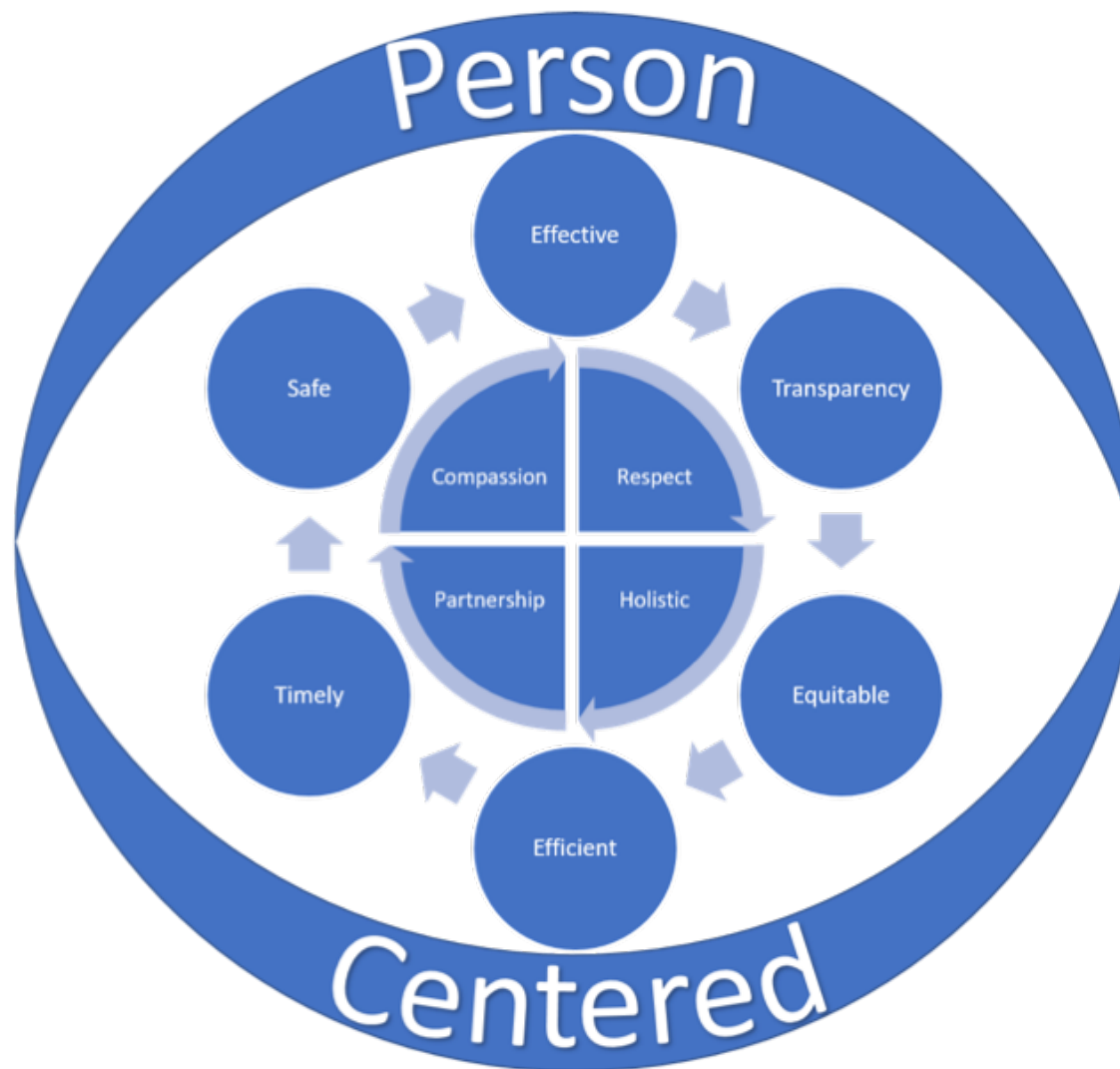
Global trends in the quality of healthcare

Peter Lachman

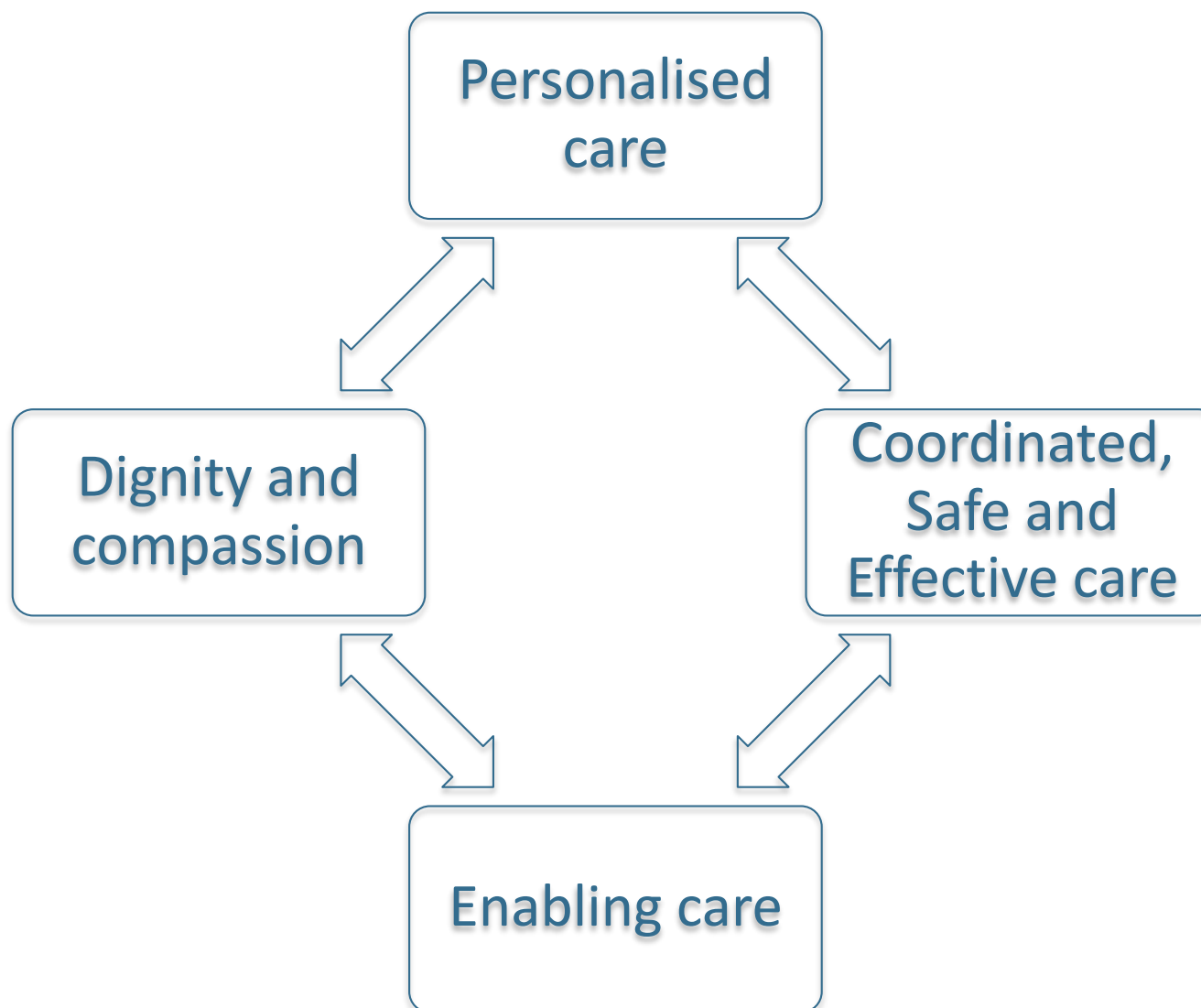
Inspiring and driving improvement in the quality and safety of healthcare worldwide through education and knowledge sharing, external evaluation, supporting health systems and connecting people through global networks.

Global theme 1

It is about the person
not the patient



What really matters



What matters to you
as a healthcare provider?

Consider the meaning of it for the people

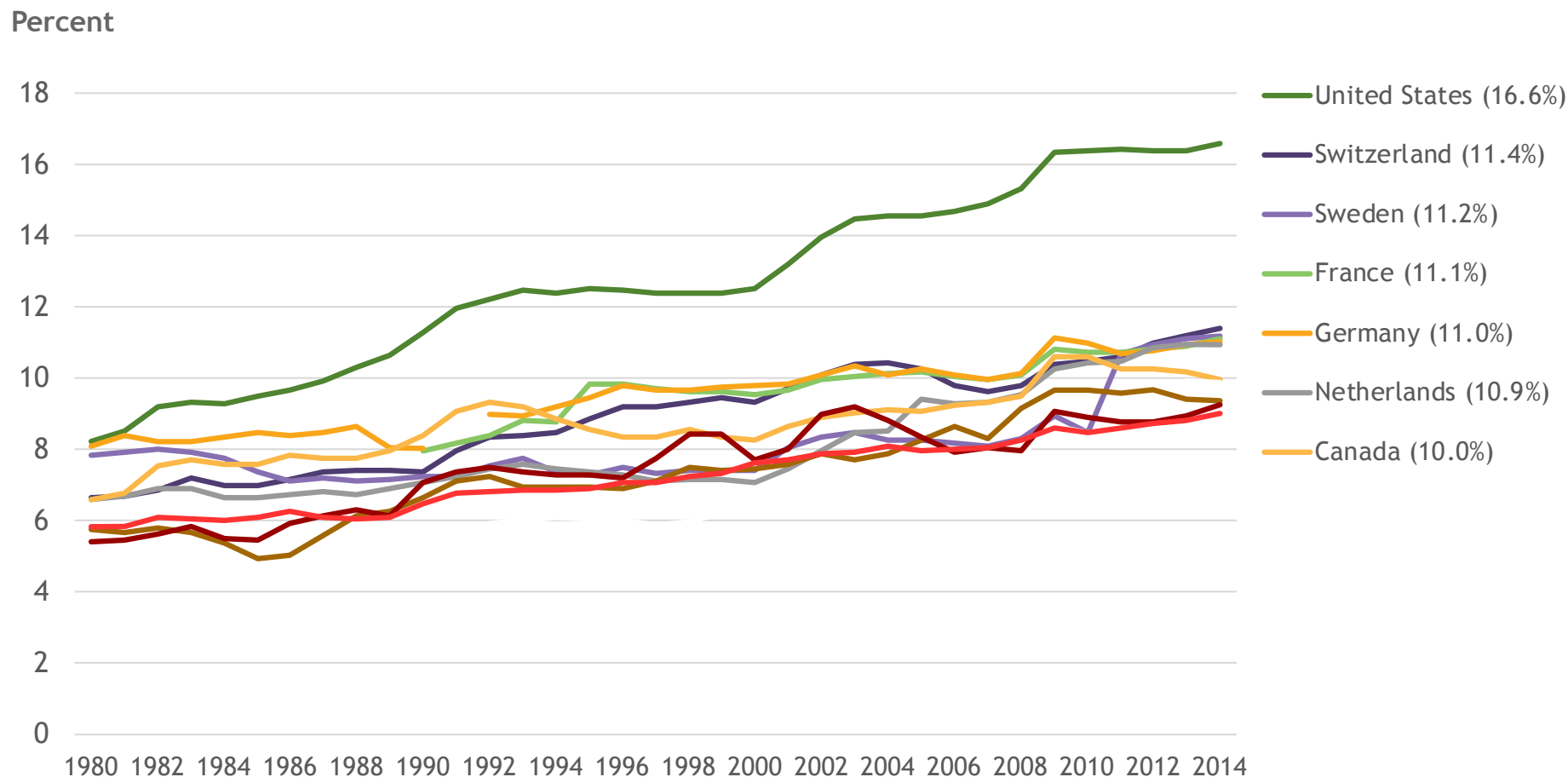
The Quadruple Aim: care, health, cost and meaning in work
R Sikka, Je M Morath, L Leape BMJ Qual Saf



Global Lesson 2

More spending helps
but it does not necessarily
lead to better outcomes

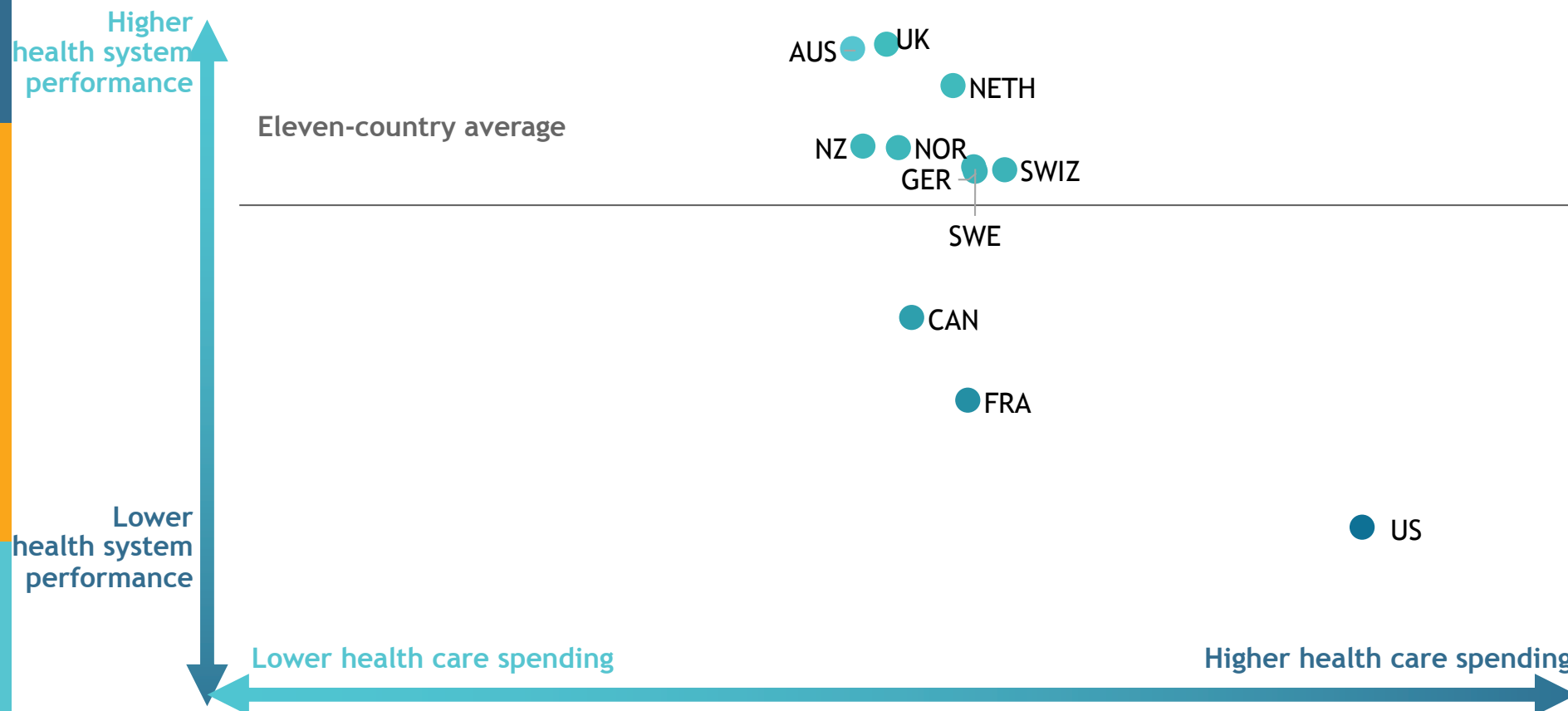
Health Care Spending as a Percentage of GDP, 1980–2014



GDP refers to gross domestic product. Data in legend are for 2014.

Source: OECD Health Data 2016. Data are for current spending only, and exclude spending on capital formation of health care providers.

Health Care System Performance Compared to Spending



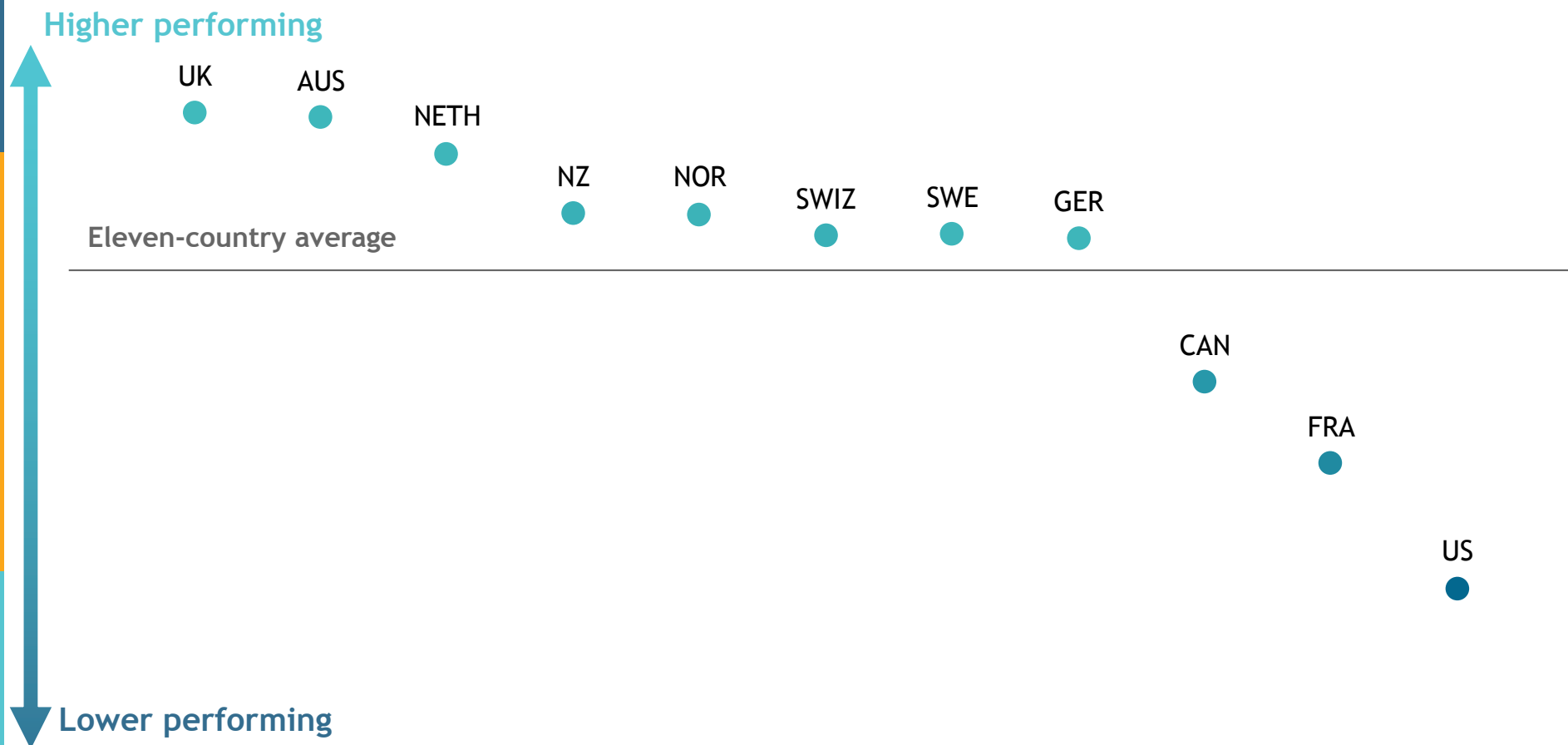
Note: Health care spending as a percent of GDP.

Source: Spending data are from OECD for the year 2014, and exclude spending on capital formation of health care providers.

Global Lesson 3

Be selective as to
where you look for answers

Health Care System Performance Scores



Note: See How This Study Was Conducted for a description of how the performance scores are calculated.

Source: Commonwealth Fund analysis.

Health Care System Performance Rankings

	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
OVERALL RANKING	2	9	10	8	3	4	4	6	6	1	11
Care Process	2	6	9	8	4	3	10	11	7	1	5
Access	4	10	9	2	1	7	5	6	8	3	11
Administrative Efficiency	1	6	11	6	9	2	4	5	8	3	10
Equity	7	9	10	6	2	8	5	3	4	1	11
Health Care Outcomes	1	9	5	8	6	7	3	2	4	10	11

Source: Commonwealth Fund analysis.

The answer is
in Africa

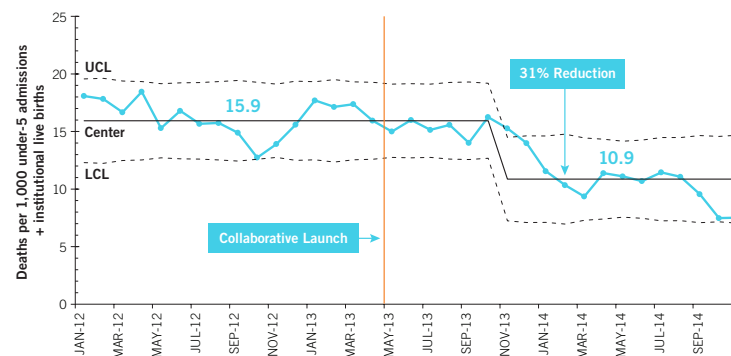
Lessons Learned from Ghana's *Project Fives Alive!*

A practical guide for designing and executing large-scale improvement initiatives

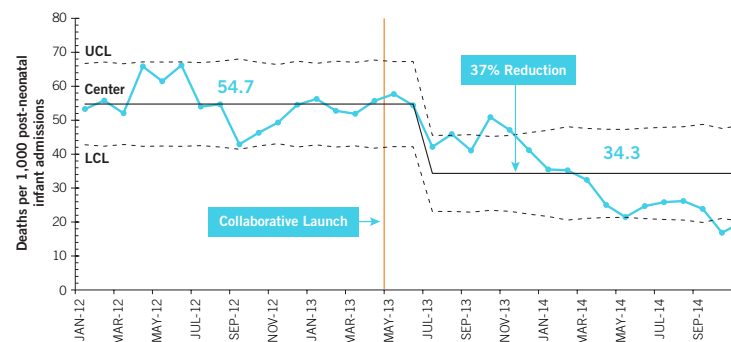


Project Fives Alive!
A Partnership of the National Catholic Health Service (NCHS) and the Institute for Healthcare Improvement (IHI) to reduce under-5 mortality in Ghana

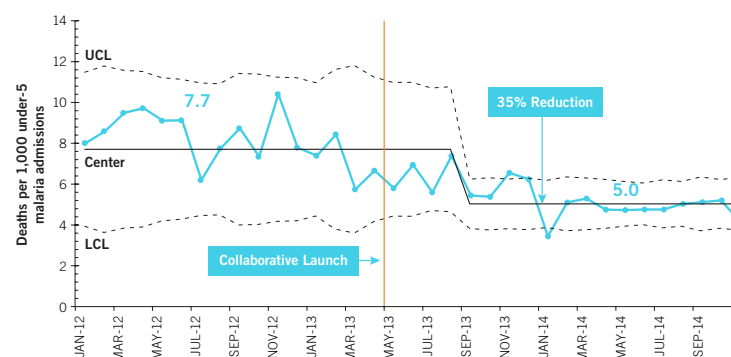
Under-5 Mortality Rate in 134 Hospitals across Seven Regions



Post-Neonatal Infant (1 to 11 Months) Mortality Rate in 134 Hospitals across Seven Regions



Under-5 Malaria Case Fatality Rate in 134 Hospitals across Seven Regions



Tracking patients in Maputo

		APELIDO		MRN		
		NOME		<input type="checkbox"/> MASC. <input type="checkbox"/> FEMENINO		
		NASCIMENTO. ____/____/____		NR. ORDEM		
		ENDEREÇO				
		LOCALIZAÇÃO				
<input type="checkbox"/> Critério de Chamada Alterados		TODA A OBSERVAÇÃO DEVE SER REPRESENTADA GRAFICAMENTE				
		PREENCHA TODOS OS DETALHES OU ANEXE A ETIQUETA DO PACIENTE				
		Data Hora		Data Hora		
VIA AÉREA / RESPIRAÇÃO	Frequência respiratória	35				35
		30				30
		25				25
		20				20
		15				15
	10				10	
	5				5	
SpO ₂ %		100				100
		95				95
		90				90
		85				85
	O ₂ Lpm Desposit/môdo					O ₂ Lpm Desposit/môdo
LEGENDA: RA = AR AMBIENTE, NP= SONDA NASAL, FM = MÁSCARA FACIAL, NBR = NÃO RESPIRAR, VM = VENTILAÇÃO MECÂNICA						
CIRCULAÇÃO	<	230				230
		220				220
		210				210
		200				200
		190				190
	SBP	180				180
		170				170
		160				160
		150				150
		140				140
	Pressão Sanguínea (mmHg)	130				130
		120				120
		110				110
		100				100
		90				90
Ritmo	80				80	
	70				70	
	60				60	
	50				50	
	40				40	
Frequência Cardíaca	160				160	
	150				150	
	140				140	
	130				130	
	120				120	
Neuroológica	A				A	
	V				V	
	P				P	
	U				U	
	Escreva a letra apropriada. A = Acordado, V = Disperta por voz (Conduta GCS), P = Disperta com a dor (conduta), U = Sem resposta					
Iniciais		Iniciais				

		APELIDO		MRN		
		NOME		<input type="checkbox"/> MASC. <input type="checkbox"/> FEMENINO		
		NASCIMENTO. ____/____/____		NR. ORDEM		
		ENDEREÇO				
		LOCALIZAÇÃO				
<input type="checkbox"/> Critério de Chamada Alterados		TODA A OBSERVAÇÃO DEVE SER REPRESENTADA GRAFICAMENTE				
		PREENCHA TODOS OS DETALHES OU APRESENTE A ETIQUETA DO PACIENTE				
		Data Hora		Data Hora		
EXPOSIÇÃO	Temperatura (°C)	41				41
		40,5				40,5
		40				40
		39,5				39,5
		39				39
		38,5				38,5
		38				38
		37,5				37,5
		37				37
		36,5				36,5
		36				36
		35,5				35,5
		35				35
		34,5				34,5
		34				34
Dor	Severa (7-10)					Severa (7-10)
	Moderada (4-6)					Moderada (4-6)
	Ligeira (1-3)					Ligeira (1-3)
	Nenhuma					Sem dor
	Iniciais					Iniciais
Inicióis	Data					Data
	Hora					Hora
Inicióis	BGL					BGL
	Data					Data
Peso	Data					Data
	Diariamente					Diariamente
Exame de urina	Data					Data
	Hora					Hora
	SG					SG
	pH					pH
	Leucócitos					Leucócitos
	Sangue					Sangue
	Nitritos					Nitritos
	Corpos Centônicos					Corpos Centônicos
	Bilirubina					Bilirubina
	Ureia/Bilirubina					Ureia/Bilirubina
Proteína					Proteína	
Glicose					Glicose	

Global Lesson 4

Look at the
challenges you face in
your community

What is the problem?

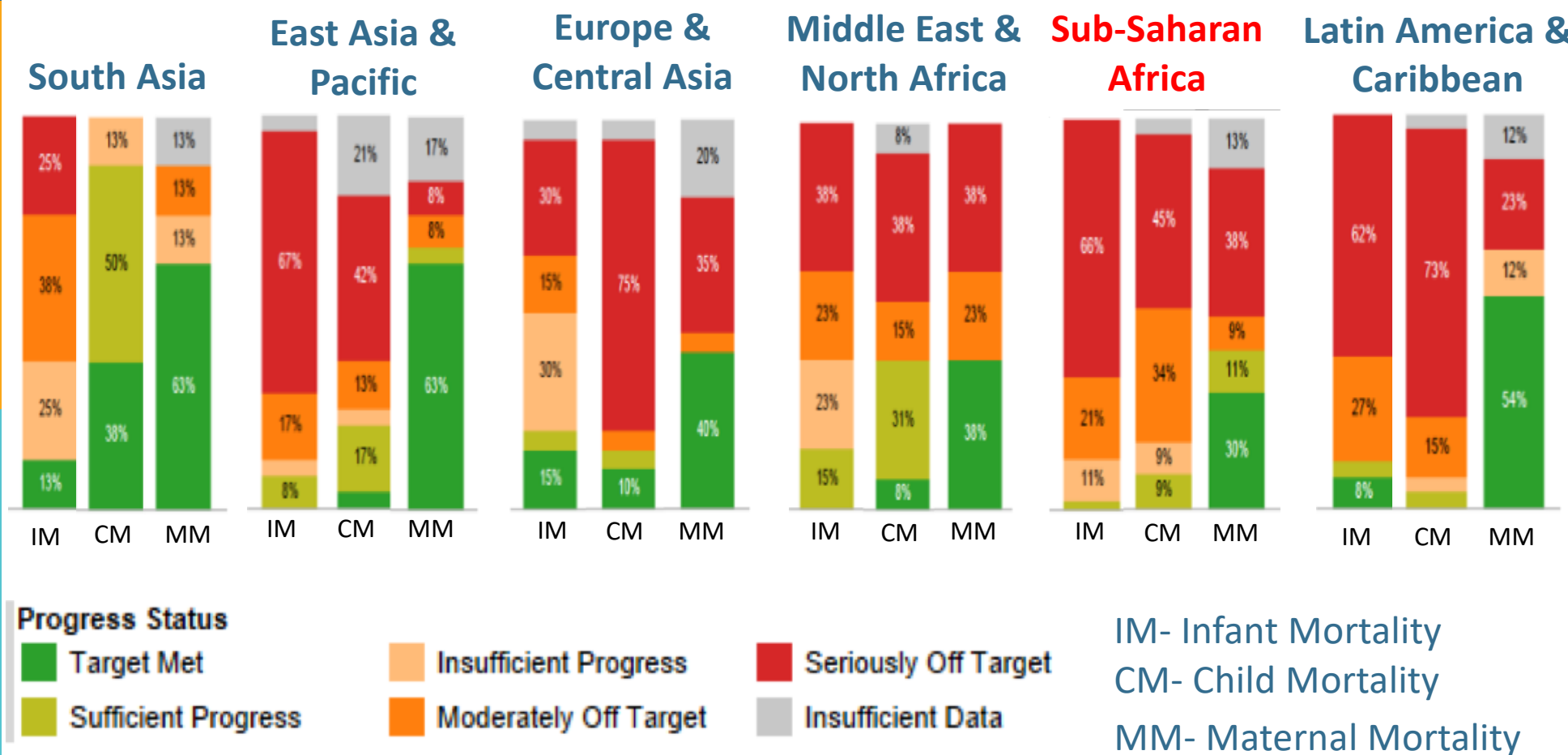
The reality is straightforward.

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
Former Director General
World Health Organization

The Issue of Quality in Healthcare

MDG Progress: Goal 4 +5 - reduce child, infant and maternal mortality



Do we need a system redesign based on current needs rather than those of the past?

What is the problem

The enormous investments that have been made in global health should have led to what we might have called a science of implementation and execution...

... We have just not focused on the enormous complexity of delivering health care in a way that keeps people healthy

Jim Kim
President
World Bank

Lesson 5

Go back to basics to start

Much has happened in QI

- ❑ Powerful methods for improving healthcare exist
- ❑ Some improvements have been taken to scale
- ❑ Improvements happened across a range of socioeconomic and cultural contexts
- ❑ Significant expertise in improvement has been developed
- ❑ Access to methods and tools for improvement

*“It’s not enough to do your best
you must know what to do
and then do your best”*

W Edwards Deming

Know the Domains of Quality

CROSSING THE QUALITY CHASM: A New Health System for the 21st Century INSTITUTE OF MEDICINE NATIONAL ACADEMY PRESS

Person centred

- What matters to me as a clinician and what matters to people we see

Safe

- Do we harm people?

Effective

- Do we give the right treatment every time all the time?

Equitable

- Are the services and outcomes equal for all

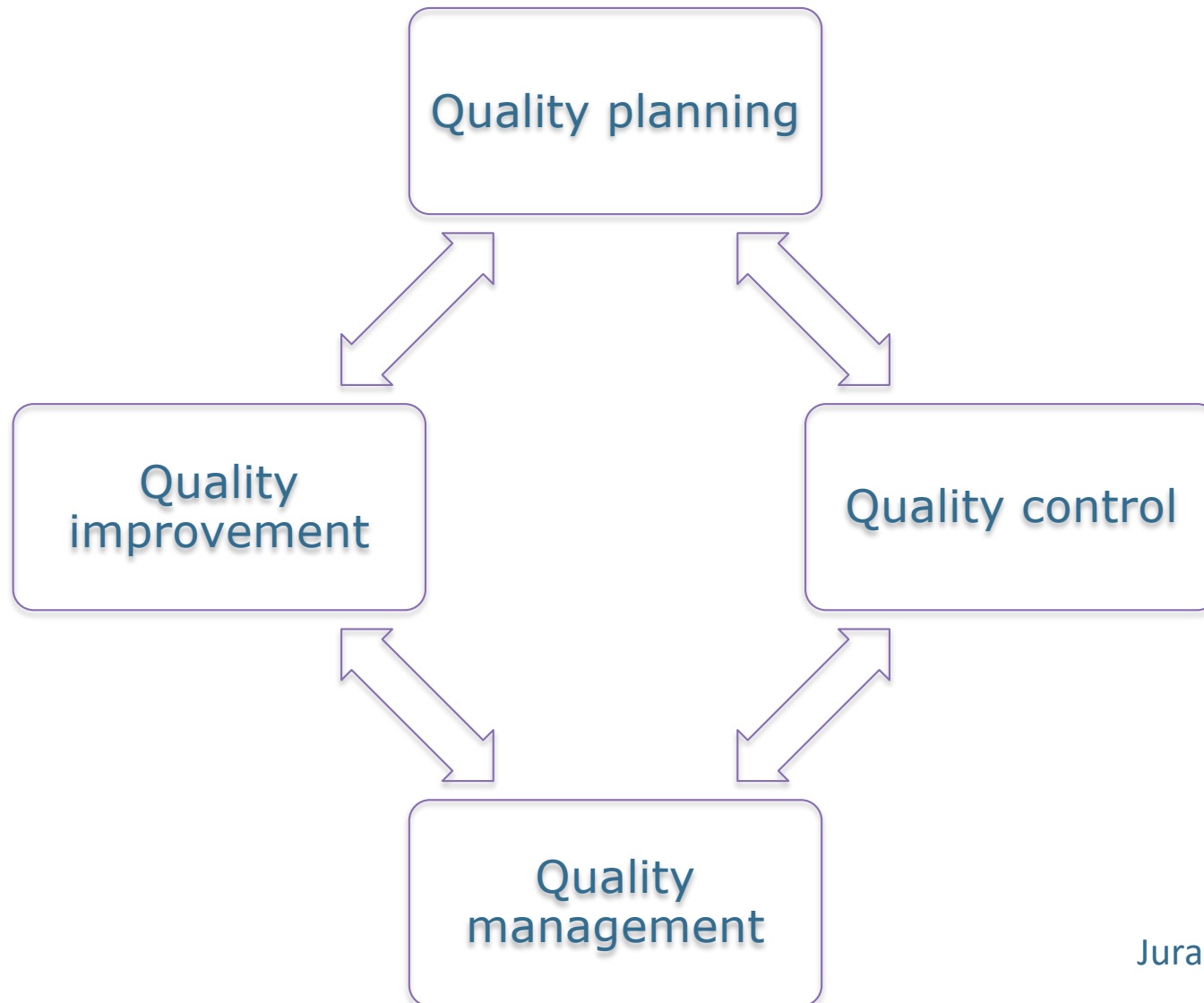
Timely

- Is there good access?

Efficient

- Do we get value?

Have a framework for quality

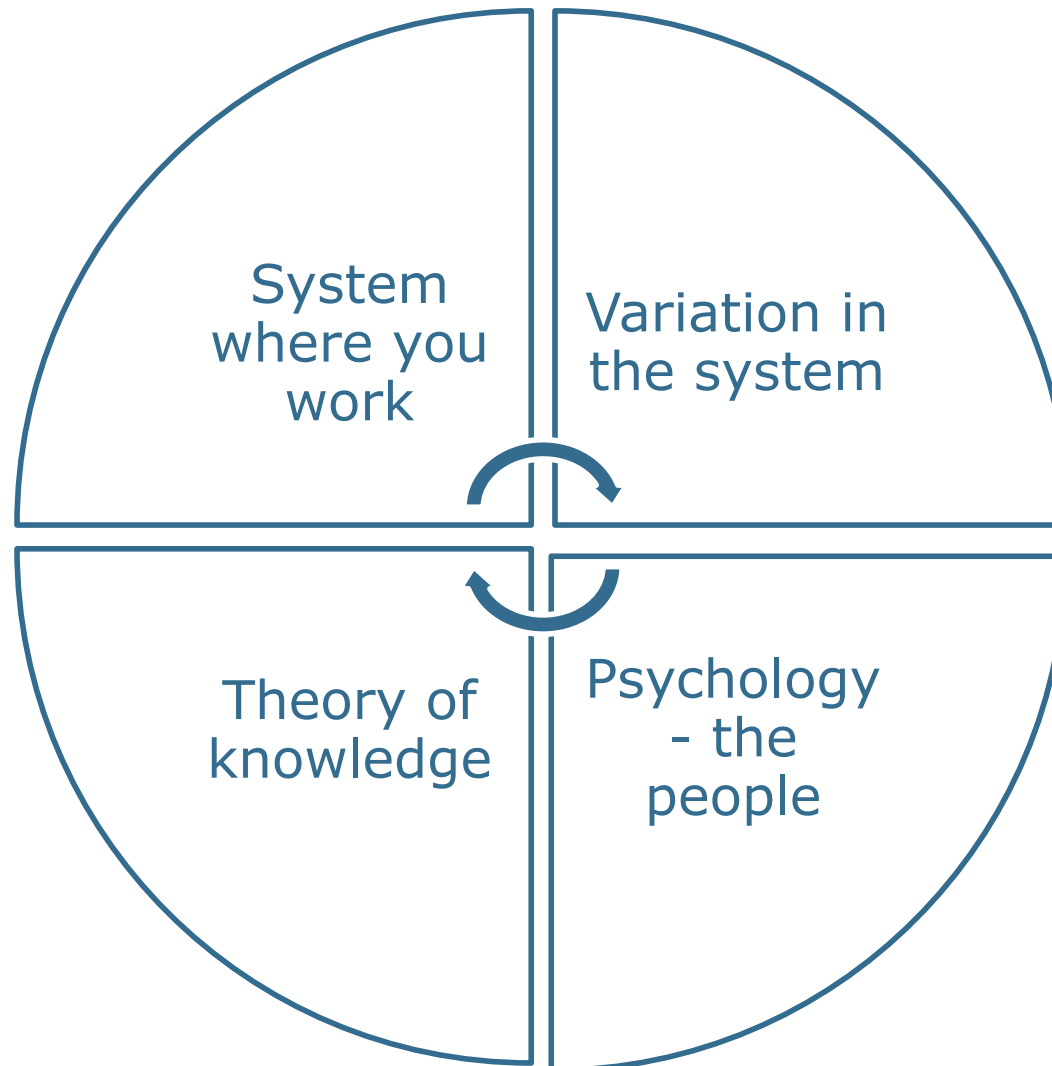


Have a theory and method to improve

Demystifying theory and its use in improvement

Frank Davidoff,¹ Mary Dixon-Woods,² Laura Leviton,³ Susan Michie⁴

Theory to improve



Do you have the habits
of an improver?

Figure 2 – The habits of improvers

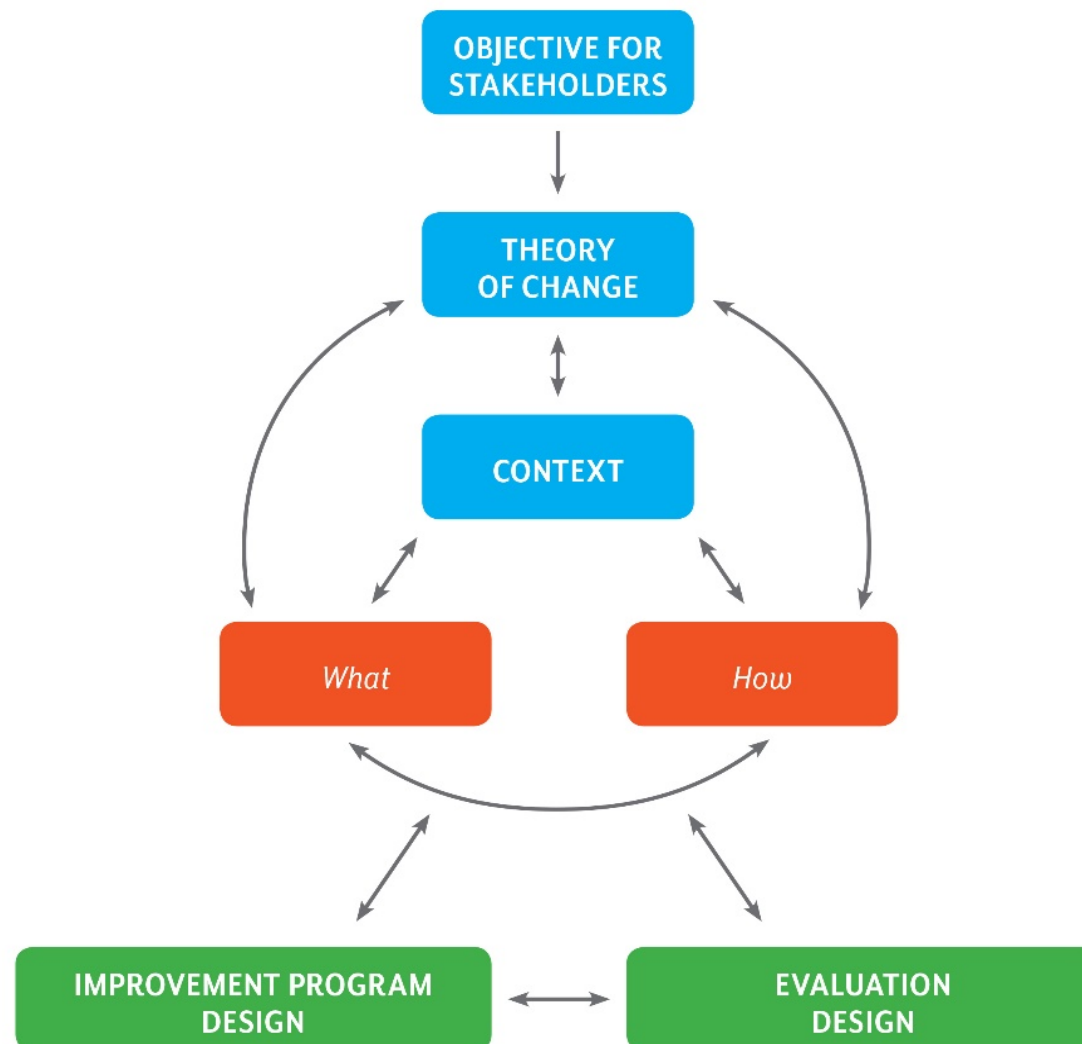


<http://www.health.org.uk/publication/habits-improver>

Make Safety our Business

We also
promote health diagnose, manage
and treat people

Understand context



Global Lesson 5

Search for the
success stories

Examples from ISQua





**BC PATIENT SAFETY
& QUALITY COUNCIL**

Working Together. Accelerating Improvement.

<https://bcpsqc.ca>



**CLINICAL
EXCELLENCE
COMMISSION**

<http://www.cec.health.nsw.gov.au>

cfhi-fcass.ca

<http://www.cfhi-fcass.ca>



<http://www.acsc.org.br>



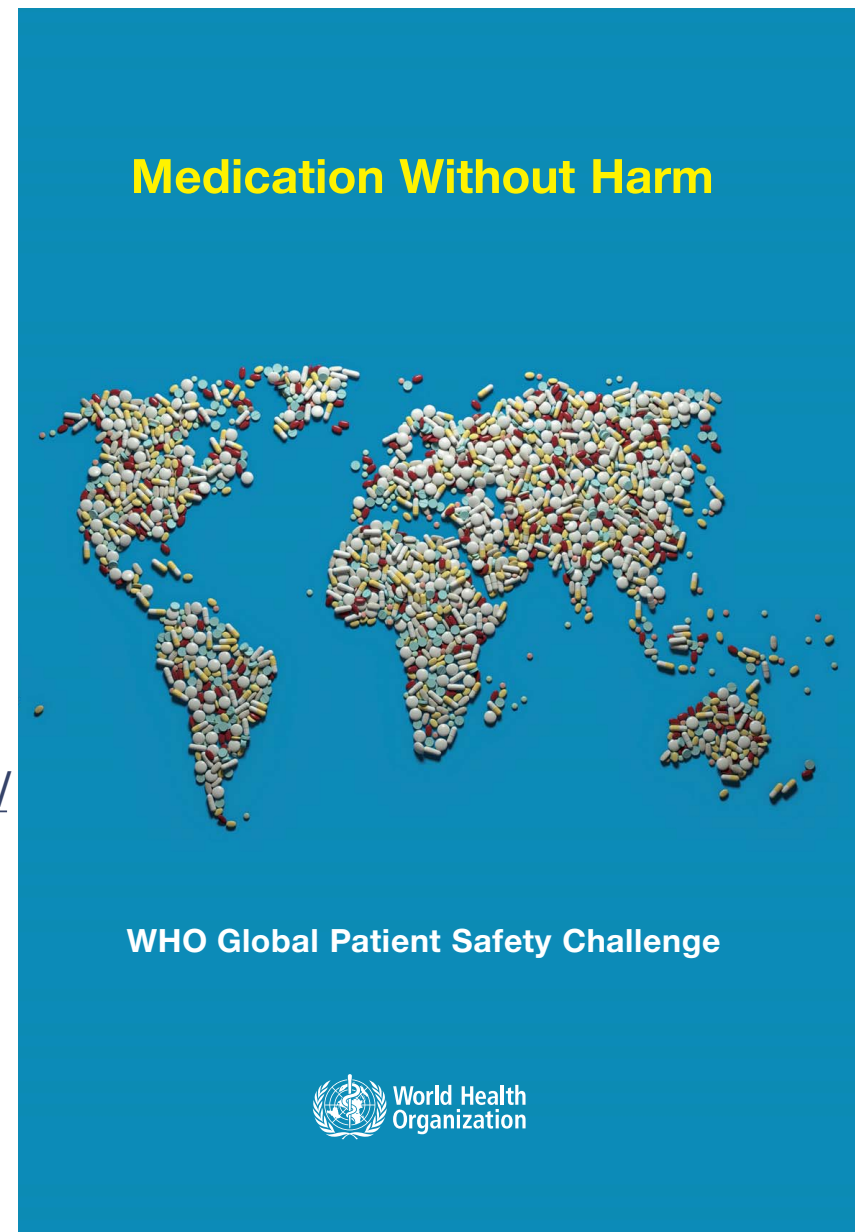
African Community of Practice
45 Members and Growing...

Final global lesson

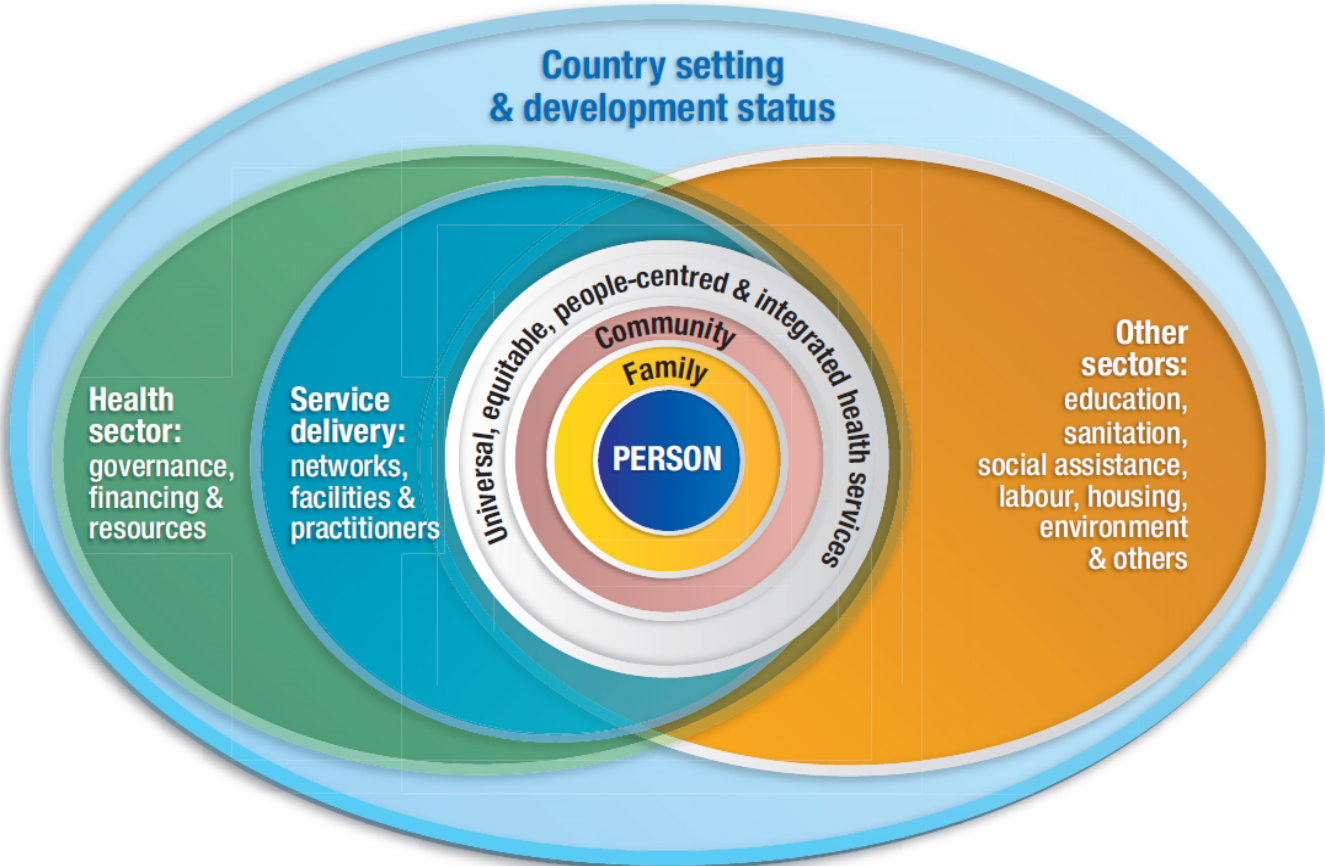
Join the WHO initiatives
and other programmes
A few examples

<http://www.who.int/patientsafety/en/>

http://www.who.int/topics/patient_safety/en/



WHO's Conceptual framework for integrated people-centered health services



The challenges we need to solve together

- ❑ Understand how to measure improvement
- ❑ Look at quality from the eyes of the person (patient)
- ❑ Define a methodology and how to describe it
- ❑ Learn how to scale up and spread
- ❑ How to facilitate Equity of care
- ❑ Moving from disease management to healthcare and prevention

ISQua and Africa in the future

- QI network
- QI community of practice
- Cape Town 2019
- More partnership work

Quality is never an accident; it is always the result of high intention, sincere effort, intelligent direction and skillful execution; it represents the wise choice of many alternatives.

William Foster

Join ISQua's African Community of Practice

About ISQua's African Community of Practice

Set up in 2016, ISQua's African Community of Practice includes quality improvement specialists working in health and social care settings across Africa.

With regular online meetings, members can exchange quality improvement strategies, discuss their successes and challenges, and learn how best practices can be applied to their own organisations.

This group is open to anyone interested in furthering QI work and initiatives in Africa.

Countries involved to date:

Algeria	Nigeria
Botswana	Rwanda
Ghana	South Africa
Kenya	Sudan
Malawi	Uganda
Mozambique	Zambia
Namibia	Zimbabwe

If you are interested in joining the network, please visit [ISQua.org/interest-groups/communities-of-practice](https://www.isqua.org/interest-groups/communities-of-practice) or email ccurran@isqua.org

WEBINARS

Watch recordings of the Community's previous meetings where they share their country's planned or completed quality improvement strategies and join the discussions in our live webinars

NETWORK

Exchange information and share learning on issues that are specific to your region; highlight concerns and support each other

ISQua

Join our Membership and Fellowship programme, and register for our annual conference at reduced rates

Email: plachman@isqua.org

 [@peterlachman](https://twitter.com/peterlachman)