



## Objectives:

- 1) **Explore quality assurance as a component of achieving quality improvement.**
- 2) **Discuss maintaining quality essential health services during COVID-19**

QED Webinar –  
Tanzania's Star Rating System: from quality assurance to quality improvement in primary health care facilities

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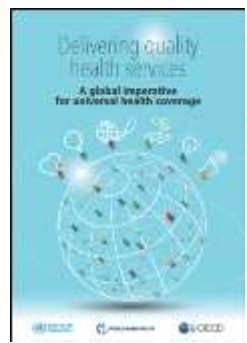
# A journey to improve quality health services



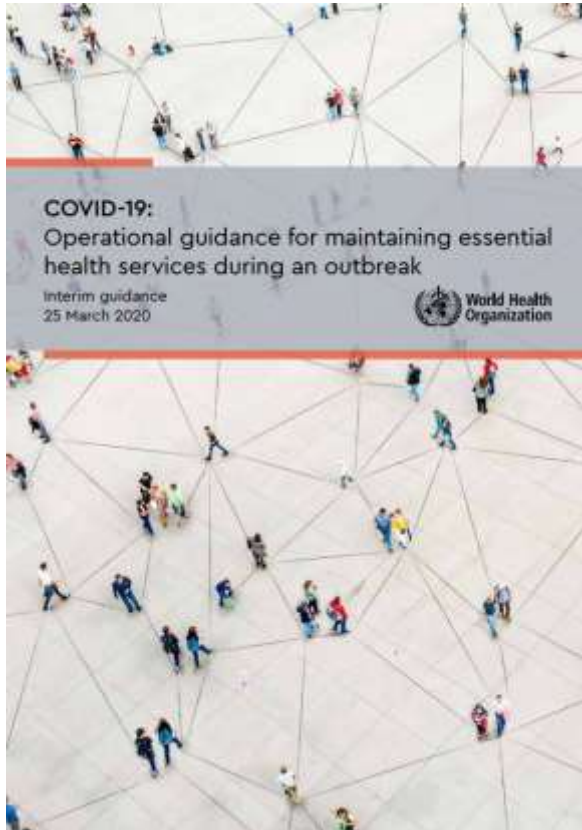
## Box 3. Culture of quality: key features

- Leadership for quality at all levels
- Openness and transparency
- Emphasis on teamwork
- Accountability at all levels
- Learning embedded in system
- Active feedback loops for improvement
- Meaningful staff, service user and community engagement
- Empowering individuals while recognizing complex systems
- Alignment of professional and organizational values
- Fostering pride in care
- Valuing compassionate care
- Coherence of quality efforts with service organization and planning

Category	Interventions
System environment	<ul style="list-style-type: none"> <li>• <b>Registration and licensing</b> of doctors and other health professionals, as well as health organizations, is often considered a key determinant and foundation of a well performing health system.</li> </ul>
Reducing harm	<ul style="list-style-type: none"> <li>• <b>Inspection of institutions for minimum safety standards</b> can be used as a mechanism to ensure there is a baseline capacity and resources to maintain a safe clinical environment.</li> </ul>
Improvement in clinical care	<ul style="list-style-type: none"> <li>• <b>Clinical decision support tools</b> provide knowledge and patient-specific information (automated or paper based) at appropriate times to enhance front-line health care delivery.</li> </ul>
Patient, family and community engagement and empowerment	<ul style="list-style-type: none"> <li>• <b>Formalized community engagement and empowerment</b> refers to the active and intentional contribution of community members to the health of a community's population and the performance of the health delivery system, and can function as an additional accountability mechanism.</li> <li>• <b>Health literacy</b> is the capacity to obtain and understand basic health information required to make appropriate health decisions on the part of patients, families and wider communities consistently, and is intimately linked with quality of care.</li> <li>• <b>Shared decision-making</b> is often employed to more appropriately tailor care to patient needs and preferences, with the goal of improving patient adherence and minimizing unnecessary future care.</li> <li>• <b>Peer support and expert patient groups</b> link people living with similar clinical conditions in order to share knowledge and experiences. It creates the emotional, social and practical support for improving clinical care.</li> <li>• <b>Patient experience of care</b> has received significant attention as the basis of designing improvements in clinical care. Patient-reported measures are important unto themselves; patients who have better experience are more engaged with their care, which may contribute to better outcomes.</li> <li>• <b>Patient self-management tools</b> are technologies and techniques used by patients and families to manage health issues outside formal medical institutions and are increasingly viewed as a means to improve clinical care.</li> </ul>



# Maintenance of quality essential health services in COVID-19



Quality domain	Illustrative implications
Effectiveness	Guidelines may not be available to account for altered ways of working
Safety	Enhanced IPC needs; challenges with safe staffing levels
People-centredness	Potential fear about using health services; visitors & family not allowed in hospital
Timeliness	Increased waiting times due to staff re-deployment; postponement of non-urgent care
Equity	Covid-19 control measures may limit access for disadvantaged groups
Integration	Disruption to usual systems will challenge coordination and referral mechanisms
Efficiency	Control measures (e.g. distancing) may necessitate adaptations to allow services to continue running efficiently

# Five reflections



- Responding to COVID-19 needs to go hand-in-hand with delivery of routine quality essential health services i.e. MNCH, Immunizations etc.
- Health workers - backbone of response effort supported by prevailing health systems environment.
- Learning alongside countries to understand, synthesize and share emerging experiences to inform national planning and global response.
- Holistic approach to quality health services – addressing both clinical, management and public health dimension.
- Innovations – use local innovations emerging from frontlines to inform national response and broader HSS direction.