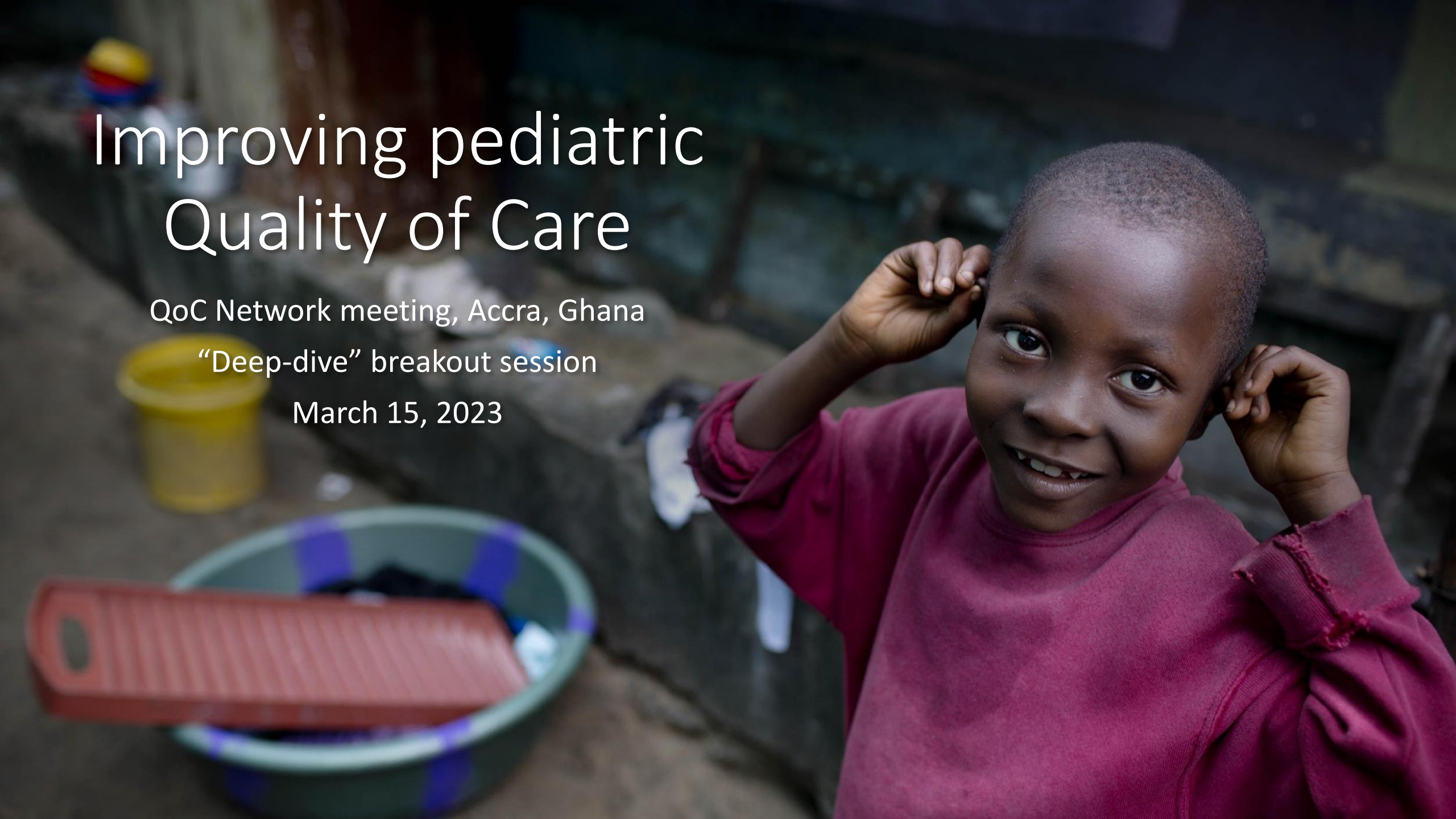


Improving pediatric Quality of Care

QoC Network meeting, Accra, Ghana

"Deep-dive" breakout session

March 15, 2023

Agenda

- Framing (8 min)
- Country presentations (20 min)
  - Nigeria
  - Bangladesh
- Group work (45 min)
- Feedback (15 min)

Objectives of this session

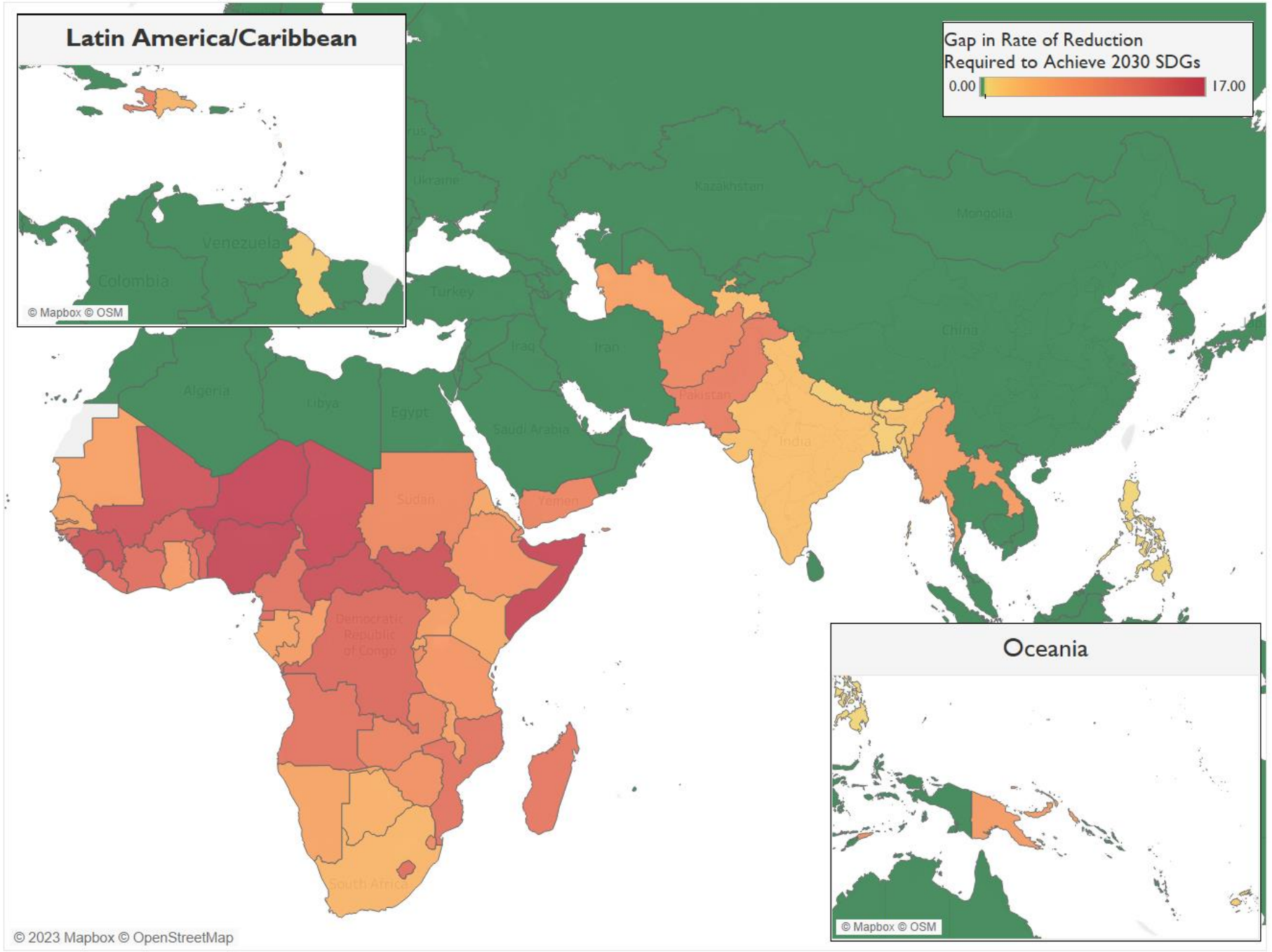
- Share **cross-country learnings** on introducing/scaling ped QOC efforts ("scaling out" from MNH)
- Identify **barriers and opportunities** to measuring and scaling pediatric QoC across all levels
- Define **priority actions** for countries to advance pediatric QOC in terms of the LALA Framework – Leadership, Action, Learning, and Accountability

Why?

Coverage **and quality** of essential child health services are crucial for progress in child survival

54 countries need accelerated action to meet the SDG target for under-five mortality.

Source: UN IGME Report 2022

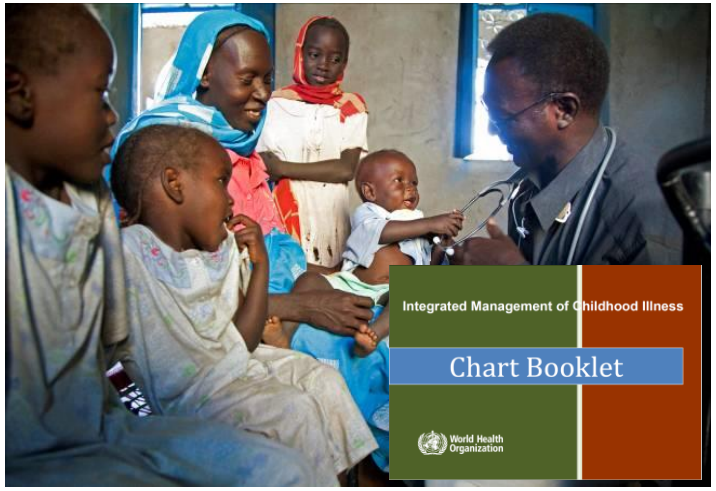


Where: Quality improvement of child health services needs to happen at all levels

PHC level is where most children access prevention, promotion and sick child care

Home/Community

1st level facility

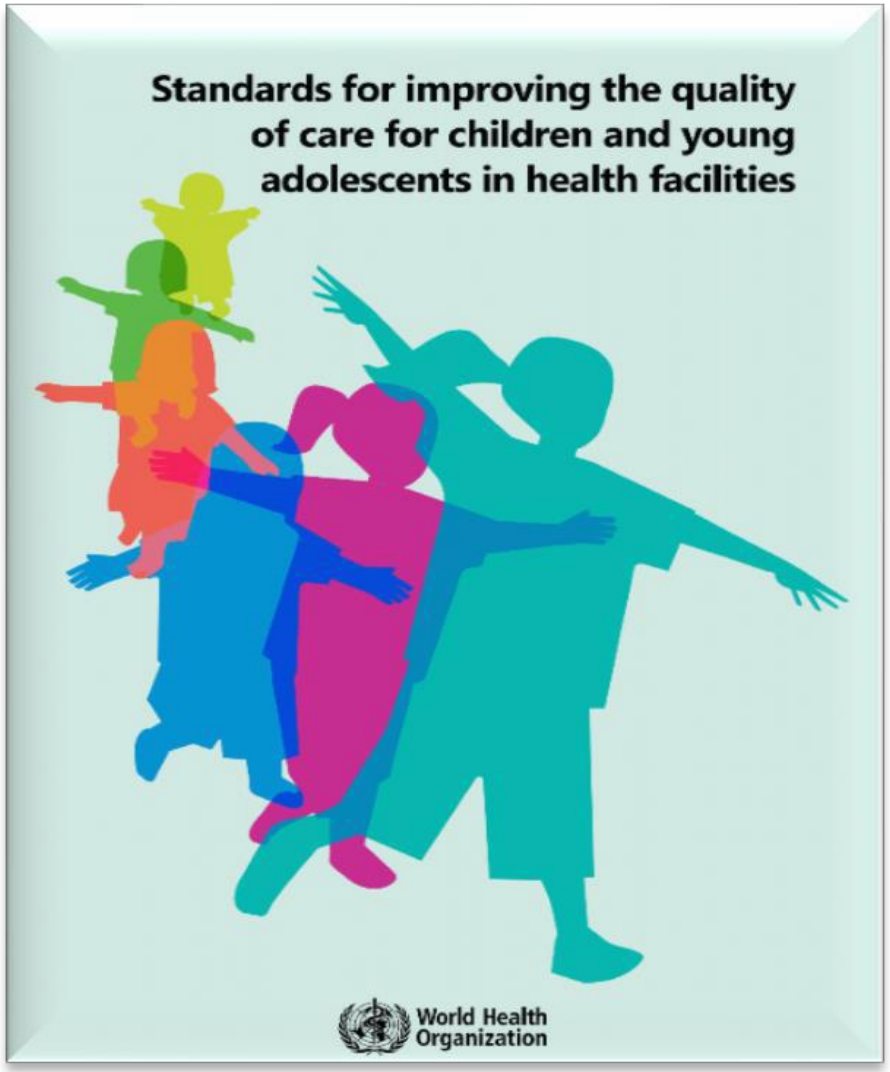


Hospital

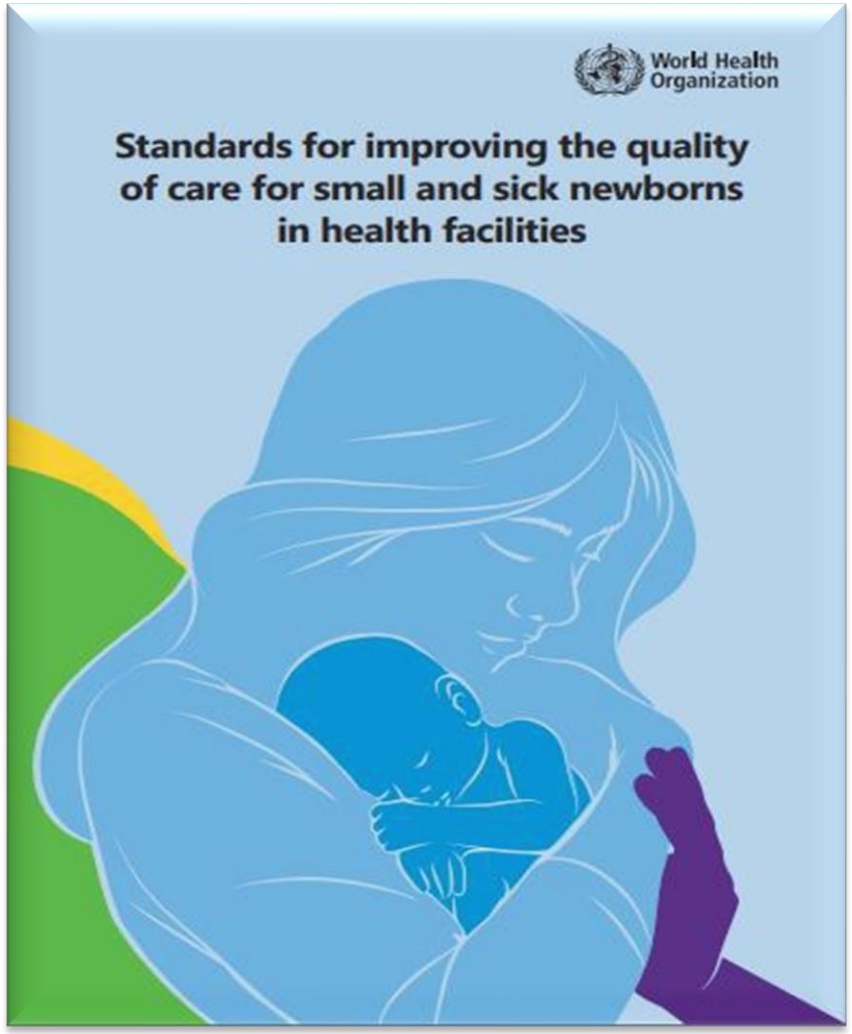
Number of Children Seen

Specialized care

Paediatric and SSNB quality of care standards



Paediatric quality of care framework (2018)



SSNB quality of care framework (2020)

Note: Nutrition-specific quality statements are integrated into MNH, SSNB, and Pediatric QoC Standards

MNH NUTRITION QUALITY STATEMENTS

Routine birth care

- Skin to skin and early breastfeeding (BF)

PNC

- Exclusive BF support and counseling
- Nutrition counseling and IFA supplementation for mother
- No woman or newborn is subjected to unnecessary or harmful practices; includes protection from promotion of breastmilk substitutes

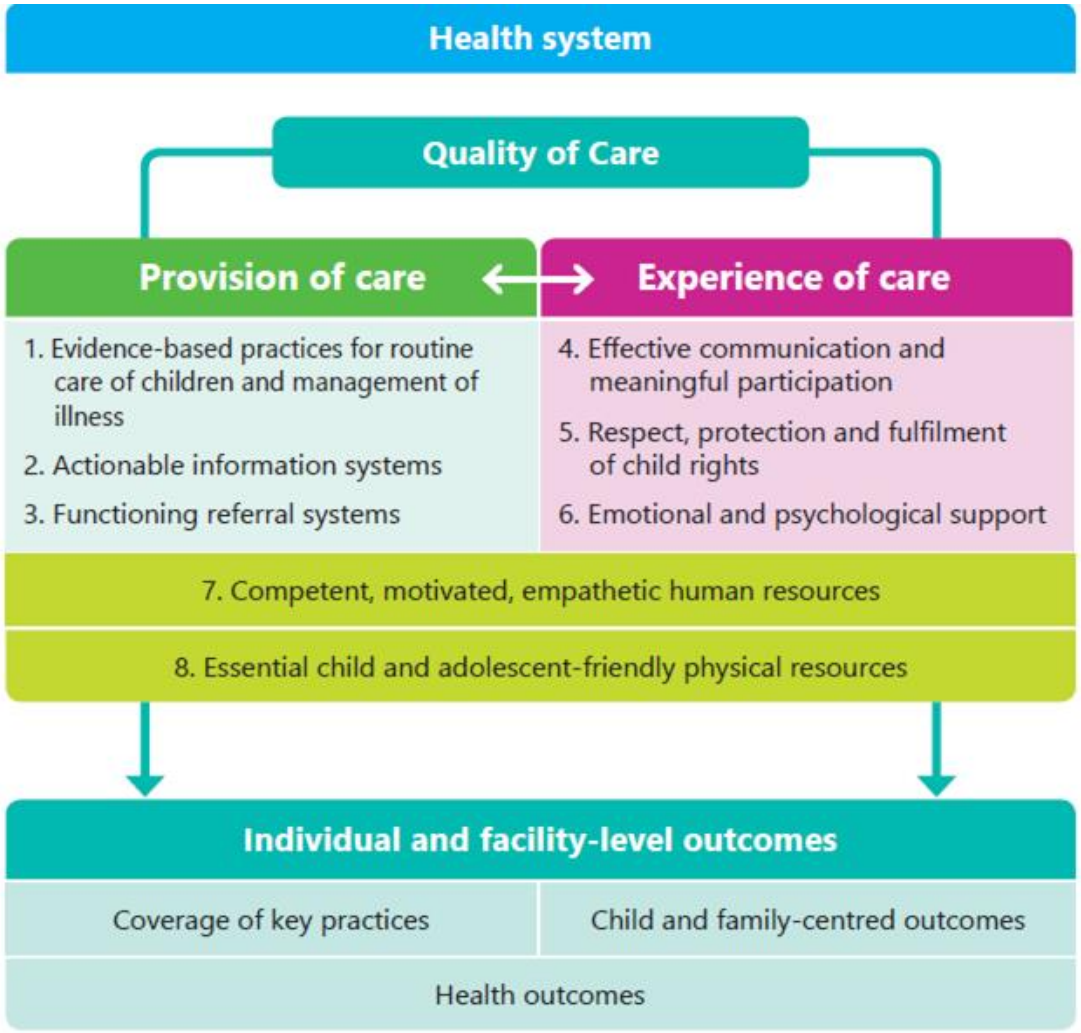
SSNB NUTRITION QUALITY STATEMENTS

- SSNBs are fed appropriately, including assisted feeding with mother's milk
- SSNBs who cannot tolerate enteral feeding or enteral feeding contraindicated are provided with parenteral nutrition
- All newborns of HIV-infected mothers are fed appropriately
- All very-low-birth-weight newborns are given vitamin D, calcium, phosphorus, iron supplements

PEDIATRIC NUTRITION QUALITY STATEMENTS

- All infants/young children are assessed for growth, BF and nutrition and their caregivers receive appropriate support and counselling.
- All children at risk for acute malnutrition/anemia are correctly assessed and classified and receive appropriate care.
- Assessment of status and provision of Vitamin A supplementation every 6 months

What is the scope of paediatric QoC standards?

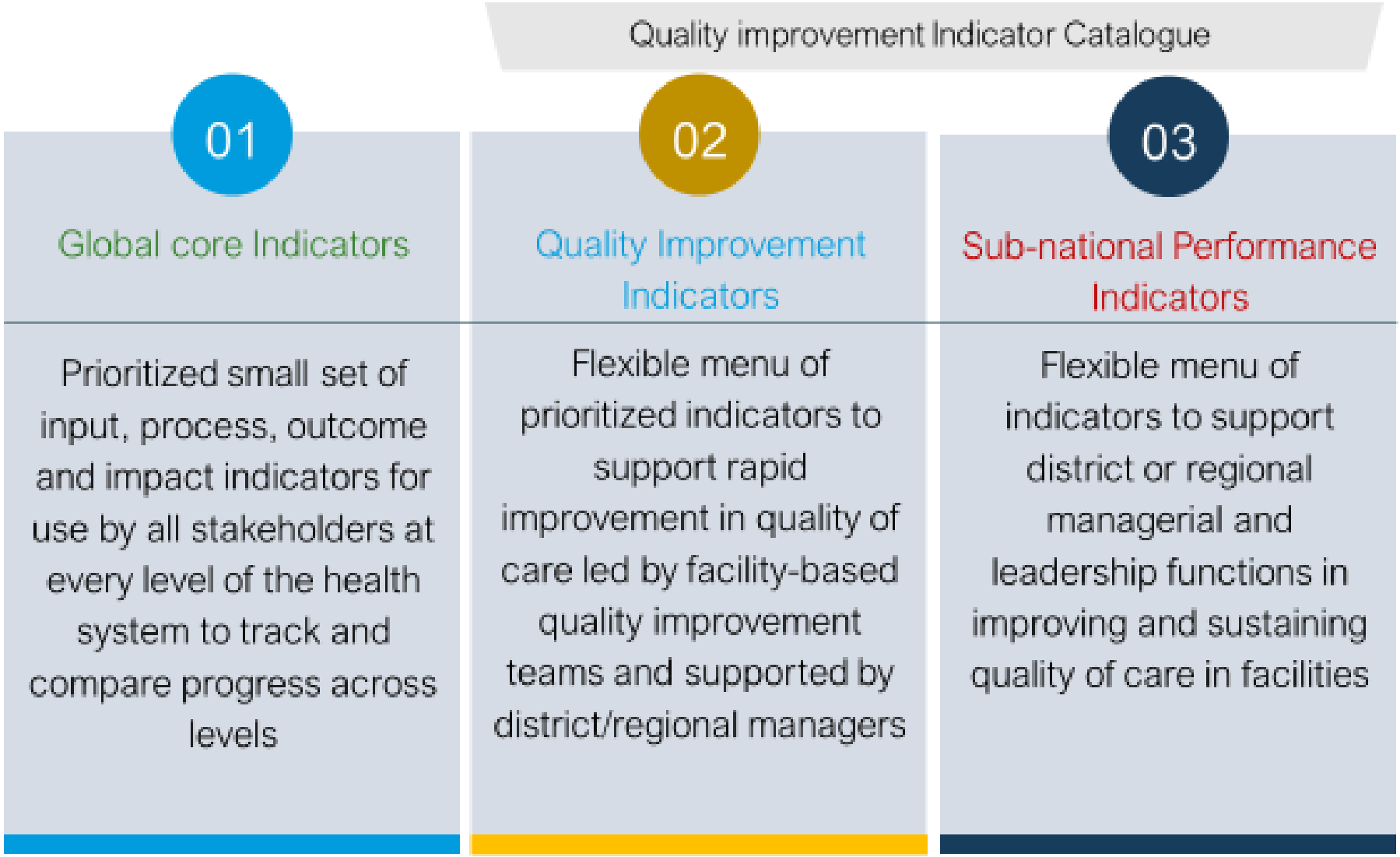


- Informed by the health system building blocks
- Cover care of children 0-14 years of age
- Applicable to all health facilities offering child health services across levels of care
- Prioritized areas to drive quality improvement
- Child-, adolescent- and family centered
- Address children's provision and experience of care
- No developed for community-based services but some adaptations possible

Application and use of the Paediatric QoC standards

- Guidance in the organization, planning and delivery of child health service in facilities.
- Preparing evidence-based national standards and protocols.
- Identification of components of care and resource inputs that are required.
- Tracking quality improvements and monitoring performance in care or service delivery.
- Providing a benchmark for national health facility assessments, audits, accreditation and performance reward.

Paediatric QoC Indicators



Muzigaba M et al. BMC Health Serv Res. 2022

25 Pediatric QoC Core indicators

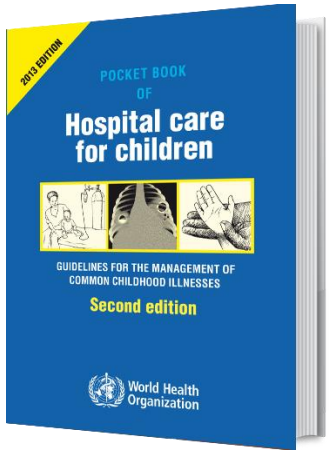
Proposed measurement:

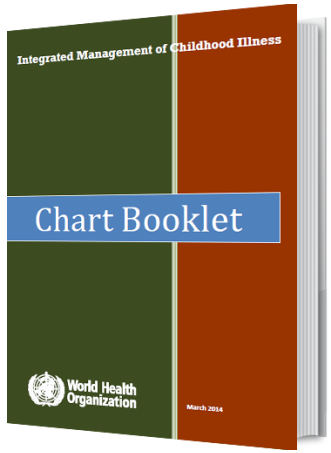
- HMIS (12)
- Facility registries or medical records (3)
- Surveys or interviews (9)
- Inventory (1)

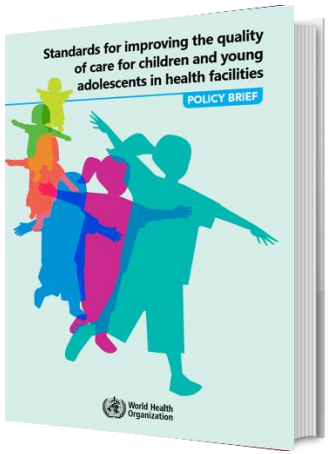
Institutional Child Mortality Rate
In-hospital paediatric case fatality rate (by common paediatric conditions)
Essential IMNCI assessment for the sick child
Treatment of PSBI at outpatient level
KMC initiation for infants weighing 2000 g or less
Pneumonia treatment with 1st choice antibiotic
Management of acute watery diarrhea among children <5 years old
Paediatric malaria diagnostic testing rate in malaria endemic areas
Treatment of uncomplicated SAM
Management of anemia

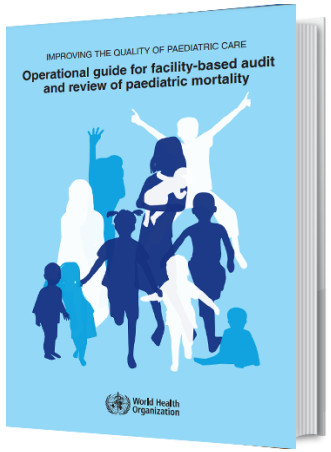
HIV testing for the mother and/or the child (in high HIV prevalence settings)
TB evaluation for children with presumptive TB
Missed-Opportunity for vaccination (MOV)
Inappropriate use of antibiotic for cough or cold
Completion of medical documentation
Paediatric QoC indicator review
Patient knowledge and understanding of their condition and treatment plan
Satisfaction with decision-making process for care
Pre-discharge counselling on danger signs and feeding during illness
Awareness of child rights during health care
Disrespectful care for the child or caregiver
Accompaniment during care
Access to play and educational material during hospitalization
Clinical mentorship or training
Stock out of essential child health medicines

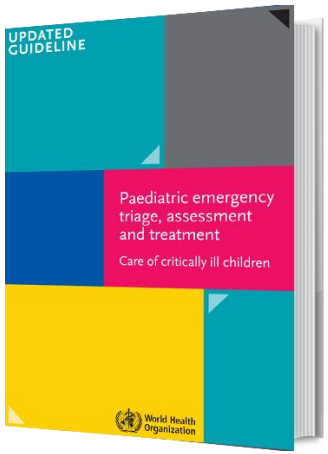
There are diverse resources to guide improvement of child health and nutrition services at national and subnational levels

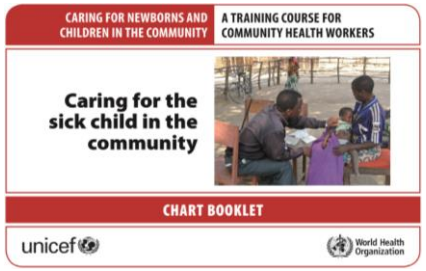


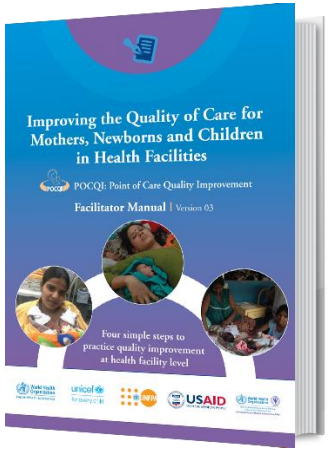












Framing for thinking during country presentations and discussions

How do we ensure that **pediatric QoC is part of the overarching quality of care work** at all levels – national, sub-national level?

&

How do we ensure that **QoC is at the center of all programmes that deliver child health services** (planning, budgeting, measurement, implementation)?

NIGERIAN EXPERIENCE ON CHILD HEALTH QUALITY OF CARE IMPLEMENTATION IN SOKOTO STATE

QUALITY OF CARE NETWORK MEETING
14-17TH MARCH 2023, GHANA
(CHILD HEALTH DEEP DIVE- SESSION)

WHAT HAS TAKEN PLACE (IN TERMS OF IMPLEMENTATION), LINKAGES WITH THE RMNCAH PLAN AND NATIONAL MATERNAL, NEWBORN AND CHILD HEALTH QUALITY OF CARE (QOC) COORDINATION

- National Level
  - Incorporation of the child death audit into the Maternal Perinatal Death Surveillance Response (MPDSR) , thus making it MPCDSR with review of the tools and capacity building at national and subnational level
  - Quality of care well-embedded into on-going Reproductive Maternal Newborn Child, Adolescent and Elderly Health +Nutrition strategy review

- Subnational Level implementation of Child Quality of Care
  - QoC TWG inaugurated at the State and LGA Level
  - State Quality Improvement (QI) Operational Plan developed - Included Child Health QI goals
    - Malaria, Immunization, Nutrition
  - Training of TWG members and health workers on QI approaches conducted – (state, LGA and facility levels.
  - Set up QITs at the facilities – Mentored on QI approaches, creation of dashboards, data extraction from registers and analysis

SNAPSHOT OF EXAMPLES OF CHILD HEALTH QI STANDARDS, GOALS, AND AIM STATEMENTS WORKED ON

Thematic area	QI Standards	5-year Goal	Aim Statements
Child health	STANDARD 1: Every child receives evidence-based care and management of illness according to WHO guidelines	50% reduction in U5MR	
Malaria in children		100% Diagnosis with mRDT prior to commencement of treatment	• Increase the number of children presenting with fever tested with RDT from 20% to 50% by April 2021 • Increase the number of children under 5 tested positive treated with ACT from 30% to 60% by 2 months. • Increase the number of children with complicated malaria giving pre referral treatment from 10% to 50% by 2 months.
Nutrition		80% of babies under the age of 6 months are exclusively breastfed.	• Increase the number of children under 6 months that are exclusively breastfed from 10% to 40% by 6 months
Immunization		80% coverage for measles an PENTA 3	• Increase the number of children under five who had penta 3 from 20% to 50% by two months. • Increase the number of children under five fully immunized from 20% to 50% by 2 months.

WHAT FACTORS HAVE CREATED THE ENABLING FACTORS

- Advocacy to key stakeholders
- Existence of:
  - State QoC annual operational plan
  - Business plans across QI sites
  - Functional State and LGA (District) TWG
  - Functional QITs
- Strong political will at the subnational level
- Availability of QI dashboards
- Access to Basic Health Care Provision Fund

Photo shows: Members of QIT at a PHC extracting data from OPD register to update the malaria QI dashboard for March 2021

HIGHLIGHT PROGRESS/ISSUES AROUND QI CAPACITY AND MEASUREMENT FOR CHILD HEALTH AND QOC TOOLS IN U

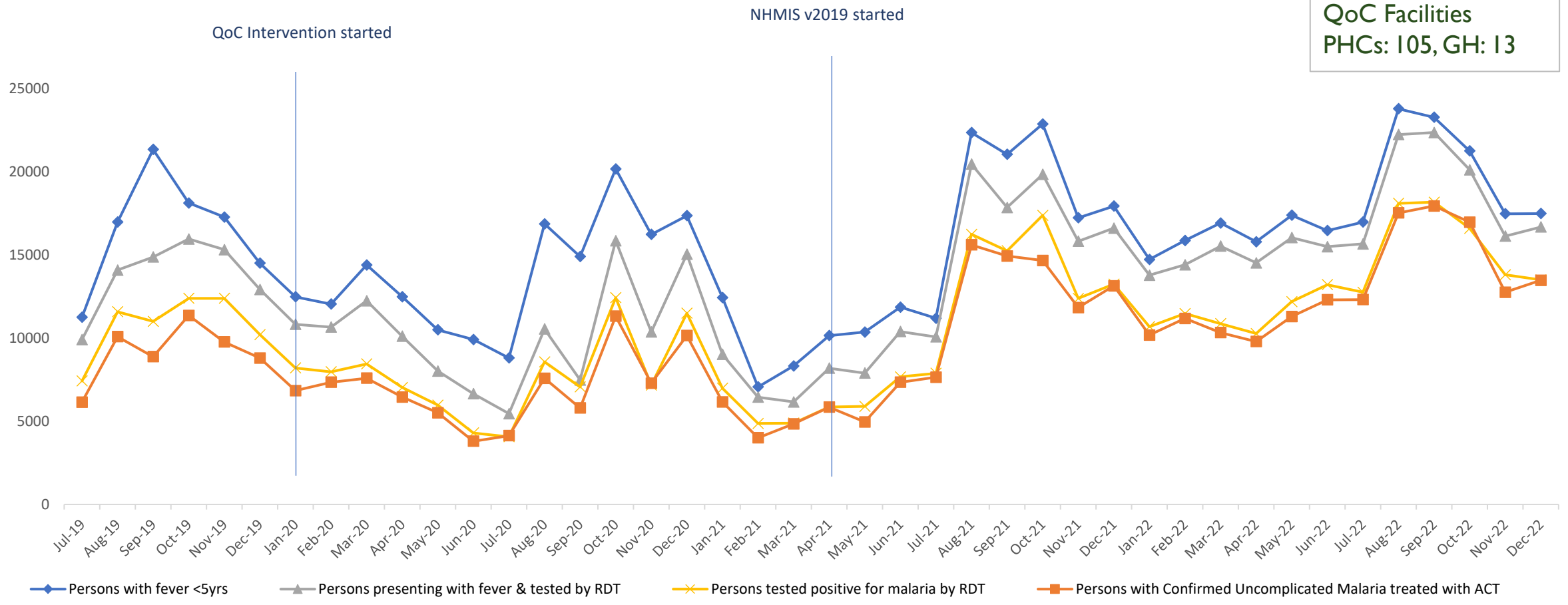
- 600 service providers trained on MNCH+ Nutrition/Malaria (including Paediatric) QoC
- Scaled up MNCH+ Nutrition/Malaria (including Paediatric) QoC from initial 9 sites to additional 120 sites in State within 6 months.
- Supported the state to inaugurate State and 23 Local Government Areas (District) MNCH +Nutrition/Malaria(including Paediatric) QoC TWG as well as QIT in each of the QI sites

IHP SUPPORTED FACILITIES IN SOKOTO STATE

Malaria QoC - Children < 5 years

IHP Supported Facilities in Sokoto State

Number of Focal QoC Facilities
PHCs: 105, GH: 13



CHALLENGES

- Insecurity
- Frequent transfers of QoC trained staff
- Inadequate human resource for health
- Frequent stockout of some essential RMNCH commodities
- Inadequate budget release for QoC activities
- Political interference in health workers employment and distribution

WHERE NEXT IN TERMS OF CHILD HEALTH QOC IMPLEMENTATION (NATIONAL AND STATE LEVEL)

National

- Integrate the Child and Paediatric standards into the MNH QoC strategy.
- Incorporate the child QoC into the Reproductive ,Malaria, Newborn, Child and Adolescent, Elderly Health and Nutrition (RMNCAEH+N) Strategy.
- Incorporate the child QoC into National Quality Policy and Strategy (NQPS)

State

- Evaluate the progress made in MNCH+ Nutrition/Malaria (including Paediatric) QoC implementation in the state.
- Scale up QoC implementation (especially Paediatric QoC) to additional sites in the state.

THANK YOU FOR LISTENING

Implementation of Paediatric QoC standards in Bangladesh: OXYGEN as a case study

Dr. Supriya Sarkar
Deputy Programme Manager, Hospital Services Management – DGHS

Global MNCH QoC Conference, Accra-Ghana
14th to 16th March 2023

Introducing and scaling WHO Pediatric QoC standards in Bangladesh

Assessment

Initial **2 hospitals** by UNICEF with small USAID fund (Q4 2020-2021)

Findings:

Gaps in **staff capacity** for rational use of oxygen

Only **30% of obstetric/SCANU beds** had central gas pipelines

Inadequate **oxygen equipment and infrastructure**

Scaled up assessment with other funding to **120 health facilities** -> similar findings

National consultations

National **oxygen technical committee** formed

Development of **national oxygen road map**

Oxygen landscape analysis conducted

Development of **National Guideline and Training Module** on oxygen therapy and pediatric standards

Development of **monitoring checklist** for oxygen system and oxygen therapy

Selection and introduction of **Oxygen therapy indicators in DHIS 2**

Capacity development

1 MNC officer was recruited under the National IMCI and National Newborn Health programmes to support implementation

15 Pediatric and Neonatology consultants trained as national trainers

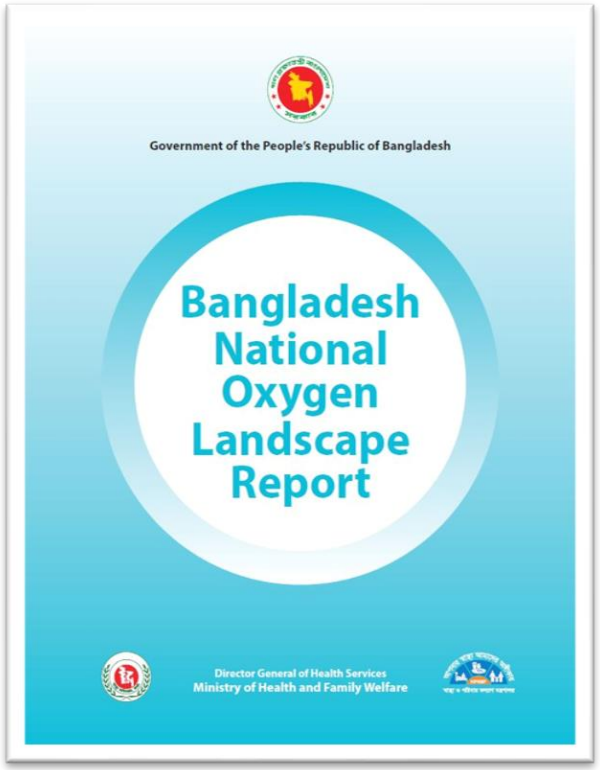
4 Training Institutions (Medical College Hospitals) equipped to provide subsequent trainings and clinical mentoring

Over **900 staff trained** on rational use of oxygen

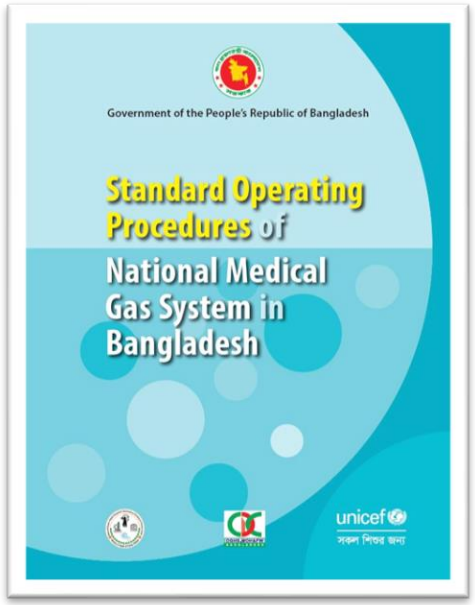
STAKEHOLDERS: DGHS-Directors, Hospital Superintendents, Civil Surgeons, Pediatric and Newborn focal persons, Bangladesh Paediatric Association, National Newborn Health Program, National IMCI Program, MIS department, Development Partners etc

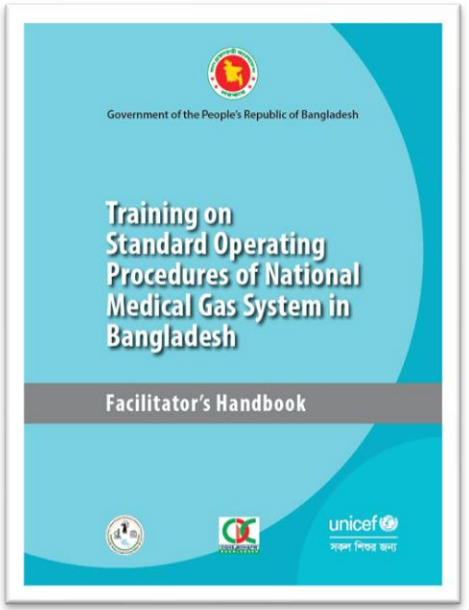
Progress so far (1)

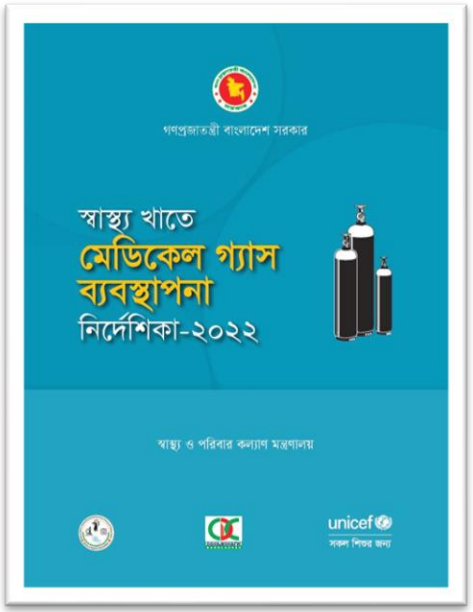
Strengthened coordination, policies and capacity within the DGHS & MoHFW for medical gas systems operation and maintenance in Bangladesh



“Oxypedia”







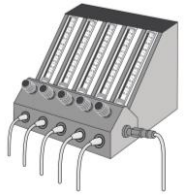
National Guideline, SOP and Training manual for operation and maintenance of medical gas systems

National Electro-Medical and Equipment Maintenance (NEMEMW) Unit on MoHFW capacity has been built to support operation and maintenance

Progress (2)

Increased oxygen infrastructure and equipment at district and subdistrict levels for improved access to oxygen

Oxygen concentrators



Flow splitters

Nasal cannulas

Pulse oximeters

Oxygen monitoring devices

Oxygen analyzers

Flow meters

<u>Facility readiness</u> ensured *(renovation, gas pipelines)* for oxygen management in <u>all SCANUs and pediatric wards</u>

Liquid medical oxygen system in 98 hospitals, 30 by UNICEF (WB support), rest by Govt

Central Gas Pipeline & Oxygen Manifold system in 158 UHCs, 60 by UNICEF (USAID funded)

Progress (3)

Improved oxygen monitoring systems in SCANU and pediatric wards for rational use of oxygen

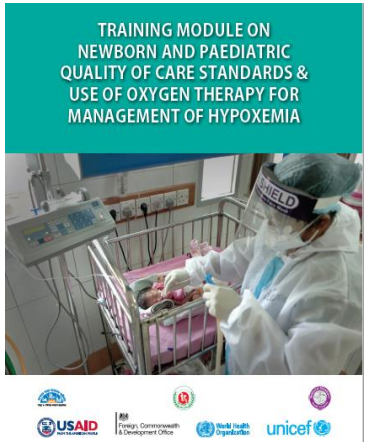
Oxygen monitoring checklist introduced in 69 facilities and reporting in DHIS2

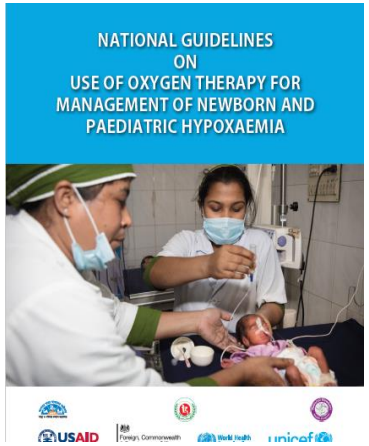
Daily Monitoring Chart

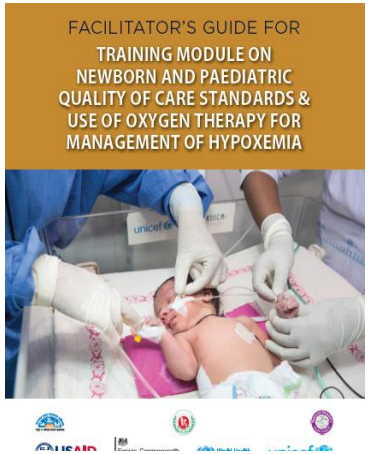
Date:				
1. Patient information				
Patient ID:				
Child name:				
Gender:				
Age:				
Weight:				
Diagnonsis:				
	Day 1	Day 2	Day 3	Day 4
2. Vital sign				
Consciousness level				
Central cyanosis (Y/N)				
Head nodding (Y/N)				
Severe Chest indrawing (Y/N)				
Lung sign				
Any injury at the oxygen interface site (Y/N)				
Inflammation at the cannula site (Y/N)				
SpO2				
Temperature				
Respiratory rate				
Pulse rate				
3. Fluid balance (record volume and times)				
IV				
By nasogastric tube				
oral				
Fluid output				
4. Treatment given				
Name of treatment				
Oxygen Flow Rate (LPM)				

Patient Individual Case sheet

Patient information		Treatment
Name		
Patient ID/registration #		
Sex		
Age		
Wt		
Date:		
Dx.		
Physical examination		
Medical follow up (last date)		
Child Consciousness (Active/lethargy/Unconscious)		
Pulse		
BP		
Temp		
SpO2		
Respiratory Rate		
Lung examination		
Severe Chest indrawing (Y/N)		
Central cyanosis (Y/N)		
Head nodding (Y/N)		
Any injury at the oxygen interface site (Y/N)		







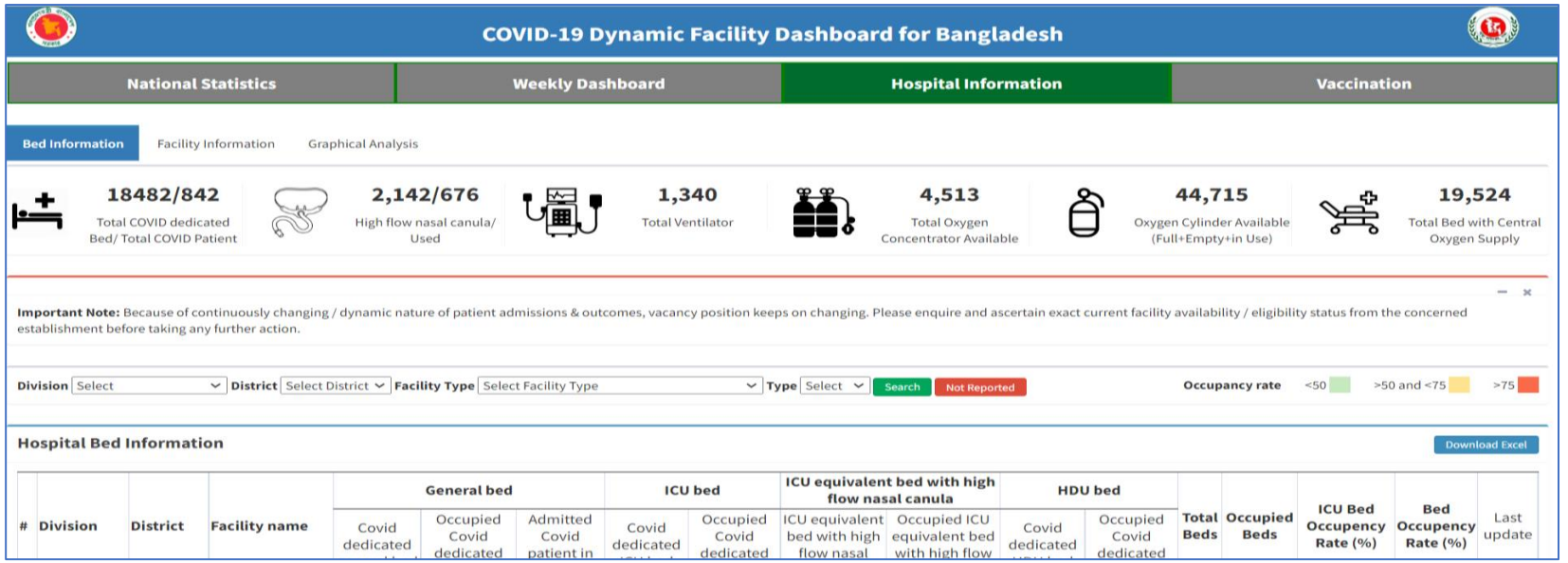
Clinical guidelines and training modules developed with pediatric QoC standards integrated

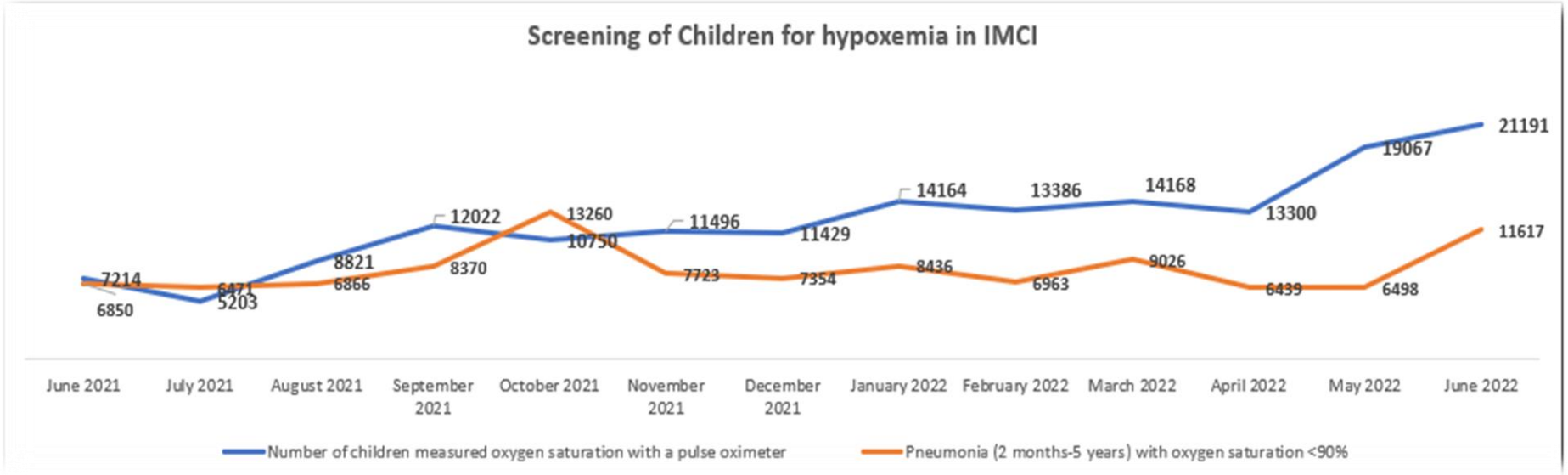
Over 900 health staff trained

Progress (4)

Oxygen information system developed for improved data analytics on oxygen

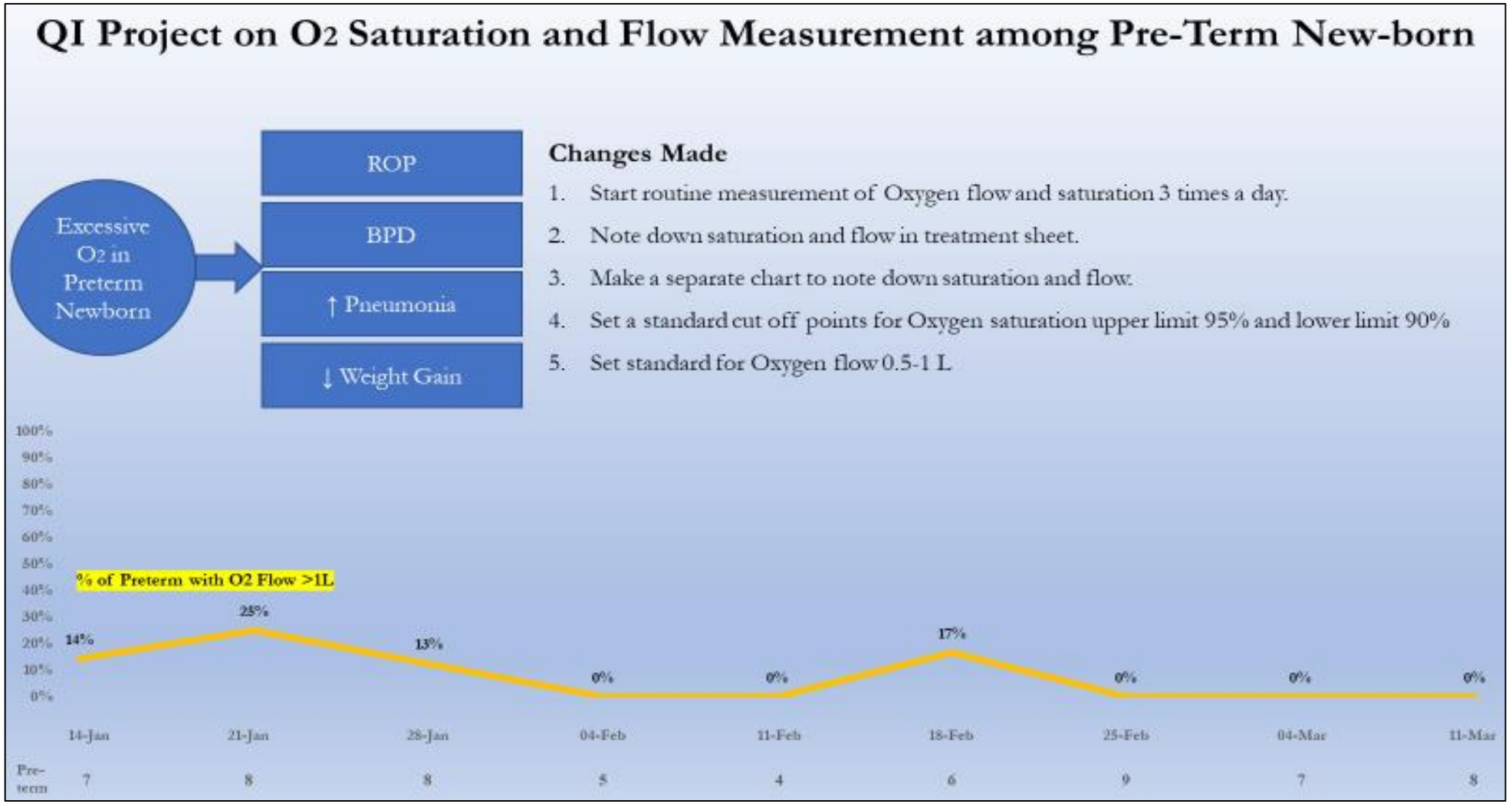
National dashboard on real-time COVID 19 data including oxygen





Oxygen indicators included in DHIS-2 at SCANUs and for IMCI

Integrating QI approaches for rational use of oxygen



Sample QI project using Plan-Do-Check-Act (PDCA) to reduce excessive use of oxygen in preterm babies

What worked well

Strong collaboration and partner coordination for adaptation of the WHO standards for pediatric and small and sick newborn quality of care, guideline development including protocols, tools and job aids

Government prioritized medical oxygen needs during the initial phases of the COVID-19 pandemic and this helped to strengthen the health system

COVID oxygen fund leveraged to strengthen oxygen supply system in all SCANUs and pediatric wards with 100% beds with central oxygen pipeline including 60 Upazila Health complexes *(subdistrict)*

Use of oxygen data to improve quality of care at facility level using Plan-Do-Check-Act

Areas for improvement

Strengthen quality of paediatric care at the PHC level through IMNCI programme

Explore opportunities to **integrate nutrition related paediatric QoC standards** in newborn and child health interventions

Thank you

Questions/comments/clarifications (if we have time)

Reminder: Framing for thinking

How do we ensure that **pediatric QoC is part of the overarching quality of care work** at all levels – national, sub-national level?

&

How do we ensure that **QoC is at the center of all programmes that deliver child health services** (planning, budgeting, measurement, implementation)?

Small Group Work (45 mins)

- GROUP 1 (times 2, if needed): Identify barriers and opportunities to "scaling up" pediatric QoC – and “scaling out” from MN QOC, e.g.
  - Leadership and coordination
  - Reaching all levels

- GROUP 2 (times 2, if needed): Define priority actions for countries to advance pediatric QOC measurement (provision and experience of care) in terms of the LALA Framework – Leadership, Action, (Learning), and Accountability

Group 1: Identify barriers to "scaling up" and “scaling out” pediatric QoC

	Barriers	Opportunities
Leadership and prioritization		
Level of care - Hospital - PHC (e.g. IMCI) - Community		

Group 2: Define **priority actions** for countries to advance pediatric QOC measurement in terms of the LALA Framework

	Priority actions
Leadership and coordination	
Action	
Learning	
Accountability	