Regulatory Approaches to the Quality of Care in Hospitals

“Supporting Health System Reform to Achieve Universal Health Coverage”

Second Roundtable: Nossal Institute for global health, health policy and health financing knowledge hub
23rd may, 2013
Introduction

- Realist Review
- Responsive Regulation
- the Enabling Environment
- Facility/Behaviour Modification
- Knowledge Gaps
What approaches are there to regulate quality of hospital services in LMIC?

Are some approaches more effective and feasible?

Search Terms:
- LMIC, low-middle income country, developing country, low income, Africa, Pacific, Asia,
- hospital, inpatient
- regulation, quality, performance based incentives, quality metrics, quality improvement, quality assurance

Limitations: January 1993 - January 2013, English; with an abstract available.

Abstract Review:
- quality mentioned as key objective
- hospital, LMIC focus
- excluded is disease management focus of article

Quality Assessment:
GRADE Strength of Recommendation framework
Hierarchy of Evidence for Assessing Qualitative Research
Articles ranked 1-6 with articles ranked 5-6 selected for review

239 articles -> 72 articles -> 17 articles
Responsive Regulation

- Non-Discretionary Punishment
- Discretionary Punishment
- Command Regulation
- Enforced Self-regulation
- Self-regulation

Assumes:
- regulatory environment exists
- knowledge and commitment of providers
- professional bodies available to administered regulation
QoC Regulation in LMIC

- Clinical Guidelines
- Training/skill development
- CQI, Governance, e-technology
- Payment reform (PBI)
- Accreditation
- License revocation

[Diagram showing the enabling environment with facility/behaviour modification]
## Search Results

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<th>Category</th>
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<td><strong>TOTAL</strong></td>
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the Enabling Environment

- License revocation
- Accreditation
- Payment reform (PBI)
- Governance,
Accreditation program developed through University

COHASASA formed as NGO

Universitas receives baseline ‘pre-accreditation’ grade

full accreditation achieved

Accreditation maintained


Accreditation - South Africa

Linegar, 2012
Accreditation - Zambia

- GNP US$19.21 billion (US$1,700/capita)
- Health budget US$70 million (US$7/capita)
- Accreditation US$7,000/hospital
- 25 hospitals/year US$175,000

Bukonda, 2002
Performance Based Incentives

- Vouchers in accredited hospitals (antenatal care, delivery)
- Quality checklists;
  - malaria prophylaxis
  - prevention of mother-child transmission of HIV/AIDS
  - referral of complex deliveries
Facility/Behaviour Modification

CQI, e-technology
Training/skill development
Clinical Guidelines

facility/behaviour modification
Facility/Behaviour Modification

- Continuous Quality Improvement  
  - Gill, 2010

- Quality Assessment Teams (Kenya)

- Improvement Collaboratives (USAID)

- Training, skill development  
  - Glatleider, 2006

- Family Centered Maternity Care Training of Trainers

- WHO Essential Maternal Care
Human Resources

- 1994 - ongoing: Health sector restructuring
- 2001: Public Health Financing Act
  - devolves financial management to hospital staff
  - implemented quickly, poorly communicated, clinical staff inadequately skilled in management tasks
- 1999 - 2001: Enquiry into Maternal Deaths
  - ~50% maternal deaths associated with poor practice

“sometimes I lie awake at night feeling sick with worry.... I worry that I have made a mistake ... I worry about who will look after my kids and my father if I go to jail”.

“these are the days of the PFMA, no wastage is allowed”

Penn-Kekana, 2004
What works?

Accreditation

Performance-Based Incentives

Continuous Quality Improvement

Health Technology Data Systems
Gaps

- Health Technology Data Systems
- Asia-Pacific region
- Hospital size and service capacity
- Long-term effectiveness and outcome assessments