

Unofficial Translation

Policy on Quality Assurance in Health Care Services

2064

Government of Nepal
Ministry of Health and Population

1. Introduction:

Government of Nepal (GoN) is committed to improve overall health status of its people by providing preventive, curative and promotive health services through public sector health delivery system and by encouraging private sector to complement and supplement to GoN's efforts to meet the health need of the people. In order to fulfill its commitment GoN, Ministry of Health and Population has formulated various plans and programmes which are already in implementation. Some progress has also been made towards improving health status of people e.g. reduced infant and child mortality, reduced prevalence of vaccine preventable diseases among children, increased utilization of essential health care services etc. However, desired level of outcome of any health programme cannot be expected without assuring optimum quality of services it provides. Realizing this fact, due consideration have been given towards quality aspect of health care services while developing health plan and programmes. The second long Term Health Plan (SLTHP) has recognized the need for establishing Quality Assurance (QA) systems in public, NGO and private sector. It has also provided some strategic guidelines for developing QA system. The medium term strategic plan (MTSP) has suggested that the quality of health services in public, private and NGO sectors should be improved through total quality management of human, financial and physical resources. Similarly, the Nepal Health Sector Strategy: An agenda for Reform (2004) has recognized importance of establishing services protocols and quality standards. Most importantly, establishment of QA mechanism for public and private sectors has been included in out put # 8 of the Nepal Health Sector Programme-Implementation Plan (NHSP-IP) 2004-2009 and has identified several action to be taken to improve quality and safety of health services.

2. Goal:

- To ensure the quality of services provided by Governmental, non governmental and private sector according to set standard.
- A autonomous institute will be established to ensure the quality of education provided for health care service provider working in governmental and non governmental

3. Purpose:

- To provide strategic guidelines for integration of quality of care component in all health services specially in essential health care services;
- To ensure that quality assurance system is in place and overall quality improvement activities are well implemented in all health facilities to fulfill consumers' needs;

4. Policy:

- Quality assurance will be developed as integral part of essential health care services delivery system.
- A coordination mechanism will be developed among NGOs, private sector and local community to ensure quality health services delivery.
- A sustainable standard will be developed from central to district in order to monitor the QA services;

5. Strategies:

In order to improve the quality of health care services as defined in this document following strategies are developed;

1. A QA Steering Committee will be formed at central and district level to oversee, coordinate and monitor the policies and strategies related to quality of health care services.
2. A QA Section will be established at Management Division under Department of Health Services which will be developed as a focal point for quality improvement. This section will monitor Quality assurance related operation activities All governmental and

nongovernmental of QA activities.

3. In the first phase, standards, guidelines and clinical protocols will be reviewed and/or developed for four major components of EHCS which include: (i) RH (Safe Motherhood and new born care/Family planning) (ii) CH (National Immunization Programme, Community based Integrated Management of Childhood Illnesses, Malnutrition and nutritional deficiency disorders in children) (iii) CDC (TB, Leprosy, HIV/AIDS and STD, Malaria, Kala-azar and Japanese Encephalitis), and (iv) OPD Services; and for other health services in subsequently. Emphasis will be given on proper implementation of these standards, guidelines and protocols through routine monitoring and supervision.
4. Local community will be involved in improving management of health institution to provide quality health care services by mobilizing local resources.
5. Awareness of consumers right and responsibilities to health care services will be created among general people through appropriate IEC, BCC activities and interventions.
6. Performance of quality of care activities carried out at different levels will be reviewed by integrating it with existing performance review system and monitored on regular basis.
7. Managers and providers will be oriented on importance of quality of care, service provision and quality improvement approaches and users rights to the quality health services.
8. Quality improvement process (plan, implement, monitor, problem- solving with team approach) will be initiated in different level of both public and private sector health facilities.
9. Medical and death audit system such as maternal death audit or new born death audit will be established up to the PHCC level in a phase wise manner. The District level QA committee will be responsible to carry out the auditing.
10. Social audit to assess client satisfaction and bring beneficiary's perspective in design and improvement of health policies and programmes and health services will be initiated.
11. Service consumers will be provided with necessary information about the risk and benefits, effectiveness, and options of the services they are going to receive through proper counseling before providing services.
12. Public/Private/NGO sector health care providers will follow and implement the national standards, guidelines and protocols of MoH&P.
13. Regular monitoring will be carried out from Quality Assurance Section at all level of government, non-government and private sector health institution and necessary support will be provided.
14. Studies and operation research activities for promoting the quality of health care services will be carried out in coordination with Nepal Health Research Council (NHRC).
15. Inter-sectoral coordination will be strengthened among different stakeholders at different level.
16. Quality Assurance will be an integral part of the essential health care services delivery system.
17. A Hospital Accreditation system will be established and developed.

Composition and Scope of work of different level of QA committee:

QA Steering Committee at Ministerial level:

Composition:

- | | | |
|----|---|--------------------|
| 1. | Chief Specialist, Curative Division/MoHP | - Chairperson |
| 2. | Director General: DoHS, DoA, DoDA (three) | - Member |
| 3. | Representative NHRC | - Member |
| 4. | Representative of Different Council (Two) | - Member |
| 5. | Legal Officer, MoH&P | - Member |
| 6. | Representative of Consumers Forum | - Member |
| 7. | Representative of APHIN | - Member |
| 8. | Chief, M&E and Public Health Administration Division/MoHP | - Member Secretary |

Scope of Work

The QA Steering Committee at the Ministry of Health and Population is the apex body. It will:

- Regulate overall QA activities carried out by public, private and NGO sectors;
- Provide necessary directives/guidelines to QA Coordination Committee at Department of Health Services for effective implementation of quality of care programmes/activities;
- Formulate and / or update national QA Policy and Strategy for sustained improvement in the quality of overall health services;
- Approve, research activities to be conducted for the improvement of quality of health services;

The QA Steering Committee will meet at least once in a year. Other relevant organizations/institutions/individuals may be invited in the meeting as and when necessary.

QA Working Committee at District level:

Composition:

- | | | |
|-----|---|--------------------|
| 1. | Chief, DHO/DPHO | - Chairperson |
| 2. | Med. Sup or representative District Hospital | - Member |
| 3. | Nurse In-charge, Hospital | - Member |
| 4. | Lab Technician, Hospital/DHO/DPHO | - Member |
| 5. | HA/ | |
| 6. | HA/PHN from District Public Health Office/DHO | - Member |
| 7. | SA from District Public Health Office/DHO | - Member |
| 8. | Representative of selected I/NGO, Nursing Homes | - Member |
| 9. | Representative of Consumers Forum | - Member |
| 10. | Public Health Officer or PHI from DPHO/DHO | - Member Secretary |

Scope of Work:

QA Working Committee at district:

- Carry out QA activities as per instructions and guidelines provided by QA Section of Department of Health Services;
- Ensure availability and use of services standards and protocols at different health facilities of public, private and NGO sectors within the district;
- Review and monitor the quality of health care services provided by public, private and NGO sector health facilities;
- Conduct medical audit at district hospitals, private nursing home and NGO hospitals in the district and give feedback for quality improvement;
- Plan and implement QA activities for improving the quality of health care services in the district;
- Supervise and support to QA activities of health facilities in district and provide feedback;
- Coordinate with district level private and NGO sector health facilities for facilitating the implementation of QA activities;
- Report to QA Section of Department of Health Services and give recommendations and suggestions for improving the quality of health services;

The QA Working Committee will meet at least three times in a year and more frequently if needed. Representative from concerned organization, institutions and individuals may be invited as and when necessary.

Annex: III

Quality of Care Indicators:

Often, it is difficult to measure or quantify the degree of quality of health care by using specific indicator. Therefore, in most cases, it depends upon observation, interpretation and perception of individual evaluator or supervisor. However, indicators will be needed for monitoring and evaluating the three basic elements of quality of care, namely; input, process and output. Each program/health institutions will develop specific indicators based on level of

health facility and types of services they provide. However, some examples of quality indicators are given below.

Indicators for measuring inputs:

- Quality management system in place by each level of health facilities;
- Providers oriented on proper use of standards/protocols;
- Availability of competent and skilled service providers;
- Availability of health care providers' Code of Conduct;
- Availability of standards for physical facility, supplies, drugs, equipment etc. as per set standards;
- Functional referral system in place;
- Functional Health Management Committee exists at the facility level;
- Health care providers/health facilities are licensed, certified and accredited;

Indicators for measuring process:

- Services provided as per standards, guidelines and protocols;
- Consumers are informed and counseled about the services they receive;
- Continuity of services and proper follow up ensured;
- Standard behavior of service providers observed and followed;
- Standard infection prevention (IP) practice in place;
- Services are provided promptly (less waiting time);
- Support of health management committee (resources, supervision, monitoring etc;) is available;
- Service records maintain properly;
- Social audit in place;
- Medical audit system in place;
- Confidentiality of information on individual health service consumer strictly maintained;

Indicators for measuring Outputs:

- Satisfied consumers;
- Nosocomial infection rate
- Mortality rate
- Recovery rate
- Complication rate
- Average length of stay in hospital
- Post operative death rate

Operational Definitions:

For the purpose of this strategy, "quality of health care" and "quality assurance" are defined as follows:

Quality of Health Care:

"Health care services that produce desired health outcomes and fulfill consumer's needs, with optimum use of available resources, provided by trained and competent providers as per the national norms and standards with minimizing risk for service providers as well as consumers."

Quality Assurance:

"Quality Assurance is a continuous process which includes series of activities for improving and maintaining optimum level of quality of health care services that includes mainly; setting standards and protocols, communicating standards, developing indicators, monitoring compliance with standard and solving problems by team approach."