Quality improvement to support COVID-19 response and recovery

Syed S[1]*, Neilson M[2], Davids J[2], Ashrafian H[2]

[1]Quality of Care Unit, WHO Headquarters
[2]Institute of Global Health Innovation, Imperial College London United Kingdom
**syeds@who.int*

ABSTRACT

The SARS-CoV-2 pandemic has had a significant impact on various facets of economic, sociopolitical and organisational imprint on quality of care. With an estimated 5.7-8.4 million deaths each year from low to middle income settings, inadequate quality of care has also become a crisis exacerbated by COVID-19.

Many facets of care quality policy have placed emphasis on improving quality of care through essential areas such as technological advancements, operational aspects and ensuring pharmaceutical pipelines are functioning adequately.

The Quality of Care team at the World Health Organization presents a best practice approach to quality improvement of care and how it impacts our response and recovery phase protocols.

INTRODUCTION

COVID-19 significantly exacerbated the existing challenges of health services including access and quality of care, and looks likely to do so for years to come. There is a clear case for consideration of quality of care in planning for COVID- 19 health systems response and recovery, as countries look to accelerate progress on strengthening health systems while still dealing with an active response to the direct threat of COVID-19.

Inadequate quality of care is estimated to be responsible for between 5.7 and 8.4 million deaths each year in low- and middle-income settings and accounts for 15% of overall deaths.[1] This quality of care crisis is likely to have been exacerbated by the significant disruption COVID-19 brought to already stretched health systems.

Across the response and recovery phases, COVID- 19 poses significant risks to provision of quality care, both in terms of COVID-19 case management and reliable provision of routine essential health services. For example, increases in demand for health service capacity may lead to delays in treatment, inequitable access, and lack of resource to meet standards of care. Misinformation may damage trust and engagement with health providers. Staffing challenges and increased pressures on IPC resources may risk patient safety. Public health measures and socioeconomic disruption might risk interruption of usual systems for supplies, governance, and maintenance of quality standards.

As such, there is a clear role for application of quality improvement within COVID-19 response and recovery, leveraging existing knowledge and tools on quality of care to improve case management and help maintain essential health services.

DESCRIPTION OF GOOD PRACTICE AND EVIDENCE OF IMPACT

Quality improvement is the action of every person working to implement iterative, measurable changes, to make health services more effective, safe and people-centred.

Quality improvement approaches are well-placed to support complex service delivery challenges, such as COVID-19, and can empower local teams to develop local solutions. Responding to this need, WHO has developed a training module on quality and COVID-19. The module (Module 5: maintaining quality care during COVID-19) is on the WHO Academy app (Apple store; Google Play) and also on OpenWHO.

The module discusses challenges to each domain of quality of care in relation to COVID-19 case management and maintenance of essential health services. It then presents an illustrative set of quality interventions for the COVID-19 context, as seen in Table 1 below.

The training module then presents basic principles of quality improvement, including how to organise quality improvement at the facility level and tools that can be applied. Examples are given of health service challenges in the COVID-19 context to which quality improvement might be usefully applied, and a worked case study shows how QI tools can be implemented in practice. The module is free to access at the links above.

Table 1: An illustrative set of quality interventions for the COVID-19 context, as seen

Intervention category	Illustrative interventions that can be considered by health facility management to support delivery of quality care in the context of COVID-19
System environment	• Ensure structural capacity and essential inputs (for example WASH) • Assess basic system and facility readiness • Optimize the procurement and supply chain systems
Reducing harm	• Strengthen infection prevention and control • Use safety protocols and checklists • Use a context-specific patient safety risk management tool
Improving clinical care	• Use context-appropriate guidelines, standards, and protocols with training • Use clinical decision support tools
Engaging patients, families, and communities	• Formally engage and empower communities • Measure patient experience of care for service improvement

The quality interventions listed above are drawn from existing evidence-based illustrative lists of what works to improve quality of care, published in the WHO Handbook for national quality policy and strategy and quality of care in fragile, conflict-affected and vulnerable settings: taking action.

SUSTAINABILITY AND FEASIBILITY OF GOOD PRACTICE

Quality improvement is implemented in complex environments and has mixed results depending on how it is applied. Factors known to increase the impact and sustainability of quality improvement include: involvement of multi-disciplinary teams; effective project management; understanding risks and feasibility of selected improvement approaches; securing buy-in from leaders health providers and patients; co-designing solutions with patients and creating a supportive organisational and health systems environment.

Keywords: quality improvement, SARS-CoV-2, COVID-19 response and COVID-19 recovery

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