

National Policy on Healthcare Quality and Safety

Certification of Authorisation

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Introduction

Sri Lanka provides free healthcare services to all the citizens irrespective of their socio-economic status or geographic location and has achieved remarkable health outcomes, compared to the other countries in the region.

Having reached many targets in quantitative aspects, Ministry of Health now focuses on achieving its goals in quality of healthcare and safety. However, there are initiatives to improve the services by way of improving infrastructure, introducing monthly performance reviews, preparing manuals and guidelines, initiating productivity improvement programmes etc.

Presently, the Sri Lankan healthcare system is also experiencing major changes, notably in the provision and maintenance of quality and safety in healthcare systems, within its limited resources.

The National policy on Healthcare quality & safety for Sri Lanka aims at achieving a higher quality of life for its citizens by identifying the roles and responsibilities of the Government and private institutions in relation to better provision of curative and preventive care and implementing the strategies through specific programs island wide.

Global Situation

For most of the last decade, healthcare organizations, internationally, have never really had to worry about what they were spending on and how they were spending. All this has now been changed and the approach in balancing the effective management of quality and safety, whilst saving money at the same time, has to be addressed.

There is some evidence to suggest that improving quality could have an important, if limited, contribution to addressing financial pressures. Administrators, clinicians, Nurses and other categories of staff can increase their likelihood of success by working together to meet the challenges, measuring and monitoring the improvement, reviewing how much it has cost and how much it has saved, and above all by managing implementation skillfully.

In terms of 'best practice' or indeed rules/ guidelines that should be followed, the following may provide a start:

- Individuals who oversee quality improvement and safety are required to be more precise about return on investment for quality initiatives.
- It is necessary to become more sophisticated in the approach to measure improvement, and to link investment in improvement, to outcomes achieved in clear cost/benefit terms.
- Cost reduction has to be seen as an explicit dimension of quality and safety that cannot be separated from other aspects.
- Every quality improvement project should have an explicit goal of reduction in waste, unnecessary variation and/or cost.
- Every cost reduction initiative should have a counterbalancing set of measures to ensure that quality and safety is enhanced or at least maintained.

It is only in this way that the healthcare sector, internationally, will have key measurable objectives and visibility of what impact effectively managing quality and safety initiatives has across an organization.

To ensure the sustainability of standardized quality and safe patient care, the introduction of a policy on healthcare and safety is essential. It is also needed for the development of quality standards and guidelines, improvement of a patient safety orientation, and involvement of staff, improvement of the assessment and evaluation of quality improvement, improvement of information and state reporting systems and the achievement of a better value for money.

Quality in healthcare is a multifaceted concept and is not amenable to a single performance measure or simple metric. In the past decade there has been a concerted international effort to improve measurement and reporting, and a growing consensus about the key domains of quality in healthcare and relevant measures and indicators to populate these domains. The key domains are:

- Effectiveness;
- Access and timeliness;
- Efficiency;
- Safety;
- Patient centeredness; and
- Equity

National policies for quality have been developed in European countries, South Africa, Netherlands, Hungary, Finland and Estonia. Different names for the policy of healthcare have been adopted in these countries such as policy on Health care quality and safety, National policy programmer for quality, National strategy on quality, improvement in Health care, quality policy for Health care, National Health strategy, National Health plan, National strategy for quality improvement in Health care and a First class service: quality in the new NHS.

The policy developed by Norway defines legal accountability through local government and professional self-regulation and all providers of health services are to have effective quality systems.

Therefore, different countries have developed their policies according to the areas needed to be address in order to implement the programmer successfully. Some countries have adopted monitoring mechanisms to address the areas of concern for the proper implementation by evaluation through indicators.

National Policies that influence Healthcare Quality Policy

Government's policy has identified the importance of quality in healthcare and states that Excellence in healthcare is to be achieved through the provision of patient-focused, comprehensive and high-quality service. The state, working in partnership with the private sector, will ensure equitable access to the health services.

The National Health policy of Sri Lanka points out that Healthcare will be made more accessible to the community on an equitable basis with provision for meeting specific health needs, improving the quality of healthcare to a level acceptable to health the community and service providers and healthcare will be made more efficient and cost effective.

The main goal of the Government Health policy is to provide patient care enriched with quality by reorganizing the healthcare delivery system, especially at district and provincial levels.

The National Quality policy of Sri Lanka envisages an integrated approach to quality management involving all sectors of the economy and all segments of society.

Enhancement of Quality of service Delivery is one of the major components in the Health Master plan. It says that a quality assurance strategy will be developed to facilitate the delivery of high quality services central to the ethos of the health sector. The Ministry of Health will lead in developing quality assurance in a systematic manner that enhances team spirit and patient and consumer-focus and builds on the existing quality improvement programs. This approach will include clinical accountability and the development of peer group review and clinical audits, as well as methods of monitoring patient satisfaction and total quality management of services. The need for a system of continuous professional education for doctors, nurses and other healthcare workers, at regular intervals, will be discussed with the appropriate professional and regulatory bodies. Also clear protocols and accreditation processes will be introduced to upgrade and sustain standards in both the state and private sector. To ensure sustainability, professional organizations, medical faculties and service providers will be involved in the developmental process.

History of Healthcare Quality & Safety in Sri Lanka

The evolution of a National Quality Assurance Programmer in Sri Lankan Health Services dates back to 1989. With the on publishing of the handbook on the National Quality Assurance programmer in 1995 by the Ministry of Health, some institutions embraced the concept to introduce quality improvement programmers in their own institutions. The Quality Assurance programmer was re-launched in 2000 with the concept '*Quality Healthcare through productivity*'.

The castle street Hospital for Women (Teaching) was identified as the focal point for the National Quality Assurance programmer and then castle hospital was identified as the focal point for the National Quality Assurance programmer of the Ministry of Health. Since then measures have been taken to expand this programmer to other hospitals island wide. As a result, hospitals such as Ampara DGH, peradeniya TH and Kurunegala PGH have initiated their quality improvement programmers. It was believed that quality improvement programmers can be implemented only in the line ministry institutions because of the limited availability of resources in other hospitals. The Quality improvement programmer at Mahiyangana BH in 2004-2004 paved the pathway for hospitals which are governed by provincial councils and other smaller hospitals.

With this experience, a pilot study was carried out in five hospitals of different administrative levels in North Western province. This gave an insight on the carrying out of the quality improvement programmer for the Ministry of Health. In 2007-2009, with this experience, the programmer was expanded to eight hospitals in the southern and Uva provinces. With these pilot studies it was identified that the establishment of a District Quality Assurance Unit and quality Management Units are important to facilitate and monitor the quality improvement programmer. It was also recommended that an apex body be established to facilitate the quality improvement programmer throughout the country. Therefore, under the World Bank-HSDP funds, a building was constructed for the National Quality Assurance programmer. A consultative committee was appointed to decide on the scope and function of the Directorate of Healthcare Quality and safety. It was commissioned in August 2012. Since then measures have been taken to carry out the quality improvement programmer of the Ministry of Health in a planned manner. Presently the Directorate functions under the principle of '*A centrally Driven, Locally Lead, clinically Oriented, Patient centered, continuous Quality Improvement programmer*'.

Vision, Mission, and Goal

Vision

Providing optimum quality and safe healthcare services to the people of Sri Lanka

Mission

Facilitating healthcare institutions to provide demonstrable best possible quality healthcare services through continuous improvement while responding to peoples' expectations and ensuring safety with involvement of all stakeholders

Goal

To sustain continuous Quality Improvement of healthcare services that ensures clinical effectiveness and patient safety while addressing the non-health expectations of the people.

The following seven key Result Areas constitute the Healthcare Quality and safety policy of the government in the medium term. The policy statement is structured on the basis of a rational for each Objective which will be accompanied by set of illustrative strategies. The strategies of achieving Objectives will be implemented through specific programmers which will be developed by the working group mandated to formulate the Action plan on Healthcare quality and safety. In the Action plan the roles and responsibilities of the national and provincial Administrators, NGOs and the private sector will be identified. The development of mechanisms for-co-ordination and the provision of adequate resources will be necessary in order that responsive, quality and safe healthcare service is enabled to the general population.

KEY RESULT AREA 1: CUSTOMER/ PATIENT SATISFACTION

OBJECTIVE:

To ensure organizational settings towards customer-focused care responsive to their preferences, expectations and values

Rationale

Provision of healthcare in a more customer friendly environment, while addressing the ailment adequately, has been an area of interest in recent decades. There have been tremendous advances in science & technology contributing immensely for the patient management. More humanistic client centered approach in delivering the health care services has become a major concern worldwide.

Health-care processes are that designed to meet the customer satisfaction (i.e. the users of health-care services which are applicable in existing healthcare has become a major focus of attention. Also, changes in organizational behavior have become necessarily for more customer-focused care.

Understanding customer values and preference while establishing a healing relationship between clinicians and patients and patients' families, grounded in strong communication and trust. Listening to patient narrative stories about care experiences can often provide insight into expectations of care in a more engaging manner than quantitative data. Patients value in a good health-care experience. Internationally studies consistently indicate the certain areas are the aspects that patients value most, *i.e. being treated with dignity and respect; having confidence and trust in providers; courtesy and availability of staff; continuity and transition; coordination of care; pain management and physical comfort; respect for preference; and emotional support.*

Consult with the “customers” during the design and development stages of new services or updated processes are needed to internalize these values into the system. Strategies aiming at developing mechanisms to enhance consumer participation in decision making have been employed. The challenge of health system is to ensure that engagement with patients and the population is at the heart of all policies and strategies for quality improvement, and that this commitment is translated into meaningful action.

Patients are placed firmly at the heart of the health system, highlighting that patients should be considered as co-producers of their care and their recovery. Involving patients can increase their satisfaction and improve health outcomes. More recently, increasing recognition is being given to how patient involvement could reduce the likelihood of health-care harm

STRATEGIES:

- a. Expand service provider capacities towards responsive healthcare delivery.
- b. Develop mechanisms to ensure timeliness on safe service delivery
- c. Establish the facilities and standards for responsive care for all including the disabled, elderly & special groups in hospitals.
- d. Develop mechanisms to enhance stakeholder participation in decision making of organizational quality improvement
- e. Establish a surveillance system for customer satisfaction

KEY RESULT AREA 2: MANAGERIAL SYSTEMS AND PROCESS IMPROVEMENT

OBJECTIVE:

To establish effective managerial systems and processes to facilitate continuous quality improvement

Rationale

Regulation and standards is frequently visited in the quest for quality improvement in health systems and offers considerable scope for policy interventions at country level. Setting standards and monitoring adherence to them may be one of the more efficient means of facilitating higher compliance with evidence.

Several governments have established quality units within their ministry of health, or have convened multiagency consultative groups. Many such groups were set up specifically to carry out a predefined government objective of reform, but others have a remit to develop comprehensive and consistent national policy and to oversee its implementation. Consumer, purchaser and provider representatives are often included.

Quality improvement is achieved through shared responsibilities, accelerated organizational development, and participation of stakeholders in the respective managerial system. Shared responsibility is an important contributor for continuous quality improvement. The delivery of high-quality, patient-centered care requires the concerted efforts of many healthcare professionals, with growing evidence that effective multidisciplinary team working in a clinical setting.

Health system design determines the responsibilities of various stakeholders in delivering quality. Roles and responsibilities for delivering quality can be assigned to professionals, management, payers, governmental bodies, patients and the public. Irrespective of the nature or type of health-care system, responsibilities for quality need to be allocated and performance relative to agreed quality thresholds must be transparent.

Quality monitoring needs to be based on a well-functioning national information infrastructure. Through not impossible, international experience demonstrates that assembly of such infrastructure is complex and costly. The internet is increasingly used as an important mechanism to ensure the quality of health care. Accreditation is typically a formal process of assessing the degree to which health facilities meet predetermined standards pertaining to quality and availability of services. Assessments are usually undertaken by an independent body. Inspection and accreditation at varying levels can be provided as appropriate to the resources available in the country. Although evidence of the impact of this type of approach on patient choice is scarce, public reporting of performance on quality does have “reputational” impact on professionals and institutions and, as such, can have an impact on the improvement of performance.

STRATEGIES

- a. Establish national standards in quality and safety in healthcare
- b. Strengthen stewardship functions of healthcare institutions
- c. Ensure continuous quality improvement through application of quality and safety concepts and models, and the benchmarking of good practices
- d. Strengthen the Managerial information system to support the quality improvement programmer
- e. Provide Total Quality Management (TQM) through engagement and shared responsibility of all stakeholders in the internal and external environment
- f. Develop and adopt mechanism for performance assessment, systematic review and corrective action in healthcare

- g. Identify and establish an institutional cluster system for referral, training, consultation and sharing off resources
- h. Establish accreditation processes for healthcare institutions

KEY RESULT AREA 3: CLINICAL EFFECTIVENESS

OBJECTIVE:

To promote evidence-based, ethically accepted clinical practices to ensure the best possible outcome for the patient

Rationale

Evidence-based practice (EBP) is the conscientious and judicious use of current best evidence in conjunction with clinical expertise and patient values to guide health care decisions. Best evidence includes empirical evidence from randomized controlled trial; evidence from other scientific methods. Such as descriptive and quality research; as well as use of information from case reports, scientific principles, and expert opinion. When enough research evidence is available, the practices should be guided by research evidence in conjunction with clinical expertise patient values and ethics. As more research is done in a specific area, the research evidence must be incorporated into the Evidence Based practice (EBP). In so many cases, however, a sufficient research base may not be available, and health care decision making is derived principally from non-research evidence sources such as expert opinion and scientific principles.

In recent years EBP has been shown to be a powerful tool that can be used for various purposes and by different stakeholders in health care systems. Evidence based clinical protocols and guidelines can be developed in order to minimize variation of clinical outcomes. Traditionally, patient safety research has focused on data analyses to identify patient safety issues and to demonstrate that a new practice will lead to improved quality and patient safety. To measure and improve the quality of patient care, investigate measures of outcome clinical audits can be employed. Implementing evidence-based safety practices are challenging and need strategies that address the complexity of systems of care, individual practitioners, senior leadership, and ultimately changing health care cultures to be evidence-based safety practice environments.

Ethical implications of the introduction of EBP into hospital management can thus help to describe some of the major changes this area of medicine is undergoing at the moment, and at the same time contribute to an ethical analysis of EBP and the way it is implemented in practice. Three corresponding areas of ethical concern have been described: the responsibility of health care institutions for their patients; organizational issues within the hospital; and the community role of health care providers. Several instruments have been mentioned in ethical codes, including: informed consent for diagnosis and therapy; the use of advance directives; confidentiality regarding patients' private data, and respect for social, spiritual, and cultural needs and beliefs. It might be of help if established ethical codes explicitly acknowledged and addressed ethical challenges in hospital management that are due to the increasing use of ERP for explicit or implicit economic purposes.

STRATEGIES

- a. Develop and institutionalize evidence-based cost effective clinical protocols and guidelines on clinical practice
- b. Establish mechanisms for professional guidance, peer review and audit of clinical practices and provision of feedback
- c. Strengthen the clinical information management system to help in decision making
- d. Establish mechanism to ensure ethical clinical practices

KEY RESULT AREA 4: RISK MANAGEMENT AND SAFETY

OBJECTIVE:

To mitigate risk from medications, procedures and untoward events to ensure safety of patients and staff

Rationale:

Although successive government have contributed immensely towards the provision of free healthcare services to the public, the issue of ‘safety’ of patients and the medical staff involved is in question as long as medical errors resulting from misuse of medications, inappropriate surgical/ clinical procedures and negligence are concerned. Thus, the need has been emphasized to introduce a system which can assure overall safety in healthcare provision.

The prompt identification of such situations will stabilize the awareness among the staff while establishment of an effective risk management system and a reporting system will ensure patient safety while providing the highest quality care. The aim is to build up a committed hospital system which provides a responsive and safe healing environment for patients and their families.

STRATEGIES:

- a. Ensure an effective risk management system
- b. Establish an effective incident and near misses reporting system
- c. Strengthen programmers for safe clinical procedures and processes

KEY RESULT AREA 5: ENABLING A CULTURE FOR QUALITY IMPROVEMENT

OBJECTIVE:

To internalize quality improvement strategies to assure shared values in creating health promoting and environment friendly healthcare organizations

Rationale:

Enabling culture for quality improvement in healthcare has a great deal of attention and momentum in the last decade and it aims to improve healthcare quality. Healthcare organizations with quality culture meet the needs of all patients, including poor people and other disadvantaged groups, whose needs and preferences may be overshadowed by those who are rich and with influence. Health services should develop measures of cultural competence

and patient centeredness and explore the impact of their unique and overlapping components on patient outcomes. Medical educators should partner with social scientists, anthropologists and researchers to develop and evaluate educational programs to improve the patient centeredness and cultural competence of health professionals. Those responsible for ensuring health system quality should employ measurement cultural competence as part of the process of delivering high-quality care. Finally, all patient should take advantage of every opportunity to provide feedback (e.g., participate in surveys and focus groups) to improve the design and evaluation of healthcare systems that reflect patients' diverse needs and preferences.

It has been identified that the healthcare institutions with quality-oriented culture contributes immensely towards the minimum unwanted and unaccepted errors in the system. The establishment of such a culture at a healthcare institution is a collective effort of the hospital staff, patients and the community.

Since quality improvement is a structured organizational process, the establishment of quality improvement Teams (QIT) and work improvement Teams (WIT) within an institution promotes teamwork among healthcare workers. This will assure continuous flow of improvement to provide quality and safety in healthcare that meets the expectations of the public. Promoting a proactive culture aimed at quality & safety while reinforcing interventions and energizing the staff to continue with provision of patient safety, will consequently assure a healthcare facility to be a safe place for patients.

STRATEGIES

- a. Achievement of quality and safety in healthcare organizations by establishing a quality improvement Team (QIT) and work improvement Teams (WITs)
- b. Promote a proactive culture aimed at quality, staff safety and prevention of medical errors
- c. Ensure quality culture by sharing best practices from the benchmarked healthcare organizations
- d. Develop a mechanism to encourage spiritual health in healthcare organizations
- e. Ensure participation and sensitization of staff, patients and community in sustaining a health promoting culture in health facilities

KEY RESULT AREA 6: STAFF DEVELOPMENT AND WELFARE

OBJECTIVE:

To develop a competent, healthy and satisfied workforce to enhance productivity, quality and safety in healthcare

Rationale:

Modern healthcare is extremely complex and is delivered in a dynamically changing environment. This presents challenges at every level within the system to ensure that there is a modern, competent health

workforce which is fit for purpose and provides the patient with appropriate care, delivered by the ‘right’ person in the ‘right’ environment.

Human resource is the most valuable asset of an institution. Within many health care systems worldwide, increased attention is being focused on human resources management (HRM). Specifically, human resources are one of three principle health system inputs, with the other two major inputs being physical capital and consumables. Human resource professionals face many obstacles in their attempt to deliver high-quality health care to citizens. Some of the major obstacles are lack of continuous training programmes, Quality of Work Life (QWL), professional support, teamwork in the healthcare institutions etc.

Hence, all the policies, practices and procedures related to improving quality & safety in healthcare should be aimed at developing professional skills, knowledge and attitudes of the staff to improve the effectiveness and efficiency of their performance in achieving productivity, quality and safety in healthcare. Making employees happy and satisfied will maintain their morale and motivation high so that, they will contribute effectively and efficiently towards the overall improvement of a healthcare facility. Every process change involving quality and patient safety will involve some sort of training; HR executives know how to engage people at every level of the organization, and this engagement is the key to the success of any new initiative.

STRATEGIES

- a. Facilitate continuous professional development of staff to empower them with required knowledge, skills and attitudes
- b. Use mechanisms to reward creativity and innovation among staff for quality improvement and patient safety
- c. Design and implement activities to support staff wellbeing and enhance job satisfaction

KEY RESULT AREA 7: RESEARCH FOR QUALITY IMPROVEMENT AND PATIENT SAFETY

OBJECTIVE:

To promote research in the field of quality improvement and patient safety

Rationale:

The importance of research is to produce knowledge that can be applied outside a research setting. Research also forms the foundation of planning and program development everywhere around the universe. It also solves particular existing problems of concern. Also another problem that often plagues progress between those who create the evidence base and those who are positioned to implement the research findings. Publishing the research study may be one initial step to make your research known to the global community. Other proactive measures can be taken to encourage the uptake of evidence-based practices.

Improvement of quality & safety in healthcare recently has been given prime attention when healthcare development strategies in Sri Lanka are concerned. Researches in the field of quality improvement and patient safety are important to help health institutions to design protocols through which they can

improve their quality healthcare service. It helps an institution to identify areas which need more improvements. Research also help to assess whether changes made have resulted in visible improvements of the system and allows a pathway to obtain, analyze and interpret performance data while comparing those with baseline data. By sharing the knowledge gained from these researches, an institution can inspire the spirit of motivation that fuels the passion for improving health and delivery of healthcare.

STRATEGIES

- a. Promote research in healthcare quality & safety for evidence-based management
- b. Dissemination and use of research findings and best practices