



Republic of Botswana

Quality Improvement Framework



MINISTRY of HEALTH
REPUBLIC OF BOTSWANA

The people of Botswana should expect health care that is —

- *the right care delivered to the right patient the right way at the right time the first time*
- *safe*
- *compassionate and caring*

Quality Improvement Framework

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2 Purposes of the Quality Improvement Framework

The purposes of the Framework are to:

- develop a common understanding among all health facilities and with the public of what is involved in delivering and improving the quality and safety of health care
- unify, integrate and coordinate the work done in health facilities to improve the quality and safety of care
- set priorities among health facilities on key aspects of the quality and safety of care to be improved
- clarify responsibilities for leadership and accountability for quality improvement in health facilities
- enable the Ministry and the Government to measure progress on improving quality and safety in health facilities throughout the nation.

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3 Understanding what is involved in providing quality and safe health services

The word quality can mean different things to different people. People sometimes think that quality means that something that is expensive and that cannot be afforded for services provided by the public sector.

When it applies to health care, the word quality describes several different aspects of the way care or service is provided. Some of these aspects are that ... **quality health care is care that is ...**

Acceptable to the people who receive care — Care is provided in a **caring and compassionate way** and **patients, clients and family** members are **satisfied with the experience** they have with getting care in a health facility.

Accessible — A patient or client gets **care or service** s/he needs **reasonably promptly and conveniently**.

Appropriate — A health **professional and a patient** or client **share making the right decisions** about the care, treatment or service the patient or client needs, considering:

- current **scientific knowledge about the best way** to treat the patient's or client's condition, and
- the **patient's or client's opinions** about treatment, especially when there are alternative treatments for the patient's or client's condition.

Effective — Care or service is provided in the **right way**, consistent with current scientific knowledge.

Efficacious — The **right outcomes** for patients are achieved, that is, the patient or client achieves the result or benefit of care that treatment is supposed to provide.

Efficient — Care is provided and desired outcomes are achieved with a **minimum of waste** of supplies, equipment or time.

Equitable — Care **does not vary in quality** for any patient or client **because of any** personal or socio-cultural **reasons**.

Safe — The way care or service is provided **doesn't cause harm** to a patient or client when the care is intended to help the patient or client.

Timely — Care or service is provided to a patient or client **when it is needed**, that is, without potentially harmful delays for a patient or client.

4 The immediate priorities for improving quality

Although every health facility strives to provide care to patients that meets all the possible aspects of quality health care, some aspects of quality are more essential to the wellbeing of patients and clients. The Ministry of Health has established priorities for improving the quality and safety of care for all health facilities. These priorities are to improve the **appropriateness** of health care to patients and clients, the **safety** of care for patients and clients and for health workers, and the **acceptability** of the way care is provided to patients and clients.

Priorities for improvement and what they mean for patients and health facilities		
Quality of health care is care that is ...	For a patient or client and family, it means	For a health facility, it means
1 Appropriate for a patient or client	<p>You get the <i>right care</i> for your problem or condition</p> <p>Your care is based on current scientific knowledge and evidence</p> <p>Your health worker <i>involves you</i> in deciding on your treatment</p>	<p>Health workers give care that meets standards, guidelines and protocols that define good practice</p> <p>All health workers check their care and improve their practice if they need to</p>
2 Safe for patients or clients and health workers	<p>You get care that <i>does not cause any harm</i> that could have been prevented</p> <p>You can report any concern you have about having safe care</p> <p>If anything goes wrong, a health worker gives you an explanation of what happened</p>	<p>All health workers carry out practices to keep patients safe</p> <p>All health workers report any incident that happens</p> <p>When something goes wrong, a patient who is harmed is informed and supported, and actions are taken to prevent the same thing happening to someone else</p>
3 Acceptable for patients or clients and families	<p>You are cared for by health workers with respect in a compassionate way</p> <p>You and your views about your health are respected by health workers</p> <p>You know your rights relating to health care</p>	<p>All health workers treat patients or clients and families with compassion and respect</p> <p>All health workers work to improve the patient or client experience of care</p> <p>All health workers promote your rights relating to health care</p>

5 Understanding what is involved in improving quality

Health workers and managers have different understandings of what is involved in improving the quality of care. Some people think that changing the way care is given to patients and clients makes an improvement. But it depends. Some changes are improvements, and some turn out not to have any advantage or benefit for patients or clients.

To say that an activity is **quality improvement**, it has to meet all these requirements:

- **aims to make health care delivery better** for patients or clients
- uses a **structured and systematic process**, which means the activity is carried out in a logical step-by-step way
- must include these parts of the process:
 - **measuring** in a scientific way the way things are done now and the effects on patients or clients
 - **acting or changing practice quickly** to make care or service better for patients or clients
 - **measuring again after change** to see if care or service is actually improved for patients or clients
- **involves everyone** working in the health system **working as a team**, which means that all staff and managers are involved in achieving improvements for patients or clients
- is **continuous**, which means that the activity is ongoing and it isn't done just once and stopped.

Quality improvement is a systematic and continuous process carried out by multidisciplinary teams and managers to measure the current quality of care or service, act quickly to change to make care better for patients or clients, and measure again to confirm that practice has been made better.

6 Key components and concepts in the Quality Improvement Framework

6.1 Key components

To be able to ensure that care is of high quality and is safe for patients and clients, a health facility has to carry out a number of activities. Each of the activities needed in the Quality Improvement Framework is listed and defined in the box.

Purpose	Activity	Explanation
Activities needed to ensure that care given to patients and clients is appropriate	Implementing clinical guidelines, standards, policies and protocols	Changing practice to implement knowledge about clinical practice that is based on current scientific evidence about appropriate and effective health care for specific conditions or circumstances Following standards, policies and protocols that describe good practice
	Applying evidence-based practice	Finding and using all available evidence of good practice , and taking into account patient values and circumstances, to make and carry out decisions about the care of patients
	Carrying out clinical audits	Following a quality improvement process that aims to improve patient care and outcomes through systematically reviewing care against explicit measures of quality and implementing changes in practice if needed
	Carrying out a quality improvement project	Doing a project that involves measuring the quality of current care and making immediate, positive changes in the delivery of health care, using a variety of tools and techniques
	Reviewing deaths and complications	Carrying out a systematic two-stage process that involves: <ul style="list-style-type: none"> reviewing a patient death or complication and making a decision about the preventability of the death or complication analysing in detail the cases in which the death or complication might have been preventable or there might have been a problem in care that contributed to the death or complication. Reviews of deaths and complications are used to improve care .
	Appraising the clinical competence of all health workers	Formally and regularly assessing the current clinical competence of individual health workers in comparison to competences needed to provide patient care effectively and safely
	Development and training of health workers	Health workers and managers identify the further learning and development needs of the workers , given the aims of the facility and the standards to be met in the delivery of patient care, and plan how the needs are to be met

Purpose	Activity	Explanation
Activities needed to ensure that care given to patients and clients is <i>safe</i>	Implementing patient safety practices	Implementing continuously processes or structures whose use reduces the probability of adverse events occurring to patients or clients in the health system
	Assessing and registering risks	<p>Carefully examining systems and practices in a health facility to identify factors that could potentially cause or contribute to harm to a patient or client or damage to the facility or property, in order to decide if adequate precautions are being taken to prevent harm or damage</p> <p>Keeping an up-to-date risk register, which lists the risks of potential harm or damage in a health facility, the significance of each risk in terms of consequences and the likelihood of the consequence occurring, action being taken to control the risk and any further action needed to minimize the effect of the risk. A risk register is a management tool that is reviewed and acted on regularly.</p>
	Managing risks	Carrying out a set of coordinated activities to direct and control a health facility with regard to risk
	Incident reporting	Continuously reporting by health workers of any event, situation or circumstance that causes or could have caused or still might cause harm to a person or loss or damage to property, the environment or the health facility
	Root cause analysis	A structured retrospective analysis of an event or situation that aims to identify its true causes and the actions needed to eliminate them , using a wide range of approaches, tools and techniques to uncover causes
	Learning from errors and mistakes	When something goes wrong, learning from the analysis of what happened, including if an error or mistake was made, to prevent the same thing from happening again
Activities needed to ensure that care given to patients and clients is <i>acceptable</i> to them	Handling complaints	Responding to and learning from any expression of dissatisfaction with any aspect of care or service by a patient or client or a representative of a patient or client
	Learning from patient experience	Learning and responding to how patients or clients perceive the way health services are provided and whether or not what matters to the patient or client is respected by the people providing health services
	Patient engagement	Informing a patient or client about his or her condition and different approaches to treatment , if there are alternative approaches, so that the person can participate fully in his or her own care and treatment and share decisions about his or her care.

6.2 Key concepts

Some fundamental concepts are essential for quality improvement in health facilities. These include:

- **leadership and management** at all levels of the health system of the work involved in achieving improvements in quality and safety of health care
- **staff** working in all health facilities **at all levels being involved** in measuring, improving and maintaining the quality and safety of health care
- **everyone at all levels** in all health facilities recognising and **accepting responsibility and accountability** for assuring and improving the quality and safety of health care.

The way these concepts apply to quality improvement is defined in the box.

Leadership and management	Using guidance and influence to maximize the efforts of others toward the achievement of evidence of improvement in the quality of health care
Staff involvement in assuring and improving quality and safety	Every health worker needs to be involved in measuring and improving the quality and safety of health care by participating in all the components in this Quality Improvement Framework
Accountability, or clinical or healthcare governance	<p>The duty of every health worker and manager of every health facility to:</p> <ul style="list-style-type: none">• account to others, including the public, for care activities and the outcomes of care• accept responsibility for the quality and safety of health care• disclose the outcomes of health care activities in a transparent way. <p>In health facilities, accountability for the quality and safety of health care is both by:</p> <ul style="list-style-type: none">• each individual health worker for the care or service s/he provides to patients or clients• the management of every health facility.

Accountability by health workers in a health facility and by the management of the facility for assuring and improving the quality and safety of care is called clinical or healthcare governance.

7 The way the components work in the Quality Improvement Framework

All the components in the Quality Improvement Framework are needed to **have** health facilities and **the Ministry of Health be accountable to the public** for the quality and safety of health care, as shown in the diagram on the next page. To be accountable for the quality and safety of health care, health workers, managers and the Ministry need:

1 *To ensure that care is appropriate by knowing —*

- what is known to be the right care to provide — searching, critically appraising and implementing scientific evidence of good practice and implementing clinical guidelines, standards, policies and protocols related to patient care
- if the right things are being done for patients or clients in the right ways and acting if the right things are not being done or they are not being done in the right ways — using clinical audits and quality improvement projects to show if care is consistent with standards of good practice for aspects of care that are frequent, high risk or problem-associated or if care needs to be improved
- if staff know how to do the right things for patients in the right way and acting if they don't — using appropriate and effective systems to appraise the current clinical competence of staff and to develop the competences of staff as needed

2 *To ensure that care is safe by knowing and acting —*

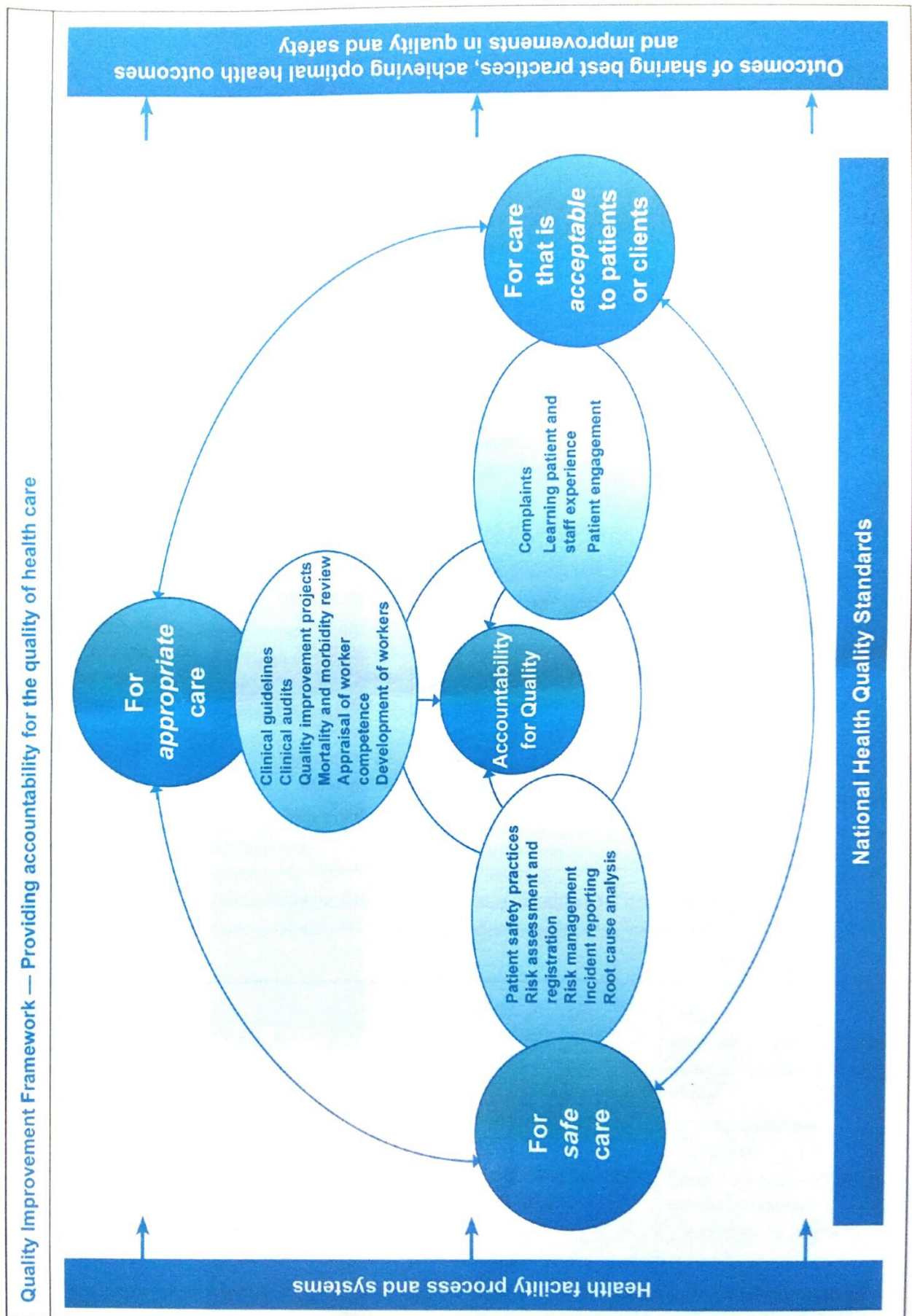
- on how patients can be adversely affected by things that happen in a health facility — using risk assessment and management, incident reporting and root cause analysis, and patient safety practices, and applying the lessons learned from analysis of risks and incidents

3 *To ensure that care is acceptable to patients or clients and families by knowing and acting on —*

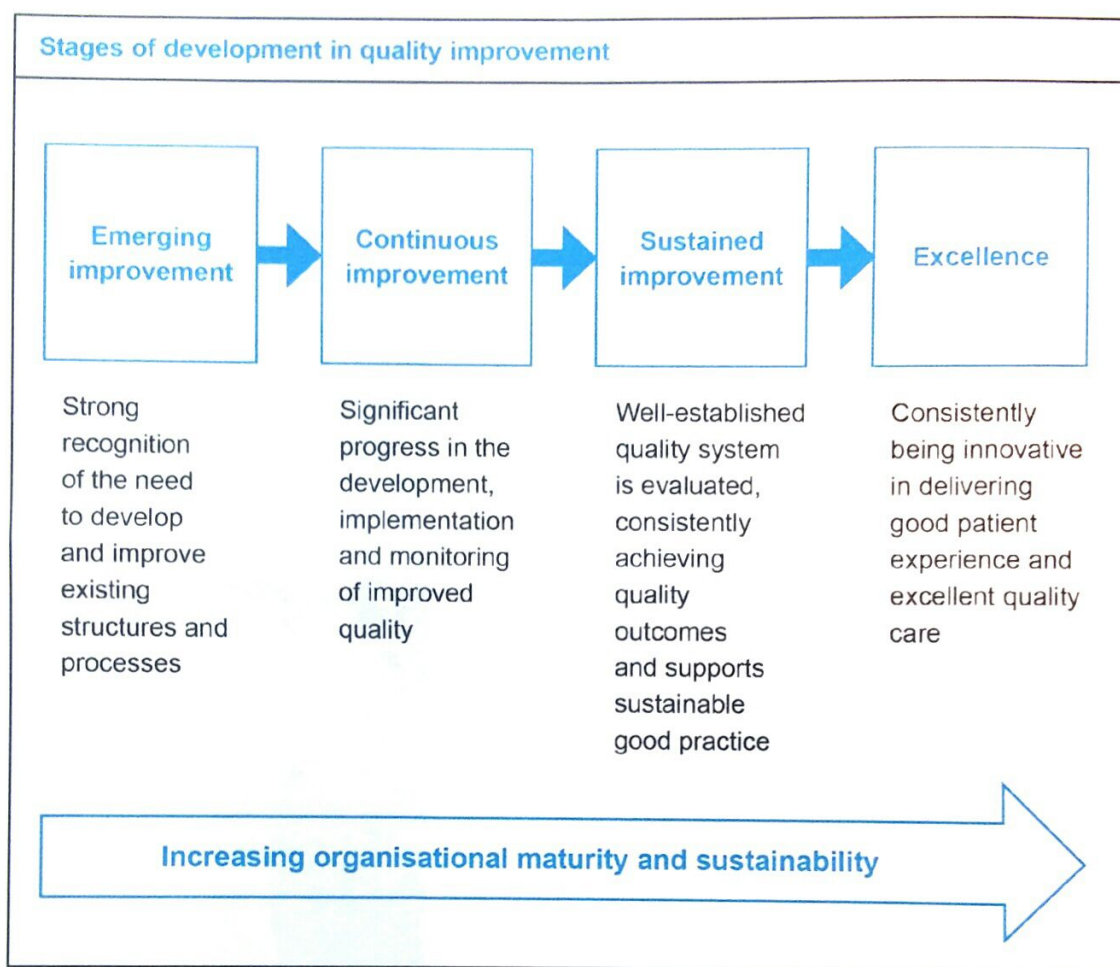
- patients' and families' experiences of care — changing the way services work to better meet patients' or clients' needs
- complaints made about patient's or families' experiences of care, including recording, reviewing and learning from complaints

4 *To ensure leadership and accountability for quality improvement by supporting staff —*

- to do the right things in the right way in a health facility — leading teams of workers measuring and improving the quality and safety of care and making changes in systems, processes and practices to achieve improvements in quality.



The diagram in the below demonstrates the stages a health facility moves through in delivering quality improvement from implementing the structures, systems and processes needed to enable staff working in a health facility to improve quality to eventually using structures, systems and processes to consistently deliver excellent quality of care.



8 Priorities for implementation

Every health facility has a considerable amount of work to do to fully install all the components of the Quality Improvement Framework. Priorities for implementation have been established as shown in the box below. Managers of each health facility are responsible for the implementation of the components in the box.

<i>Establish at the start and continue — Leadership and accountability for implementing the Quality Improvement Framework</i>			
Priority	Phase 1 — 2015–2016	Phase 2 — 2016–2017	Phase 3 — 2017–2018
<i>Appropriate care</i>	<p><i>Already underway</i></p> <p>National Health Quality Standards</p> <p>Clinical audit</p> <p>Health worker development programs</p> <p><i>Add</i></p> <p>Quality improvement projects</p> <p>Implementation of existing guidelines</p> <p>Using evidence-based practice</p>	<p><i>Already underway</i></p> <p>National Health Quality Standards</p> <p>Clinical audit</p> <p>Health worker development programs</p> <p>Quality improvement projects</p> <p>Implementation of existing guidelines</p> <p>Using evidence-based practice</p> <p><i>Add</i></p> <p>Systematic mortality and morbidity review</p>	<p><i>Already underway</i></p> <p>National Health Quality Standards</p> <p>Clinical audit</p> <p>Health worker development programs</p> <p>Quality improvement projects</p> <p>Implementation of existing guidelines</p> <p>Using evidence-based practice</p> <p>Systematic mortality and morbidity review</p> <p><i>Add</i></p> <p>Competency-based appraisal of all staff</p>
<i>Safe care</i>	<p><i>Already underway</i></p> <p>Incident reporting</p> <p>Risk management</p> <p>Root cause analysis</p>	<p><i>Already underway</i></p> <p>Incident reporting</p> <p>Risk management</p> <p>Root cause analysis</p> <p><i>Add</i></p> <p>Patient safety practices</p>	<p><i>Already underway</i></p> <p>Incident reporting</p> <p>Risk management</p> <p>Patient safety practices</p> <p>Root cause analysis</p> <p><i>Add</i></p> <p>More patient safety practices</p> <p>Competency-based appraisal of all staff</p>
<i>Acceptable to patients and clients and their families</i>	<p><i>Already underway</i></p> <p>Complaints</p> <p><i>Add</i></p> <p>Systematic learning from the patient experience</p>	<p><i>Already underway</i></p> <p>Complaints</p> <p>Systematic learning from the patient experience</p> <p><i>Add</i></p> <p>Community involvement</p>	<p><i>Already underway</i></p> <p>Complaints</p> <p>Systematic learning from the patient experience</p> <p>Community involvement</p>

9 The structure for implementing the Quality Improvement Framework

9.1 National Quality Improvement Committee

A National Quality Improvement Committee is to be created to direct and oversee the implementation of the Quality Improvement Framework. The Committee is to consist of key stakeholders in the implementation of the Framework and is to be accountable to the Health Inspectorate. The duties of the Committee include at least to:

- confirm a shared understanding of the work involved in implementing the Quality Framework in all health facilities in the country
- identify the resources needed to implement the Framework for consideration by the Ministry of Health
- recommend policies and procedures to be adopted by all health facilities as part of the implementation of all the components in the Framework
- oversee the implementation of the Framework in all health facilities, calling attention to the Ministry of Health if there are problems in carrying out the components in the Framework in individual facilities
- receive and take action on reports from the National Clinical Audit Governance Group, and from districts on clinical audits, incident report patterns, risk assessments and findings of all the components in the Framework.

9.2 District Quality Improvement Committees

Each District or hospital, where appropriate, is to have a Quality Improvement Committee consisting of key stakeholders in the implementation of the Quality Improvement Framework at district or hospital level. Each District Quality Improvement Committee is accountable to the National Quality Improvement Committee. District Quality Improvement Committees are expected to report to the National Quality Improvement Committee on the status of their implementation of all the components of this Quality Improvement Framework, particularly accounting for improvements in the quality and safety of patient care achieved in the District's health facilities.

The duties of a District Quality Improvement Committee mirror the duties of the National Committee, including taking action on the findings that emerge from the components of the Quality Improvement Framework at district level, for example, findings of clinical audits, risk assessments, or incident reporting.

10 The support for implementing the Quality Improvement Framework

10.1 National Quality Improvement Unit

A Quality Improvement Unit is to be created at national level by the Ministry of Health. The individuals in the unit are to hold responsibility for supporting the work involved in implementing the Quality Improvement Framework at national level, provide expertise to all health facilities on implementing all the components in the Framework, and support the work of the National Quality Improvement Committee.

10.2 District or Hospital Quality Improvement Department

Each District, or hospital where appropriate, is to have a single Quality Improvement Department consisting of individuals with expertise in all components in the Quality Improvement Framework and whose role is to support the health workers in District health facilities or hospital departments in fully implementing the components in the Framework. The head of the District or Hospital Quality Improvement Department is to report to the head of the District or hospital.