



# Quality Improvement Secretariat



**Focus  
on  
Quality**



Ministry of Health and Family Welfare, Bangladesh



## Introduction

Quality of care is one of the main dimensions of Universal Health Coverage (UHC). Ministry of Health and Family Welfare (MOHFW) has already initiated a good number of initiatives to achieve the UHC and quality improvement is one of the prime area. Quality of care is an integral part of health care service delivery system. MOHFW is committed to provide quality healthcare to every citizen. The issue of quality has become more important since when health care financing strategy (2012-2032) has been adopted, which is necessarily a roadmap to achieve the Universal Health Coverage (UHC). Ministry of Health and Family Welfare of Bangladesh already developed a strategic planning to improve the quality of health care service delivery.

## Quality Improvement Secretariat

Quality Improvement Secretariat (QIS) is established in January 2015 led by the Director General of the Health Economics Unit. The major mandate of the secretariat is to:

- ✕ Develop a coordination and monitoring mechanism nationwide among GO-NGO-DPs to ensure quality of care in health service delivery both public and private sectors.
- ✕ Review QI related existing protocols, guidelines, standard operating procedures (SOP), tools & indicators
- ✕ Develop new tools, guidelines, SOPs, standards, Key Performance Indicator (KPI) and other indicators
- ✕ Conduct survey on quality of care for health service delivery
- ✕ Ensure attainment of national health care standards for Quality of Care

Quality Improvement Secretariat (QIS) of MOHFW has been playing a crucial role in overseeing the nationwide quality improvement activities of health care service delivery.

## Strategic Planning on Quality of Care : Paradigm shift from QA to QI



MOHFW took initiatives to develop a strategic framework, i.e. a set of strategic objectives. This strategic planning on Quality of Care for health service delivery has been developed with the aim to achieve “Universal Health Coverage” through a collaborative and participatory process and taking the learnings from quality focused implementation. The core committee comprising of major stakeholders of health and population

sectors developed this strategic planning document. Based on the experience in implementing quality assurance program in Bangladesh health services, and the comparative advantages among different approaches, this plan has adopted the ‘Quality Improvement Approach’ and thus, has made a paradigm shift from its earlier approach of quality assurance.





The strategic planning includes the :-

**Vision:** Universal Health Coverage with Quality Health Care by 2030

**Mission Statement:** Achieving an effective health system which provides the highest Quality of Care by Quality Improvement Approach.

**Purpose:** To implement and promote better Quality of Care through developing a strategic framework.

The strategic plan comprises five major strategic objectives and three additional objectives. These objectives have intermediate objectives under each category with several indicators. Implementation at all facilities and service delivery points will be measured by these indicators so that there is a standardized approach to the Quality improvement programme.

- Strategic Objective 1: Introduce consumer and patient-centered services
- Strategic Objective 2: Improve patient safety
- Strategic Objective 3: Improve clinical practice
- Strategic Objective 4: Improve leadership and management systems
- Strategic Objective 5: Improve public health & preventive services

This approach of quality improvement involves a substantial shift in ideas of the work in healthcare and suggests the use of a wide variety of modern tools and methods.

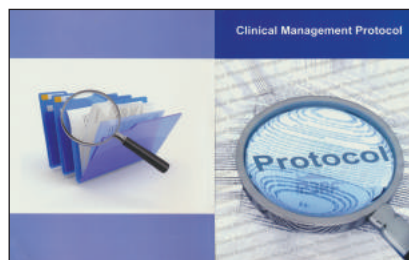
## National Health Care Standards

To achieve the goal of Universal Health Coverage, QIS has developed the National Health Care Standards for health service delivery. It is a common set of requirements applying across all health care organization to ensure that health services are provided that are both safe and an acceptable Quality, which provide a framework for continuous improvement in the overall quality of care. The main purposes is to develop a common definition of quality of care ( generic approach) which should be found in all health service delivery level wise in Bangladesh as guide to service providers in all levels.. Three working groups were formed to develop the document for 3 different tiers, Primary level (at Community Clinic UH&FWC/USC & UHC), Secondary level (District Hospitals) & tertiary level (at Medical College & Specialized Hospitals). The final draft was validated through a national workshop. Three former Director Generals of DGHS led the three groups for finalization of the National Health care standards.



## Clinical Management Protocol

QIS plans to develop series of clinical protocols which are simple, patient specific, user friendly to be used for District Hospitals as well as Upazilla Health Complexes. Clinical Management Protocols are basically algorithm which are systematically developed and designed to help physicians to make decision about appropriate health care for specific circumstances. The key to develop the usable guideline is to identify the most important ones. A core committee has been formed with the aim to develop the protocols by using several methodological techniques such





as desktop reviews, interviews, working group meetings and assessment of the status of available guidelines in accordance with the opinion of the stakeholders of Upazilla & District facilities. As a part of the process, 15 working groups were formed to develop these clinical protocols. Total 50 Clinical management protocols have been developed which will be piloted in SSK piloting facilities.

## Level wise distribution of diseases for management in the Health Service of Bangladesh

The International Classification of Diseases (ICD) is the standard diagnostic tool for epidemiology, health management and clinical purposes. This includes the analysis of the general health situation of population groups. It is used to monitor the incidence and prevalence of diseases and other health problems, proving a picture of the general health situation of countries and populations.

ICD is used by physicians, nurses, other providers, researchers, health information managers and coders, health information technology workers, policy-makers, insurers and patient organizations to classify diseases and other health problems recorded on many types of health and vital records, including death certificates and health records.

QIS developed a document on “Level wise distribution of diseases for management in the health service delivery” through using ICD 10 codes to identify the types of health services at different levels (primary, secondary and tertiary). It is a well-established fact that the ICD 10 codes provide a standardized approach to categorize disease, patient conditions and surgical, diagnostic and therapeutic procedures in the inpatient settings. A total of 22 chapters of ICD 10 were divided among 15 working groups for level wise identification of diseases, considering the manpower, equipment and logistics with three categories ‘most common’, ‘common’ and ‘less common’. A national validation workshop was held to finalize the document.

## Resource pool



QIS has taken initiative of forming a resource pool for each division with the intent to facilitate and monitor the QI activities nationwide. On an average, ten resource persons have been selected from each division either from the category of facility managers, consultants or medical officer.

Resource pool is one of the major innovative idea of QIS to plan for a solution for the decentralization process of implementing the quality of care related health services. A total of 70 doctors (10 from each division) were brought within the resource pool group who have a definitive interest to work in the areas of quality. Resource pool members will be assigned for conduction of the QI training at divisional to upazila level facilities. The line director of Hospital service management, ESD and MNCAH of DGHS will utilize the resource pool members for conduction of training of service providers at different tiers.

## Technical Advisory Group (TAG)

Quality Improvement Secretariat formed a Technical Advisory Group (TAG) composed of experienced public health experts, clinicians, researchers and epidemiologists. The main responsibility of TAG is to advice and guide according to national strategic planning on quality of care for developing tools, guidelines, protocols and SOPs. TAG has already developed some important tools, protocols, monitoring & evaluation framework for the improvement of quality.





## QI committees at different levels

The Quality Improvement Secretariat facilitated the process of formation of different committees at each tier according to the strategic planning document. At each tier, two types of committees are formed: Organizational and facility level committees. The organizational committees (divisional, district, upazila) is the administrative unit of the particular tier and responsible for monitoring of QI activities of all facilities, including public and private within that tier. The facility level committees are designed for individual facility at any tier and they are responsible for QI related implementation within the respective facility. The two types of committees have separate terms of references that are described in the strategic planning document.



## Monitoring & Evaluation Framework, Key Performance Indicators and Facility Level Indicators

QIS has developed a M&E framework for Quality Improvement initiative. By using this framework all QI activities will be monitored from center to periphery level. The Quality Improvement secretariat also developed Key Performance Indicators (KPI) and Facility Level Indicators (FLI). The key performance indicators were the national level indicators and developed based on six major dimensions of quality of care: Safe, effective, patient centered, timely, efficient and equitable. The facility level indicators are prepared based on different work areas in a facility and can be used as an internal assessment tool for improvement of workplace. The framework and the indicators were developed using the technical expertise of the TAG members formed by QIS.



## Model piloting initiative

The QI piloting has already been started at Shahed Suhrawardy Medical College Hospital and Jhenaidah District Hospital with an aim to develop the QI model for future implementation. In these facilities, 5S-CQI-TQM approach has been introduced and through a gradual process other QI interventions will also be introduced. There are several work improvement team (WIT) has developed in Suhrawardy Medical College Hospital for improving quality of care and are being awarded based on performances at regular biyearly interval. QIS team is carrying out regular support and follow up of the QI teams. In Jhenaidah District Hospital, there are QI committees supporting the QI related activities. These committees are regularly being oriented by QIS team for necessary improvement. On top of this, Jhenaidah District Hospital authority is working on community participation model developed by QIS.




## Mother baby friendly facility initiative



Quality Improvement Secretariat (QIS) is leading GoB-BMGF-UNICEF partnership initiative of 'Mother-baby friendly facility initiative (MBFFI)' for quality Improvement of MNH services. Through this intervention, a comprehensive scalable QI model for MNH will be demonstrated. Under the project initiative, Global EMEN standards and criteria have been finalized for the country context involving key experts.





Also national and sub-national capacity are being developed for Total Quality Management to institute an effective and doable quality improvement system through integrating different quality improvement approaches. Facility level interventions will be piloted in Kurigram district hospital and 4 selected upazila health complexes, while community level interventions will be implemented in only one Upazila. At the facility level, the Quality Improvement Teams will be formed and the capacity of the QI teams will be developed to implement QI action plans. The primary outcomes for this project will be:

- Improved leadership, policies, and partnerships to support the scale up of maternal and newborn health care including breastfeeding initiatives programs in Bangladesh
- Improved quality of facility-based maternal and newborn care including breastfeeding
- Increased demand and access to quality maternal, newborn and community care including breastfeeding counselling and support services
- Strengthened accountability framework for maternal and newborn care.

### TQM operational module

QIS initiated the process of developing the TQM operational module in Bangla designed for training the service providers at all levels especially focusing the resource pool and the Quality Improvement Committees (QICs). The module will focus on thematic relevant areas (such as motivation, leadership, communications, IPM and AI etc.) along with the technical aspect of 5S-CQI-TQM. In this regard, QIS formed a working group consisting of different stakeholders with expertise and experiences. The working group came up with a draft module through successive meetings. QIS organized a pre-testing of the draft module in Tangail involving participants from the district hospital as well as 3 upazila health complexes from the SSK piloting facilities.



### ICDDRb: joint project activity

A MOU has been signed with ICDDRb regarding the support for intervention implemented by icddr on testing the feasibility, acceptability and effectiveness of a participatory stakeholder monitoring and feedback approach in improving the quality of maternal and neonatal health (MNH) care in urban for-profit private sector facilities.

The major interventions are formation of Quality Improvement Committee, establishing Quality Improvement Cell, development of quality monitoring score-card for monitoring and feedback, periodic visit by QI committee members, provide on-the-spot QI feedback and periodic feedback through workshops. The study area is Sylhet City Corporation. The study involves a mixed method pre-test post-test controlled design. 18 facilities were selected as intervention and 18 as control facilities. The intervention facilities are being quarterly monitored and given feedback.





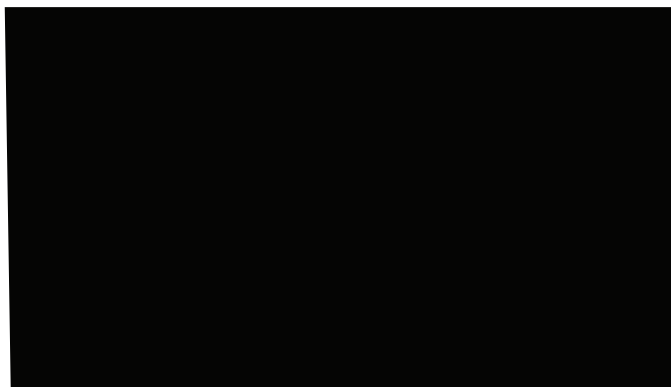
## Community participation

Developing a Community Participation Model for ensuring Quality of Care is one of the important initiative of Quality Improvement Secretariat. In this regards, community participation model has developed & its piloting started at Jhenaidah District Hospital. The interventions include several steps like identification of the community stakeholders and orientation, formation of community support group, opening a bank account for fund management, functionalize the QI committees of the hospital after formation and their capacity building, necessary linkage with the community stakeholders and also the community. Different stakeholder meetings were organized to initiate the process and a significant participation of the community stakeholders were observed to develop service delivery process in the hospital.

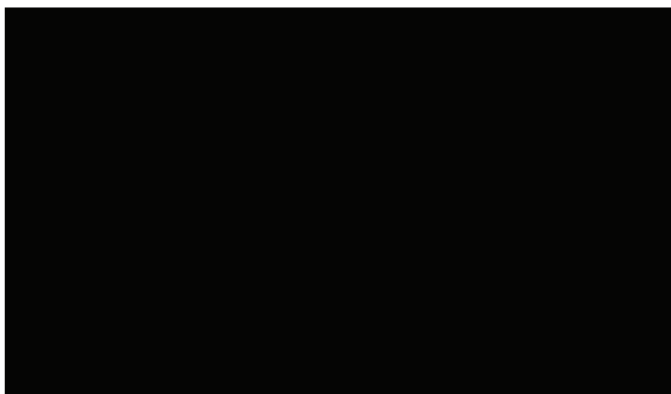
## RMNCAH Framework

QIS initiated the process of development of RMNCAH framework with the aim to develop the country action plan for RMNCAH, as a follow up of regional workshop for Improving Quality of Hospital Care for Maternal and Newborn Health organized by WHO, held in New Delhi from 10-13 may, 2016, In this regards, QIS has started to develop the RMNCAH guide line, standards and tools under the framework with involvement of related stakeholders. The experts will incorporate the existing EMEN Standards already finalized by the ministry. The developed RMNCAH framework will fit in the comprehensive QI model to be tested in Kurigram.

## MPDSR National guideline



## EMEN standards



## Joint GO-NGO Collaboration for QI coordination



Quality Improvement Secretariat developed a joint GO-NGO collaboration plan to initiate the QI process nationwide from national to upazila level. The QIS has conducted an exercise to find out the major DPs and NGOs working in different levels. The team designed a mapping template for collecting information from different DPs and NGOs which were analyzed to find out the intervening districts and upazilas by them and the

staffing pattern. The team then consulted each organization to find out their feasibility for support in coordinating the quality of care initiatives taken by the government. During this advocacy meeting, the detailed terms of references expected from the DPs/NGOs were discussed. After the consensus from the national level, the QIS conducted divisional advocacy meeting where they talked with the local DPs/NGOs staffs to explore the real context and feasibility of facilitating the QI activities. The mapping exercise was finalized through a stakeholder's consultation process. The initiative will further explore opportunities QI implementation at different levels.

## Quality improvement in SSK piloting facilities



As an initiative towards implementing the Health Care Financing Strategy, SSK (Shasthyo Surokhsha Karmasuchi) is the social health protection scheme that has been developed by the Health Economics Unit (HEU) of the Ministry of Health and Family Welfare (MoHFW). QIS has been facilitating the QI process in selected health facilities where the SSK interventions are ongoing. As a part of it they have introduced 5s-CQI-TQM approach in the selected health facilities namely, Kalihati, Modhupur and

Ghatail UHC. In these health complexes, they have formed Work Improvement Teams there. These teams have been continuously supported by QIS for 5s implementation and other QI initiatives. As a part of this initiatives, QIS conducts routine monitoring visits in these facilities to follow up their 5s implementation practices and related areas. The special focus of this monitoring team was to identify the required areas of support by these teams by filling up a monitoring checklist for assessing their activities. Each team are being routinely briefed on process of conducting and documenting the meetings, demonstrated on key issues of settings at the work place and so on.

## Video documentation on 'Community Participation'

Quality Improvement Secretariat is leading the process of developing a video documentary on the community participation model for improving facility service quality. The spot of the video documentation is Jhenaidah District Hospital as it's a role example of community participation for improving the healthcare services of health facility. In the video documentation, interview of policy makers, implementers, local leaders, volunteers, social workers has taken regarding the guidance and views of community participation. During the shooting, QIS provided technical support to ensure the objectives of the documentary. There has been a comprehensive guidance and on-spot directions for capturing the video by the focal person of the QIS team.







## Patient (Consumer) Centered Care (PCC)

Consumer / Customer (or client) care” is used to describe the process of taking care of consumer /customers or clients in a positive manner. The term may be used in place of complaint handling and is a reminder that consumer care is a priority. A well-functioning programme, patient involvement in its design is prime concern. It is not a simple undertaking, especially in the current environment of a public sector social service with limited experience in consumer care, and it requires that marketing and management expertise be engaged to help set up the programme.

The primary aim this objective is to promote patient /consumer satisfaction. Complaint is an expression of dissatisfaction by a consumer. It is therefore useful to design ways of finding out clients complaints and their suggestions about the services provided. This provides a basis for developing an effective consumer care programme. The set of resources, procedures and outputs put in place to enable service providers find out and address clients complaints constitutes a feedback system. QIS is designing a patient centered care programme for improving Quality of Care which is a integral part of Health System Responsiveness

## Patient Safety

Patient safety is an integral part of quality of care and includes initiatives designed to reduce medical errors thus making healthcare safer. Patient safety is also an important indicator of quality of services. Furthermore good patient safety will enable management to avoid preventable deaths, unnecessary injuries.

The objective is to raise awareness on patient safety, establish national patient safety standards, system of monitoring and documenting unsafe events and introducing interventions to continuously reduce the incidence of such events during the plan period. Patient safety as a discipline began in response to evidence that adverse medical events are widespread and preventable, and as noted above, that there is “too much harm.” The goal of the field of patient safety is to minimize adverse events and eliminate preventable harm in health care.

Patient safety must be an attribute of the health care system. Patient safety seeks high reliability under conditions of risk. Illness presents the first condition of risk in health care and patient safety applies to the second condition: the therapeutic intervention. A patient safety guideline and a safe surgery check list draft has developed by Quality Improvement Secretariat. The drafts will be validated by holding a national workshop and Safe surgery checklist will be introduced some selected hospitals by August 2016

## Clinical Audit

Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through a systematic review of care against standards. If well conducted clinical and death audits are able to identify underlying reasons for unacceptable outcomes of clinical management; e.g. death. It enables the health team to avoid similar events in future not only on case by case basis but also provides a basis for defining or adapting policies for over all improved patient care. To be effective it must be conducted regularly as integral part of patient management and should involve all members of the health team and should avoid the danger of being a fault-finding or finger-pointing exercise. There should also be a commitment by management to correct problems that emerge from the audit.

QIS is planning to introduce Clinical Audit in some selected tertiary level hospitals in Dhaka city.

A clinical audit document and action plan has already developed for introduction of clinical audit. External resource persons from NHS will hired for capacity development of the Clinical Microsystems and clinical audit of tertiary level hospitals.

Implementation of MPDSR guideline is the first step of introduction clinical audit in some selected districts which will be started from August 2016



# Providing Patient Centered Care



Quality Improvement Secretariat  
Ministry of Health and Family Welfare, Bangladesh  
[www.qis.gov.bd](http://www.qis.gov.bd)



14/2, Topkhana Road  
Ansari Bhaban, 4th floor  
Segunbagicha, Dhaka-1000  
Tel : +88-02-9586049