Quality of Care for Children and Adolescents: Core indicators

September 8, 2020

Outline

- **Child Health Task Force Stage-setting:** Debra & Zaeem
- **WHO Process and Key Principles:** Moise & Tamar
- **Facilitated Review of Core Indicators:** Kate & Anne
- **Next steps:** Complementary QoC measurement efforts underway (Improve, SPA): Bill Weiss
- **Next meeting and closing remarks**: Pavani & Debra

Child Health Task Force Subgroups:

Monitoring and Evaluation
Quality of Care

STANDARDS FOR IMPROVING QUALITY OF MATERNAL AND NEWBORN CARE IN HEALTH FACILITIES

World Health Organization

Standards for improving the quality of care for children and young adolescents in health facilities

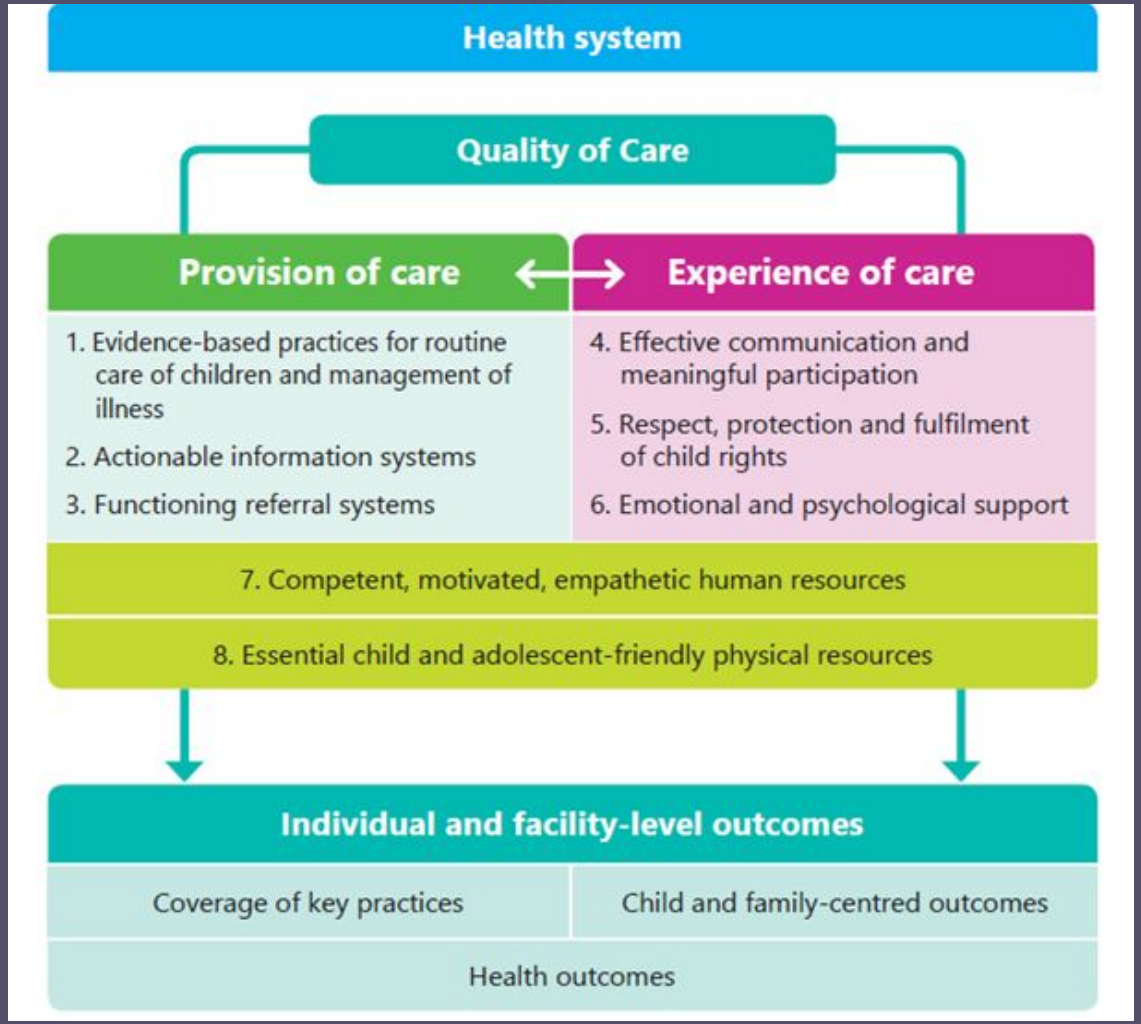
World Health Organization

World Health Organization

Standards for improving the quality of care for small and sick newborns in health facilities

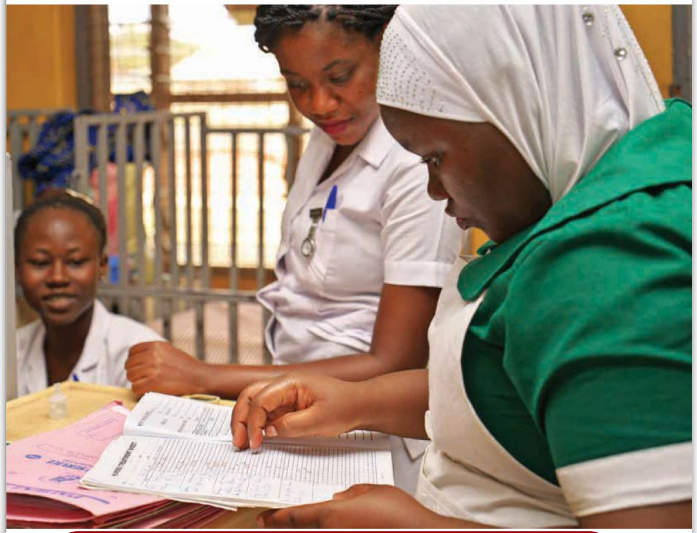
Pediatric QoC Standards

- Launched in 2018
- Address newborns, children, and young adolescents 0-15 years
- Focus on facility-based care
- Have not been implemented for most part
- Virtual consultation in African region held in Aug 2020 aimed to stimulate implementation


Health system
Quality of Care
Provision of care
Experience of care
1. Evidence-based practices for routine care of children and management of illness
2. Actionable information systems
3. Functioning referral systems
4. Effective communication and meaningful participation
5. Respect, protection and fulfilment of child rights
6. Emotional and psychological support
7. Competent, motivated, empathetic human resources
8. Essential child and adolescent-friendly physical resources
Individual and facility-level outcomes
Coverage of key practices
Child and family-centred outcomes
Health outcomes

Quality, Equity, Dignity

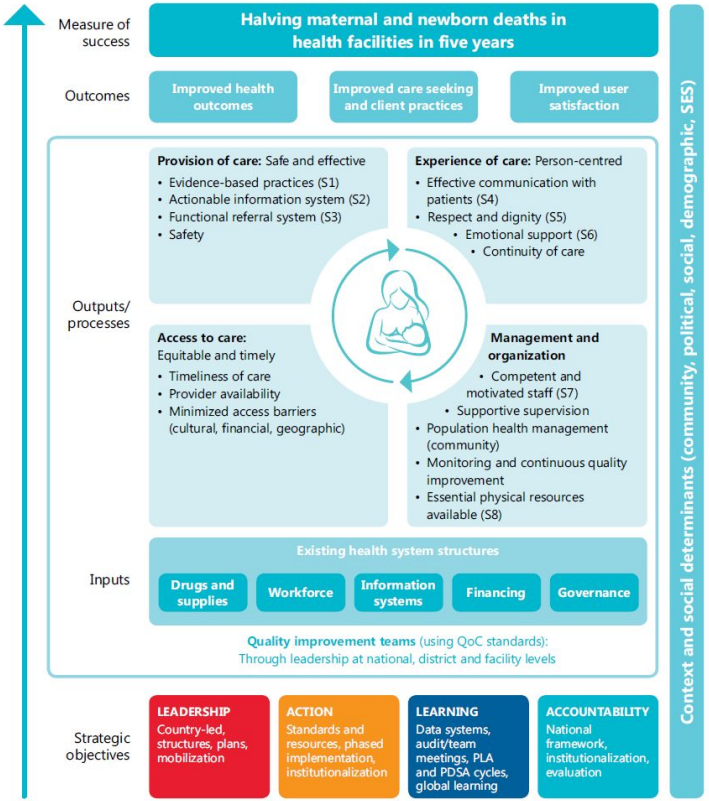
A Network for Improving Quality of Care for Maternal, Newborn and Child Health



QUALITY OF CARE FOR MATERNAL AND NEWBORN HEALTH: A MONITORING FRAMEWORK FOR NETWORK COUNTRIES

Updated February 2019

Fig. 1. Monitoring Logic Model: Unpacking the Links Between the Strategic Objectives and the Outcomes of the Network



NOTE: S1–S8 reflect the numbering from the WHO Standards for Improving Quality of Maternal and Newborn Care in Health Facilities.[1]

15 common indicators
+ catalogue

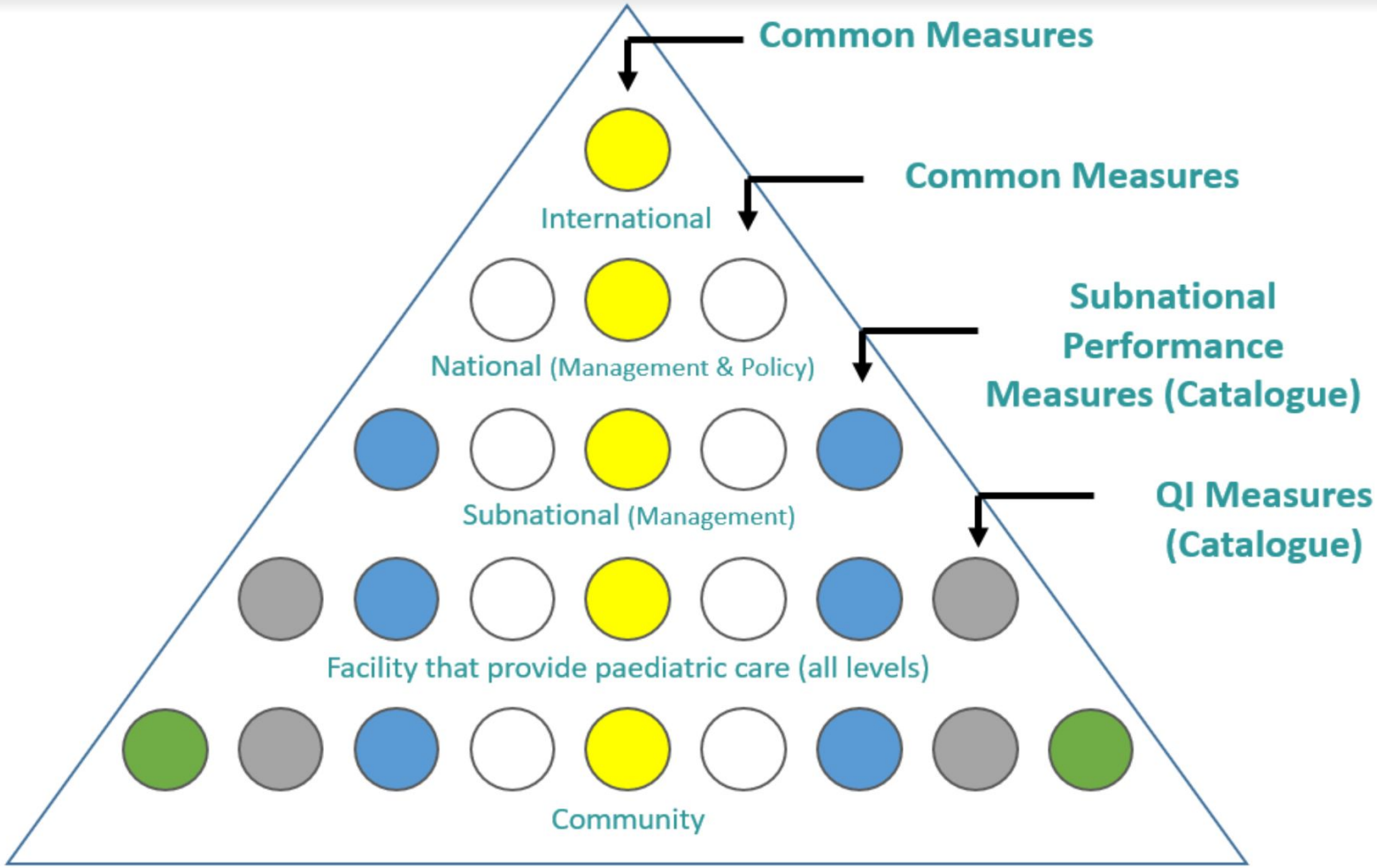
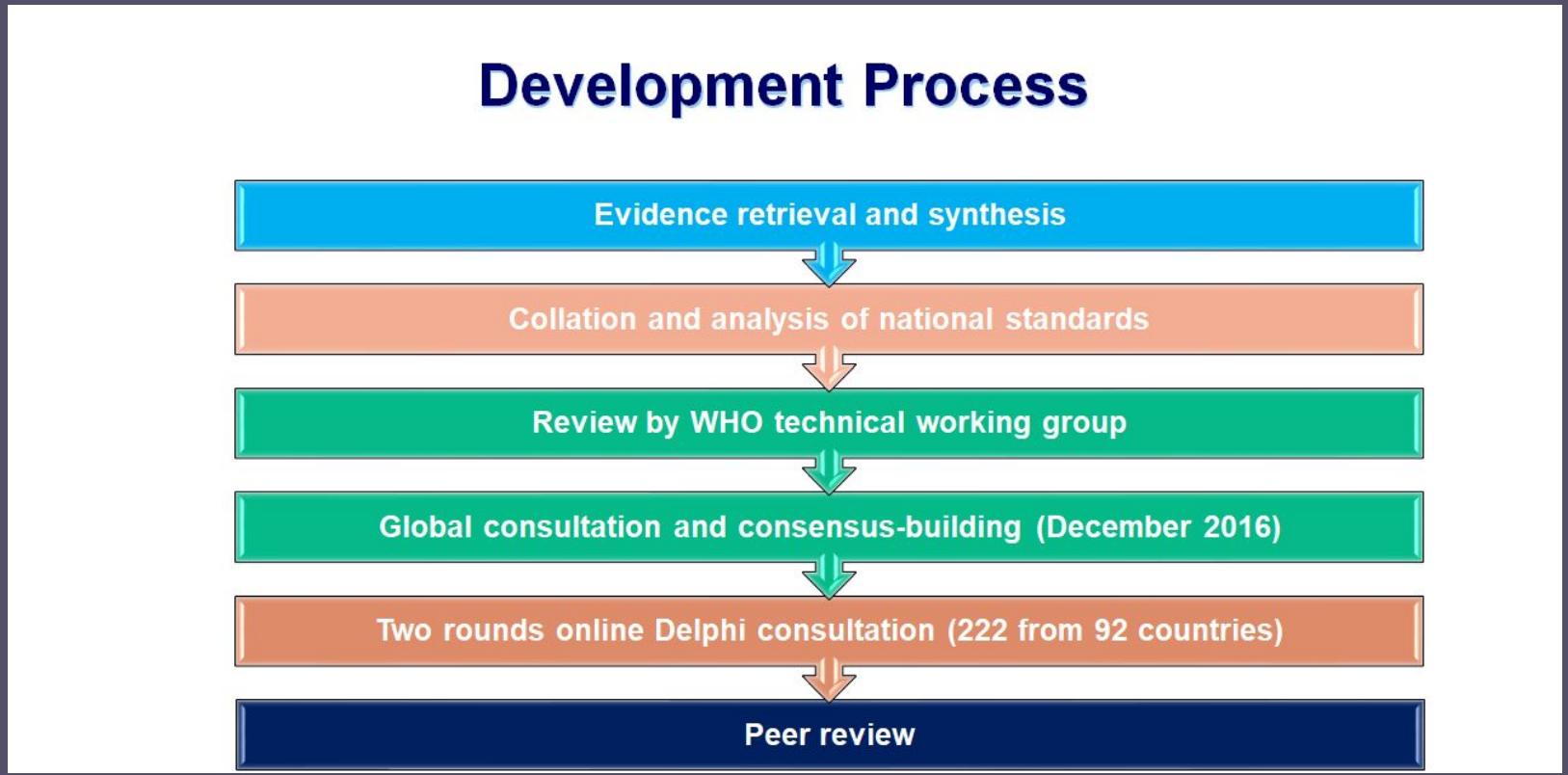


Figure 3. Measure Pyramid to Monitor Paediatric QoC at Different Levels

Long process of reviews



Finalizing QoC MNH common measures

- First *draft* list of common measures presented at QED Network launch meeting in Malawi (Feb 2017)

Review process:

- Initial Review by MONITOR
- Expert review by EPMM & ENAP working groups**
- QoC Network M&E TWG review
- Review by QoC Network country stakeholders
- Final Approval by MONITOR

QoC MNH Common Measures

**Covers Outcomes and Standards 1,2,4,5,6,8*

15 Common MNH Indicators – Std 2 (collected via routine HMIS unless indicated)
Pre-discharge Maternal deaths
Maternal deaths by cause
Neonatal deaths by cause
Facility stillbirth rate (disaggregated by fresh/macerated when possible)
Pre-discharge neonatal mortality rate
Obstetric case fatality rate (disaggregated by direct/indirect when possible)
Breastfeeding within one hour – Std 1
Immediate postpartum prophylactic uteronic for PPH prevention – Std 1
Birthweight documented – Std 1
Premature babies initiating KMC – Std 1
Pre-discharge counselling for mother and baby – Std 4 *(woman-reported)*
Companion of Choice – Std 5 *(woman-reported)*
Women who experienced physical or verbal abuse in labor or delivery – Std 6 (*woman -reported)*
Basic Hygiene Provision – Std 8 *(periodic facility survey)*
Basic sanitation available to women and families – Std 8 *(periodic facility survey)*

WHO Process & Key Principles

…..the organizing framework

Linking PYA QoC standards to QoC measurement

1 standard per domain of the QoC framework

A broad definition of what is expected to be delivered to achieve high quality

6-8 input, output, process and outcome measures per quality statement

A criterion that can be used to measure and monitor whether quality of care is provided or achieved

3 or more quality statements per standard

A concise prioritized statement designed to drive measurable quality improvement to achieve standards

From **520** QoC Measures to **3+1** components of QoC indicator/measures

POC-QI measures

01

(N=171; n=??)

Flexible menu of prioritized measures to support **rapid improvements in quality of care** led by facility-based QI teams supported by district/regional (or other sub-national administrative managerial unit) managers

Core indicators

02

(N=18, n=??)

Prioritized small set of **input, process** and **outcome** indicators for use by all stakeholders at every level of the health system and to track performance across countries

District/Regional performance measures

03

(N=171, n=??)

To support district/regional **managerial and leadership functions** in improving and sustaining quality of care (QoC) in facilities

+

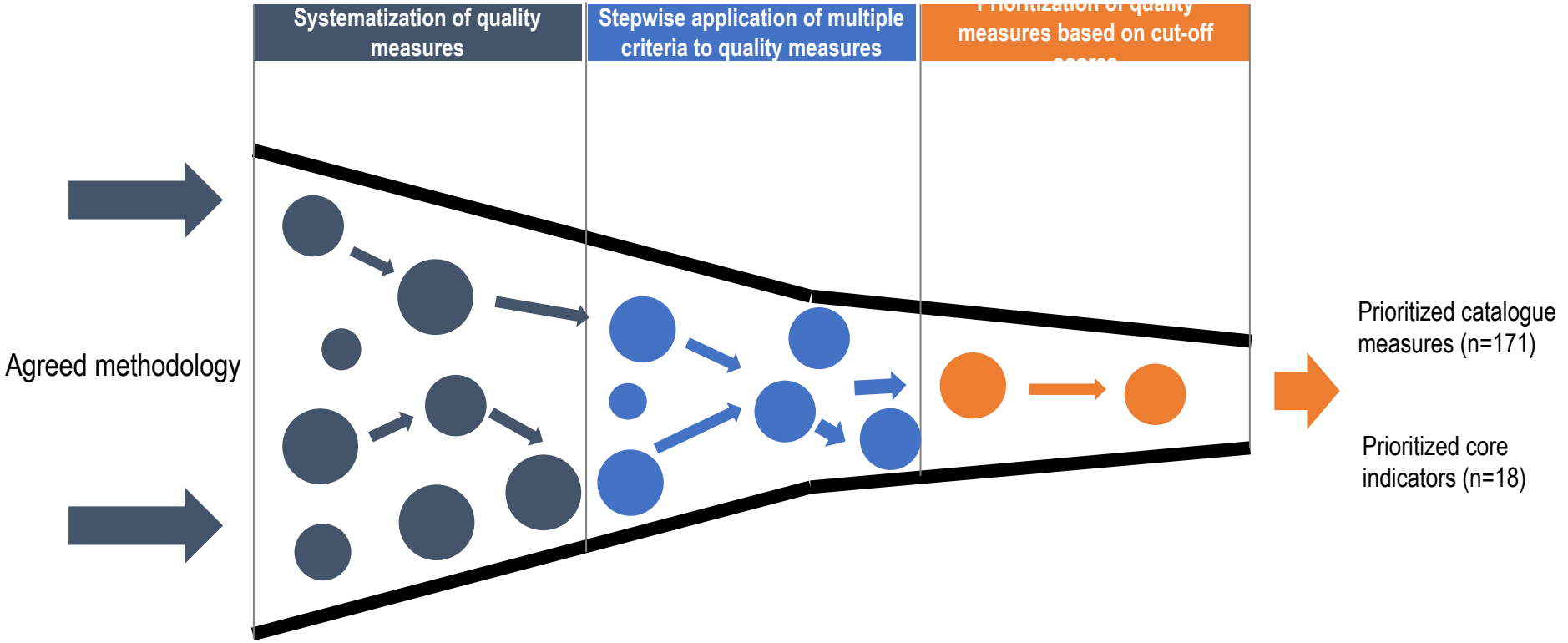
Implementation milestones

04

(n=10-20)

To **track implementation steps** and progress against strategic objectives (leadership, action, learning and accountability), in line with global implementation guidance

Prioritization of QoC indicator/measures: Criteria-based stepwise approach



Focus of the review

- 18 draft core indicators and their metadata
- Catalogue measures and metadata if possible

Is there a better/clearer definition of the proposed indicator, numerator, or denominator?

Is there an alternative definition of the indicator that considers availability of the respective information in routine health information system or medical documentation in LMICs?

Is there an alternative definition of the indicator, numerator or denominator that balances feasibility (time and resources required to gather the information) with validity (what is being measured) of the indicator?

Is there an alternative definition of the indicator or its parameters (numerator, denominator, data sources) to make the indicator more harmonized with standardized and validated global childcare indicators

Feasible and meaningful disaggregation of the indicator, considering data availability and time spent to collect disaggregated data

Background documents

01 Methodology

- This is the review should start so that reviewers understand what was done, why, how and where
- The document describes in detail the methodology and process proposed during consultation experts in 2018

Workbook 02

- Excel spreadsheet in which the methodology for indicator prioritization and development was implemented, managed and quality assured

03 Dictionary

- Contains details of all abbreviations and unconventional nomenclature used in the workbook and other documents

Standards 04

- Original publication of the standards for improving quality of care for children and young adolescents in health facilities
- For refer in case one needs to understand the different quality domains, quality standards, quality statements and quality measures which were the organizing framework for indicator development

Review materials

1 Draft core indicators

Excel document containing proposed core indicators and their metadata. It is a clean version of the core indicators extracted from the workbook

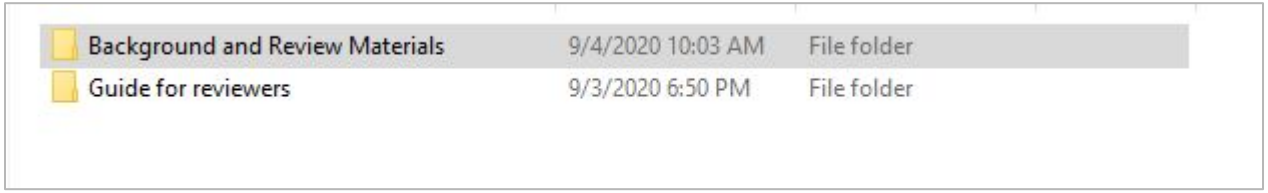
2 Draft catalogue of measures

Contains a flexible menu of 171 prioritized QI measures in similar format as catalogue of MNH QoC measures

3 Feedback template

Proposed template for capturing and sharing reviewers' input for each of the 18 core indicators and their metadata

Facilitated Review of Core Indicators



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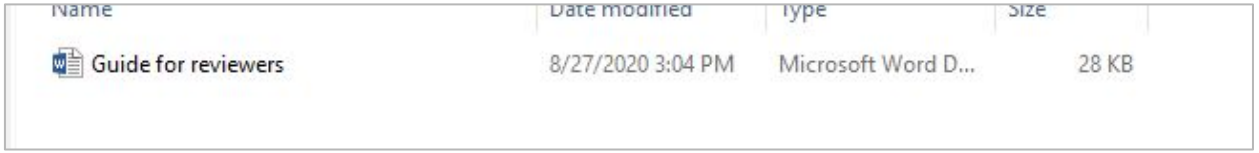

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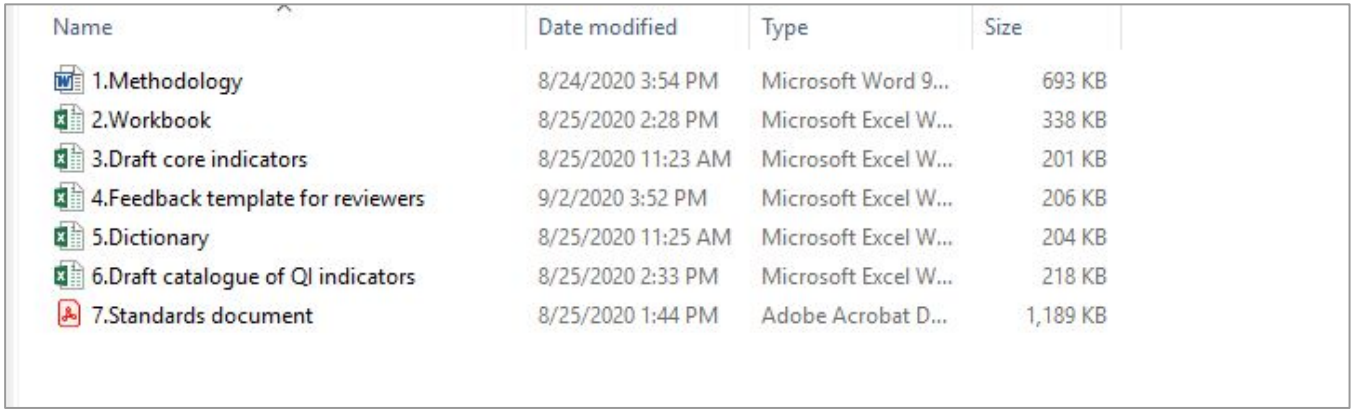

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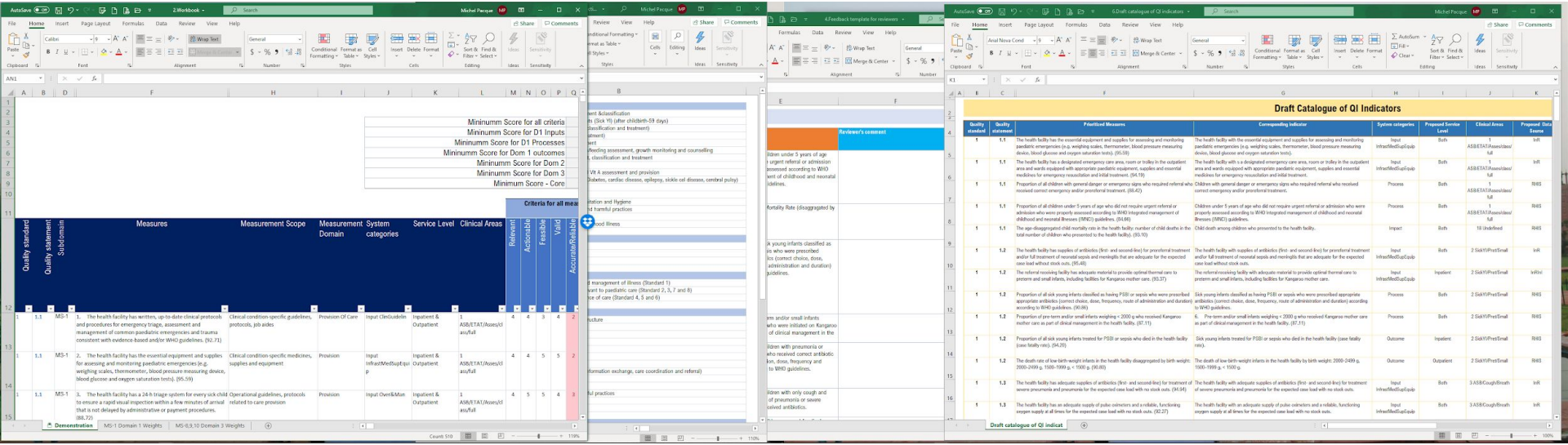
1.Methodology	8/24/2020 3:54 PM	Microsoft Word 9...	693 KB
2.Workbook	8/25/2020 2:28 PM	Microsoft Excel W...	338 KB
3.Draft core indicators	8/25/2020 11:23 AM	Microsoft Excel W...	201 KB
4.Feedback template for reviewers	9/2/2020 3:52 PM	Microsoft Excel W...	206 KB
5.Dictionary	8/25/2020 11:25 AM	Microsoft Excel W...	204 KB
6.Draft catalogue of QI indicators	8/25/2020 2:33 PM	Microsoft Excel W...	218 KB
7.Standards document	8/25/2020 1:44 PM	Adobe Acrobat D...	1,189 KB

Files in review package



Documents in package

Standard

1 Every child receives evidence-based care and management of illness according to WHO guidelines.

Quality statement

1.1 All children are triaged and promptly assessed for emergency and priority signs to determine whether they require resuscitation and receive appropriate care according to WHO guidelines.

Indicator

1.1 Proportion of all children under 5 years of age who did not require urgent referral or admission who were properly assessed according to WHO Integrated management of childhood and neonatal illnesses (IMNCI) guidelines.

1.1 Institutional Child Mortality Rate (disaggregated by age)

Quality statement

1.2 All sick young infants, especially small newborns, are thoroughly assessed for possible serious bacterial infection and receive appropriate care according to WHO guidelines.

Indicator

1.2 Proportion of pre-term and/or small infants weighing < 2000 g who were initiated on Kangaroo mother care as part of clinical management in the health facility.

Standard

4 Communication with children and their families is effective, with meaningful participation, and responds to their needs and preferences.

4.1 Proportion of children and/or carers seen in the outpatient department of the health facility who can correctly state the reason that a particular treatment was given, when to return and how to take the treatment at home.

4.1 Proportion of children discharged from the health facility or their carers who were given written instructions about treatment and care at home and can describe correctly how to take or give the discharge treatment at home.

https://docs.google.com/forms/d/178N9tcroi1jTyKY2Crn1CgjnKJxUciOMZ9SoDKgKrNU/edit

Pediatric Quality of Care Indicator Review

The Child Health Task Force Quality of Care and M&E Subgroups have been invited as a diverse group of child health stakeholders and experts to provide input into WHO's review of draft pediatric quality of care indicators/measures. Please use this form to submit your input by mid-day ET September 14th. Your feedback will be consolidated for discussion and consensus building during a joint subgroup meeting the week of September 14th.

Note: If you would like to save your work to continue at a later time, you can "submit" the form and then return to edit your responses.

* Required

Email address *

Your email

First Name *

Your answer

18 Draft Core Indicators and Metadata

This review is aimed primarily at the proposed 18 draft core indicators and their metadata. These indicators, by virtue of being core, are to be recommended for measurement in different countries and as such, they should assume critical measurement attributes such as validity, feasibility, etc.

Please consider the following questions when providing your feedback:
1. Is there a better/clearer definition of the proposed indicator, numerator, or denominator?
2. Is there an alternative definition of the indicator that considers the availability of the respective information in routine health information systems or medical documentation in LMICs?
3. Is there an alternative definition of the indicator, numerator, or denominator that balances feasibility (time and resources required to gather the information) with validity (what is being measured) of the indicator?
4. Is there an alternative definition of the indicator or its parameters (numerator, denominator, data sources) to make the indicator more harmonized with standardized and validated global childcare indicators/monitoring frameworks and/or measures that are comparable across countries and regions (e.g. WHO 100 core indicators). In this case, please indicate the global indicator and the source it corresponds to.
5. Proposed age cut-off scores
6. Feasible and meaningful disaggregation of the indicator, considering data availability and time spent to collect disaggregated data.

Standard 1: Every child receives evidence-based care and management of illness according to WHO guidelines.

Quality statement 1.1: All children are triaged and promptly assessed for emergency and priority signs to determine whether they require resuscitation and receive appropriate care according to WHO guidelines.

[1.1-1] feedback on indicator & definition:

Put your comments here

Indicator	Proportion of all children under 5 years of age who did not require urgent referral or admission who were properly assessed according to WHO Integrated management of childhood and neonatal illnesses (IMNCI) guidelines
Detailed definition of Indicator	Index of integrated assessment. Mean of assessment tasks performed per sick child assessed (need further Field test). Arithmetic mean of 10 assessment tasks performed for each child (checked for three danger signs, checked for the three main symptoms, child weighted and weight checked against a growth chart, checked for palmar pallor, and checked for vaccination status divided by ten)

Your answer

[1.1-1] feedback on numerator & denominator:

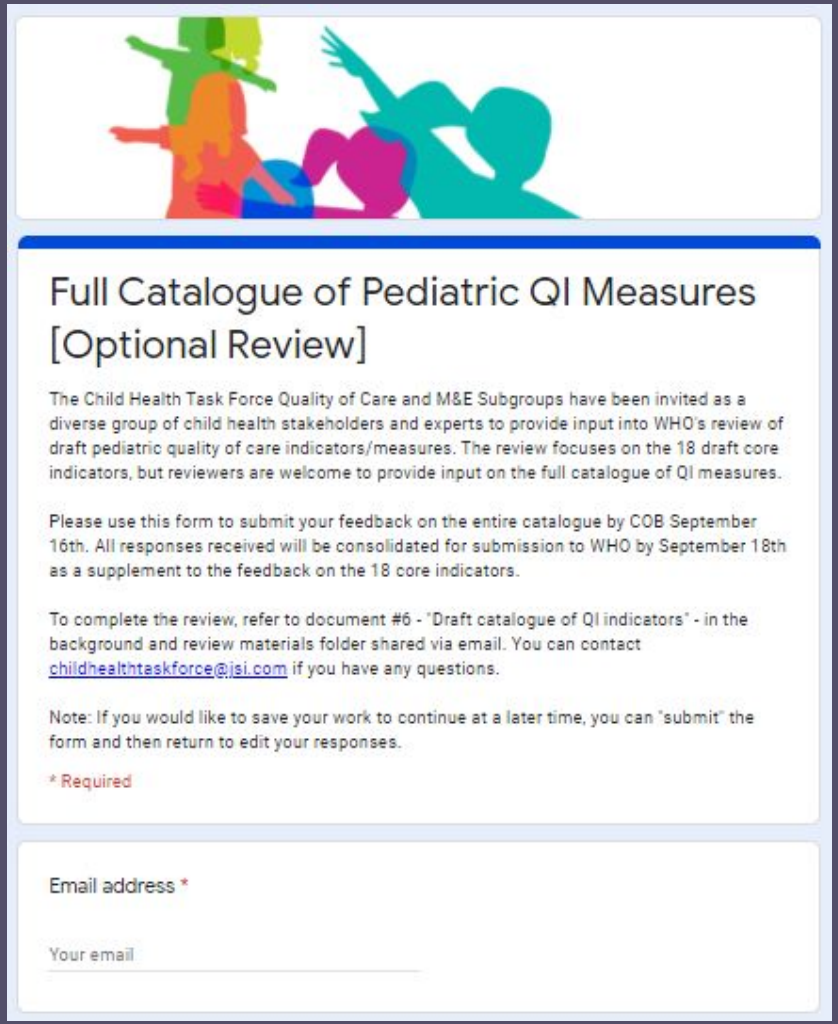
Numerator	Calculation: —checked for "ability to drink or breastfeed", "vomits everything", and convulsions", 1 point each; —checked for presence of "cough & fast/difficult breathing", "diarrhoea", and "fever", 1 point each; —child weighed the same day and child's weight used against a recommended growth chart, 1 point each; —child checked for palmar pallor, 1 point; —child vaccination status checked (card or history), 1 point
Denominator	Arithmetic mean of 10

Your answer

[1.1-1] feedback on disaggregation, data source, collection frequency, and other points:

Proposed Disaggregation	by facility types
System Categories	Process
Proposed Service Level	Both
Clinical Areas	1 ASB/ETAT/Asses/class/full
Proposed Data Source	RHIS
Proposed Measurement Frequency	Monthly
Original Comment - General	This is WHO's Index of Integrated Assessment indicator, which includes 10 assessment elements. This may be difficult to measure and we may focus on assessment of 3 main danger signs or 3 main symptoms only. Subject to expert discussion.

Your answer



Full Catalogue of Pediatric QI Measures [Optional Review]

The Child Health Task Force Quality of Care and M&E Subgroups have been invited as a diverse group of child health stakeholders and experts to provide input into WHO's review of draft pediatric quality of care indicators/measures. The review focuses on the 18 draft core indicators, but reviewers are welcome to provide input on the full catalogue of QI measures.

Please use this form to submit your feedback on the entire catalogue by COB September 16th. All responses received will be consolidated for submission to WHO by September 18th as a supplement to the feedback on the 18 core indicators.

To complete the review, refer to document #6 - "Draft catalogue of QI indicators" - in the background and review materials folder shared via email. You can contact childhealthtaskforce@jsi.com if you have any questions.

Note: If you would like to save your work to continue at a later time, you can "submit" the form and then return to edit your responses.

* Required

Email address *

Your email

Optional review of full catalogue of QI measures:

- Any indicators that should become core?
- Any suggested changes?

Additional Feedback

Do the indicators accurately reflect the standards? Are any indicators missing? Please add any additional reflections.

Standard	Statement	Indicator
1	1.1	Proportion of all children under 5 years of age who did not require urgent referral or admission who were properly assessed according to WHO Integrated management of childhood and neonatal illnesses (IMNCI) guidelines.
1	1.1	Institutional Child Mortality Rate (disaggragated by age)
1	1.2	Proportion of all sick young infants classified as having PSBI or sepsis who were prescribed appropriate antibiotics (correct choice, dose, frequency, route of administration and duration) according to WHO guidelines.
1	1.2	Proportion of pre-term and/or small infants weighing < 2000 g who were initiated on Kangaroo mother care as part of clinical management in the health facility.
1	1.3	Proportion of all children with pneumonia or severe pneumonia who received correct antibiotic treatment (formulation, dose, frequency and duration) according to WHO guidelines.
1	1.3	Proportion of all children with only cough and cold (with no signs of pneumonia or severe pneumonia) who received antibiotics.
1	1.4	Proportion of all children managed for diarrhoea and some or no dehydration who were correctly prescribed ORS and zinc supplementation.
1	1.5	Proportion of all children with severe malaria who received the correct treatment (drug, dose, frequency, route of administration and duration) and supportive care according to WHO guidelines.
1	1.6	Proportion of all children aged < 6 months in the health facility who are exclusively breastfed or given only expressed breast milk.
1	1.8	Proportion of all children born to HIV-infected mothers who were tested for HIV infection within 8 weeks of birth and received appropriate antiretroviral therapy according to WHO guidelines.
1	1.8	Proportion of all children started on TB treatment in the health facility who successfully completed the full course.
1	1.9	Proportion of all children under 5 years of age who attended the health facility and left without receiving age-appropriate, up-to-date vaccination according to the guidelines of the WHO expanded programme on immunization.
1	1.12	Health facility mortality rate for all children who underwent surgery (or perioperative mortality rate)
2	2.1	Proportion of all births and deaths occurring in the health facility that were appropriately registered in the national vital registration system.
2	2.2	Proportion of all paediatric deaths that occurred in the health facility in the past 3 months that were reviewed with standard death audit tools.
4	4.1	Proportion of children and/or carers seen in the outpatient department of the health facility who can correctly state the reason that a particular treatment was given, when to return and how to take the treatment at home.
4	4.1	Proportion of children discharged from the health facility or their carers who were given written instructions about treatment and care at home and can describe correctly how to take or give the discharge treatment at home.
5	5.1	Proportion of children and their carers who report any form of discrimination or refusal of care because of their economic, social, religious, linguistic or other status.
5	5.3	Proportion of children and their carers in the health facility who perceived that they were treated with compassion and respect and their dignity was preserved.

Your answer

Input due by mid-day ET Sept. 14th (Monday)

Feedback will be consolidated for discussion

Finalize input during follow-up joint subgroup meeting:
Sept. 16th @ 12-2 pm EST

Access the form here:

https://docs.google.com/forms/d/178N9tcroiIjTyKY2Crn1CgjnK1xUoiOMZ9SoDKgKrNU/edit

Complimentary QoC Measurement Efforts Underway

Complementary efforts around pediatric quality of care

WHO Pediatric Quality of Care Review of core indicators	IMPROVE survey on quality of care indicators	Service Provision Assessments (SPA)
Review of core indicators for use and reporting by countries	Expert feedback on items from existing SPA and SARA data that should be included in readiness and service provision indices for sick child care. Indices will then be used to calculate quality-adjusted coverage (aka "effective coverage")	Review of indicators for inclusion in SPA – likely consolidated feedback – Process TBD
Consolidated feedback through google form and meetings by Sept 18th to WHO	https://tinyurl.com/sickchildQOC Individual survey sent with feedback due by Sept 30th	Process TBD

Next meeting Sep 16, 12-2 pm EDT
Closing remarks