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EVIDENCE FOR ACTION

Accountability for quality of care: Monitoring all aspects of quality across a framework adapted for action

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ABSTRACT

Quality of care is essential to maternal and newborn survival. The multidimensional nature of quality of care means that frameworks are useful for capturing it. The present paper proposes an adaptation to a widely used quality of care framework for maternity services. The framework subdivides quality into two inter-related dimensions—provision and experience of care—but suggests adaptations to reflect changes in the concept of quality over the past 15 years. The application of the updated framework is presented in a case study, which uses it to measure and inform quality improvements in northern Nigeria across the reproductive, maternal, newborn, and child health continuum of care. Data from 231 sampled basic and comprehensive emergency obstetric and newborn care (BEmONC and CEmONC) facilities in six northern Nigerian states showed that only 35%–47% of facilities met minimum quality standards in infrastructure. Standards for human resources performed better with 49%–73% reaching minimum standards. A framework like this could form the basis for a certification scheme. Certification offers a practical and concrete opportunity to drive quality standards up and reward good performance. It also offers a mechanism to strengthen accountability.

1. Introduction

Efforts toward lowering maternal and newborn mortality in countries where levels are high have focused on introducing essential interventions before, during, and after childbirth for millions of women and their babies. However, the one reason why progress has fallen short of expectations is the quality of care (QoC) associated with the implementation of these key interventions [1]. Quality care can be thought of as "care which is effective, safe and a good experience for the patient" [2]. The World Health Organization (WHO) defines it as "the extent to which healthcare services provided to individuals and patient populations improve desired health outcomes. To achieve this, health care needs to be safe, effective, timely, efficient, equitable, and people-centered" [3, p2].

QoC is important to improving maternal and newborn health (MNH) [4]. However, the mere existence of MNH services offering essential interventions does not guarantee their use by women, nor does the use of those services guarantee optimal outcomes. Poor QoC has been highlighted as a key factor to explain why women either do not access services at all, access them late, or suffer avoidable adverse outcomes despite timely presentation [5]. The barriers to instituting QoC are complex and are often linked to insufficient monitoring to inform appropriate responses. Strong accountability mechanisms are also lacking to ensure that QoC data inform better practices and care.

While there has been substantial progress toward the Millennium Development Goal (MDG) for child survival in many countries, especially in the postneonatal age groups, MNH has proved more problematic. As we embark on the era of the successor Sustainable Development Goals (SDGs), and collectively build the new UN accountability framework toward 2030, provision of care shown to meet quality standards will be necessary. Civil society commentators have pointed to the need to hold political decision-makers and public health officials accountable not only for availability of health care but also for investment in its quality and meaningful assessment of that quality [6].

The present paper reflects on a widely used QoC framework that was published in 2000 [7], and proposes an adaptation that improves its utility and reflects changes in the concept of quality over the past 15 years. Modifications to the concept of quality care have increasingly recognized the importance of transparent information, functional referral chains, and the importance of applying a framework to a whole system—not just individual facilities or services. Concerted efforts have also focused on capturing QoC from a client's perspective to complement measurements on the technical quality of services delivered. A

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case study that uses the updated framework to measure and inform quality improvements in Northern Nigeria is presented, including data and indicators for enhancing quality standards across the reproductive, maternal, newborn, and child health (RMNCH) continuum of care in six states in Nigeria.

2. Quality of care frameworks and their use to improve standards

The notion of QoC is multidimensional [3]. As such, several frameworks have been developed to operationalize its key dimensions. Examples include the Donabedian model, which conceptualized QoC according to three dimensions: (1) "structure" referring to the settings where care is delivered; (2) "process" referring to whether or not what is known to be "good" medical care has been provided; and (3) "outcomes" referring to the impact of care on health [8]. The Organisation for Economic Co-operation and Development (OECD) also proposes a multidimensional framework consisting of effectiveness, safety, and responsiveness/patient centeredness [9].

Monitoring of quality in maternity services is not new. The "process indicators" established by the UN agencies in 1997 have stimulated the collection of facility-based information on signal functions for a range of countries [10,11]. Information however on clients' perception and experience, which can contribute to poor uptake of health services, has not been routinely collected. Even if technical quality improvements are operationalized at facility level, poor provider attitudes and disrespectful interpersonal client–provider relations can still prevail. The White Ribbon Alliance's "Charter for respectful care" has highlighted substandard care and human rights abuses in facilities all over the world and relevant indicators are being developed [12]. The midwifery community has also recently asserted the importance of midwifery skills, both clinical and interpersonal, as part of quality care—and their new "quality care maternity framework" emphasizes respect, communication, promoting normal birthing processes, preventing complications, and using interventions only when needed [13].

Two recent reviews of successful health systems strengthening efforts across a number of countries have identified that systematic actions to strengthen QoC have been implemented only very recently [14]. Even where they have been implemented many of these initiatives fail to encapsulate all of the necessary dimensions of quality care—including the provision and experience of care—under one framework that lends itself to transparent monitoring efforts.

In 2000, Hulton et al. [7] published a QoC framework for maternity services, which brought together key elements of quality. This framework subdivided quality into two interlinked dimensions and 10 important, comprehensive, and measurable elements of care (Fig. 1). The first dimension relates to "provision of care" including the quality of the human, infrastructural, and information systems and clinical appropriateness of care. The second dimension, "experience of care" refers explicitly to the relationship that women and their families had with health services. The research that underpinned this framework demonstrated the importance not only of respect and dignity on health outcomes, but also of equity, availability, accessibility, and acceptability of care. The integration of the experience of care as a core dimension of quality recognized the interconnectedness of these two components of care explicitly. Women will not benefit optimally from high-quality clinical care if they are unable to access it when needed, are unable to afford it, and feel humiliated and unable to communicate what may be clinically essential information. As a result, poor perception and experience of care could result in life-threatening delays.

This framework was applied in the first decade of the millennium in urban India [15]. In Nepal it was adapted for use by the Ministry of Health to support quality assurance of safe motherhood services [16], and more recently it has been used to inform a recently endorsed WHO framework for QoC based on the structural components of a

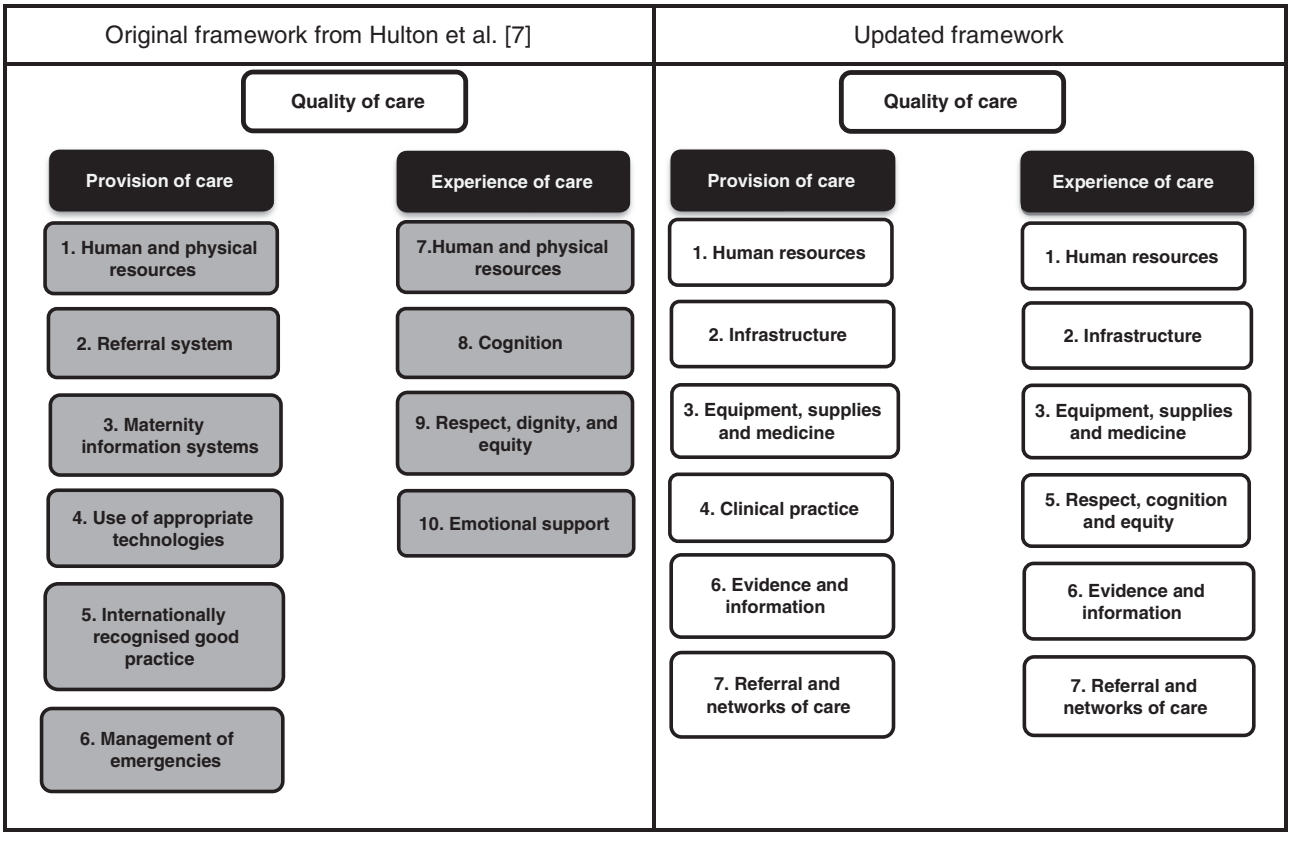

Fig. 1. Comparing the original and updated quality of care frameworks.