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Making pregnancy safer: assessment tool for the quality of hospital care for mothers and newborn babies. Guideline appraisal

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A short summary of the guideline/document

The guideline is an assessment tool that effectively measures hospital care for mothers and newborns both qualitatively and quantitatively. The aim and objectives of the guideline are clearly stated. These include the provision of an assessment tool that will help the Ministry of Health, stake holders and other partners to be able to measure the quality of hospital care given to mothers and newborns at a certain facility, which will in turn help identify the weak points that will need improvements.

The tool can be used to assess facilities across the country, for a sample of facilities, or to assess a single hospital. It can also be used to monitor current practices and assess quality of care before and after interventions introduced to improve practice, such as, introduction of WHO and internationally recommended guidelines into clinical practice.

The tool reflects and adds up to the experience of implementing Making Pregnancy Safer programme and Effective Perinatal Care training package, gathered by WHO regional Office for Europe, and the implementation of the paediatric hospital care assessment tool in more than 20 countries.

The informing principles include internationally accepted evidence based standards, provision of a guide to collect information from important areas of care in a simple way, and involvements of hospital staff in problem identification and possible solutions.

The main sources of standards are The Effective Perinatal Care training package and the WHO IMPAC manuals of the global Making Pregnancy Safer programme. The tool helps assessment of the four dimensions of Quality of care identified by the WHO European Strategic Approach for making pregnancy safer, which are; based on cost- effective scientific evidence, are family centred, respect confidentiality, privacy, culture, belief and emotional needs, ensure involvement of women in decision-making for options of care and health policies, and ensure continuum of care including regionalization and multidisciplinary approaches.

The tool is user friendly, allowing adaptation to local epidemiology and structure by deleting less important items and adding more important items. It can also be used at different levels of facilities.

The assessment process

Sources of information used in the tool to assess QoC, include; hospital statistics, medical records, direct observation of cases, and interviews with staff and patients, which are incorporated into a well designed scoring system.

The assessment team is multidisciplinary, including assessors from obstetrics, midwifery, paediatrics and neonatology disciplines. An assessment visit is organised after general agreement and written information that explains the purpose of assessment, which is based on identification of areas of care with the greatest potential of improvement, and it is explained that assessors will directly observe hospital practices and will interview staff and patients, and will include all sectors of hospital services.

Feedback is provided in a form of a full report, which should include hospital staff suggestions of improvement, the views of mothers on the different aspects of care and

identified tasks and responsibilities. Focus is advised towards case management and organizational issues rather than structure and staffing. A summary report of findings and recommendations is presented to the local authorities, partners and MoH.

The tool allows collection of information for comprehensive assessment in a very organised fashion into well structured table formats, from all major areas of greatest impact on QoC, such as infrastructure, supplies, organisation of services and case management, focused on areas with the greatest impact on maternal and neonatal morbidities and mortalities.

Literature search

Tools assessing maternal and child health care were developed for many purposes; hospital accreditation, self-assessment by hospitals, to assist policy makers, health managers and leading professionals in assessing the performance of the health system with respect to maternal, neonatal, child and adolescent health (MNCAH); and to guide policy makers, health managers and leading professionals in identifying key policy areas that need to be improved and in prioritizing relevant actions.

The European countries came-up with a regional strategic approach for making pregnancy safer.¹ The goal of this regional strategic approach is to increase awareness, commitment and action towards improving maternal and perinatal health in the region.

Improving the performance of the health systems is one of the strategic priorities which also includes: improving contribution of other sectors and empowering women, families and communities

To complement the European strategic approach for making pregnancy safer the Institute of Child Health IRCCS Burlo Garofolo, Trieste, Italy – WHO Collaborating Centre for Maternal and Child Health, in a consultative process with the WHO Regional Office for Europe developed a tool for assessing the performance of the health system in improving maternal, newborn, child and adolescent health.²

The key principle underlying the tool is that a health system approach should be adopted when assessing, reviewing and developing health policies. The roots of the problems are systemic; therefore it is important to avoid fragmentation in assessing the situation and its underlying causes, and identifying appropriate action.

The tool provides an analytical framework to assess how specific functions of the health system are performed with respect to MNCAH, to identify existing gaps, obstacles to improved performance and to prioritize actions.

Arden et al compared three tools for performance and capacity assessment currently available for maternal and child health programs.³ He concluded that Capacity assessment and performance measurement tools within the Maternal and Child Health and broader public health systems can clearly focus on one or more aspects of system capacity, processes/outputs, and outcomes. In addition, these tools can vary according to a variety of other attributes such as whether they are mandated or voluntary or whether they can be used for comparisons across state and local health agencies. Knowing how the various capacity assessment and performance measurement tools relate to each other conceptually, and being able to articulate their defining characteristics, should lead to more effective and productive use by MCH practitioners.

One of the known hospital assessment tools is the hospital self-appraisal and monitoring developed by the Baby Friendly Hospital Initiatives.⁴ It was a collaborative effort among staff at the United Nations Children's Fund (UNICEF), the World Health Organization (WHO), and Wellstart International.

Hospital self-appraisal looks into four domains:

1. Implementation of all the necessary steps in protecting, promoting and supporting breastfeeding.
2. Hospital compliance with the codes of marketing breast milk substitutes
3. Provision of mother-friendly care
4. Provision of adequate support related to HIV and infant feeding

Self-assessment is a process by which all professionals in a healthcare organization carry out their own quality evaluation against a set of standards.⁵ It is based on the philosophy of continuous quality improvement, the identification of quality improvement potential, the development of an action plan, implementation and subsequent evaluation. Self-assessment has to be clearly distinguished from external evaluation.

Many tools for measuring quality also act intentionally as interventions to improve quality.⁶ The evidence-base on the effectiveness and efficiency of alternative quality improvement approaches and tools is still relatively weak and urgently warrants strengthening. One recent comprehensive assessment emphasized the importance of multi-faceted approaches tailored to specific needs and contexts. Where the need relates, for example, to preventing maternal and newborn deaths, the audit and feedback process of gathering, reviewing and acting-upon information on these adverse events is one of the keystones to Continuous Quality Improvement strategies in MNH care.

Guideline appraisal

1. Scope and purpose of guideline

1.1. The objectives of the guideline are specifically defined?

Yes, the general aim of the guideline is clearly stated. This is measurable, attainable and relevant, although no specific objectives are outlined.

1.2. The questions covered by the guideline are specifically described?

Although there are no specific questions, but the aim and use of the guideline are specifically described.

1.3. The patient /community/group of people (women, men, and children, adolescent....) to whom the guideline is meant to apply are specifically described?

Yes, the guideline is meant to aid the Ministry of Health, key stakeholders and partners to assess the quality of hospital care to mothers and newborn babies (QoMNC), at facility level. The sources of information are well specified to be gathered from 4 sources; hospital statistics, medical records, direct observation of cases, and interviews with staff and with patients/users (mothers and babies).

2. Stakeholder involvement

2.1. The guideline was developed with the involvement of different relevant professional group?

Yes, the tool (guideline) was developed by the Institute of Child Health IRCCS Burlo Garoflo, Trieste, Italy-WHO Collaborating Centre for Maternal and Child Health, in a consultative process with the WHO Regional Office for Europe.

2.2. Patients and target groups views and preference have been sought?

Yes, this makes part of the assessment, and an important source of information. The assessment includes interviews with staff and patients which reflect their opinions on the quality of care provided at the facility. This is well tabulated and structured in Annexes A and B. Groups of health professionals include cleaners, nursing assistants, nurses/midwives, medical officers and doctors. Patients here are represented by mothers and babies, and there is a whole section on interviewing mothers, allowing their full participation and opinions on the hospital care provided to them and their babies (Annexe B).

2.3. Who are the users of this guideline (doctors, nurses, midwives, health workers etc.)?

Ministry of Health, stake holders and partners of facilities providing care to mothers and newborn babies.

2.4. Has the guideline been piloted among target users?

It is not mentioned in the guideline whether it has been piloted among target users, although it is stated that it builds on the experience gathered by the WHO Regional Office for Europe in the implementation of Making Pregnancy Safer programme and Effective Perinatal Care training package, and also in more than 20 countries with the paediatric hospital care assessment tool.

3. Guideline development

3.1. Systematic methods were used to search for evidence?

It is not clearly mentioned in the guideline whether systematic methods were used to search for evidence; however, there is a list of the main references used in the development of the guideline.

3.2. Criteria for selecting the evidence are clearly described?

No, but the references are all evidence based guideliens.

3.3. Methods used for formulating the recommendations are clearly described?

There is no recommendation section in this guideline.

3.4. The health benefits, side effects and risks have been considered in formulating the recommendations?

There is no recommendation section in this guideline.

3.5. There is an explicit link between the recommendations and the supporting evidence?

There is no recommendation section in this guideline.

3.6. Procedure for upgrading the guideline is provided?

No, this is not clearly specified.

3.7. The recommendations are specific and unambiguous (clear)?

There is no recommendation section in this guideline.

3.9. Key recommendations are easily identifiable, practical and strong?

There is no recommendation section in this guideline.

3.10. Guideline is supported with tools for application?

Yes, the guideline is very well supported with structured tables and lists with a clear scoring system, for all sections of assessment.

3.11. Has the guideline had peer review and testing?

This is not stated in the guideline.

4. Applicability

4.1. Is this guideline known in your professional environment?

No, unfortunately this guideline is not known in our professional environment, and it has been one of our questions to find a tool of assessing our practice, especially that we have recently introduced a lot of training courses to improve the clinical skills of our staff to upgrade the quality of care given to mothers and newborns at our facility.

4.2. Are the recommendations applicable to your professional practice, are they applied in your country?

This assessment tool could be applicable to our practice, but would still have some barriers and limitations.

4.3. What are the barriers to implement this guideline in your professional practice?

These would include; the difference of practice between developing and developed countries, which reflect different levels of care to women and newborns, dependent on the relevant facilities. Other factors would include financial factors, as there will be need for resources to support the assessment procedure, including staff incentives, transport, etc. As well, there is a big lack of human resource and skills. We shall need to identify people who will be motivated to organise the whole procedure of the assessment and people who will be responsible of carrying out the assessment, and these will have to be trained accordingly. Allocated time also need to be secured for the whole procedure.

4.4. What are the guidelines used in your institution/country (please provide references or documents)

In our institution we do not have any similar assessment tool to measure quality of care given to mothers and newborns

4.4. Would you recommend this guideline in your professional practice or in your country?

We would strongly recommend this guideline in our professional practice, but we need to secure financial and human resources, and provide training for piloting and implementing the guideline, and most importantly convincing the beneficiaries of its use and benefits.

Conclusion

The Assessment tool for the quality of hospital care for mothers and newborn babies, under MAKING PREGNANCY SAFER, is a very elaborate and inclusive assessment tool. It is very well organised and clearly structured into tables and sections that allow a thorough and reproducible assessment of the quality of care of mothers and newborns at a single facility, a collection of facilities or country wide. It is a very valuable tool that can aid MoH, stakeholders and partners not only to assess the level of medical care for pregnant women, childbirth and for newborns, but also to identify key areas that need improvement. This should in turn increase awareness, commitment and actions towards improving maternal and perinatal health in care-giving facilities.

However, modulating the guideline to more precisely fit to developing countries will make it more relevant to implement at the level of our professional practice.

We would strongly recommend the use of this guideline in our practice, but would need to secure human and financial resources, and be able to convince the authorities of the value of its use. Improving the performance of the health systems is one of the strategic priorities which also includes: improving contribution of other sectors and empowering women, families and communities.

References

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