

Meeting Report

SEVENTH MEETING ON HEALTH-CARE QUALITY IMPROVEMENT IN THE ASIA-PACIFIC REGION AND ACCELERATING HEALTH-CARE QUALITY AND SAFETY IMPROVEMENT IN TRANSITIONAL ECONOMY MEMBER STATES - COLLABORATIVE WORKSHOP 2



10–12 December 2018
Manila, Philippines

WORLD HEALTH ORGANIZATION

REGIONAL OFFICE FOR THE WESTERN PACIFIC

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IN TRANSITIONAL ECONOMY MEMBER STATES –
COLLABORATIVE WORKSHOP 2

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NOTE

The views expressed in this report are those of the participants of the Seventh Meeting on Health-Care Quality Improvement in the Asia–Pacific Region and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the Seventh Meeting on Health-Care Quality Improvement in the Asia–Pacific Region and Accelerating Health-Care Quality and Safety Improvement in Transitional Economy Member States – Collaborative Workshop 2 in Manila, Philippines from 10 to 12 December 2018.

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KEYWORDS:

Patient care / Quality Assurance, Health Care / Delivery of health care – standards / Regional health planning

SUMMARY

The WHO Regional Office for the Western Pacific supports Member States to improve the quality, safety and patient-centredness of health services, through policy dialogue, technical support, training workshops, and convening Member States to share experiences and learn from each other and from the experts.

WHO hosted the Seventh Meeting on Health-Care Quality Improvement in the Asia-Pacific Region in Manila, Philippines, in December 2018. The meeting focused on hospital performance in terms of quality and safety, identifying challenges and efforts for improving health-care quality in participating countries. Participants shared good practices in other countries to help peer learning and also designed action plans for improvement in quality and safety in their own countries.

In total, 36 participants attended from 13 countries in the WHO South-East Asia and Western Pacific regions: Australia, Bangladesh, Bhutan, Cambodia, China, Lao People's Democratic Republic, Mongolia, New Zealand, Philippines, Republic of Korea, Sri Lanka, Thailand and Timor-Leste.

The meeting provided countries opportunities not only to share their challenges but also to learn from each other. In addition, by designing annual action plans for improving quality and safety, participants affirmed overall efforts to advance universal health coverage (UHC), through more equitable access to people-centred health services of adequate quality without undue financial hardship.

Participants also agreed to actively engage on further steps including data collection and implementing action plans. Priority actions identified at the facility level included clinical monitoring, patient experience investigation, review of quality improvement capacity plans and staff training. Priority actions at the system level included continuing professional development, incentive system induction, national plan revision and cost-effectiveness study.

This meeting was organized back-to-back with the Second Collaborative Workshop on Accelerating Health-Care Quality and Safety Improvement in Transition Economy Member States, also held in Manila, Philippines, on 12 December 2018. This was the second of three planned collaborative workshops by the WHO Regional Office as part of a regional initiative to support Member States to improve health-care quality and safety to attain UHC. It uses a multi-country problem-solving approach, which builds on previous regional and country-level support and highlights the possibility of a systems approach to secure links between policy and implementation as well as to strengthen institutional arrangements for quality and safety. Fifteen participants from four countries (Cambodia, China, Lao People's Democratic Republic and Mongolia) participated, most of whom also had previously attended the first workshop in Melbourne, Australia, in September 2018.

The Second Workshop built upon the participants' knowledge and practical skills to identify, adapt and apply practices for quality and safety improvement in their countries. It comprised interactive sessions facilitated by experts where participants refined plans for their Plan-Do-Study-Act (PDSA) cycle by reflecting previous three-month implementation experiences. In addition, participants identified stakeholders and their roles in the next phase of implementation to maximize support in the countries.

1. INTRODUCTION

1.1 Background

Quality is core to the definition of universal health coverage (UHC) and a key attribute on which health systems need to improve their performance. Improving service quality and safety is part of national health plans, strategies and policies and has been a stated priority for the Member States in the Western Pacific.

Although the Member States are implementing a range of solutions to strengthen quality and safety, efforts have been fragmented and uncoordinated, as many countries lack a system building approach as well as an institutional culture of continuous quality improvement (CQI). There is a need to link the different components of a quality and safety system from policy to service delivery levels, with strengthened institutional arrangements.

The WHO Regional Office for the Western Pacific is implementing a regional initiative to support transitional economy Member States to improve health-care quality and safety and advance towards UHC. The initiative is based on a multidisciplinary science-of-improvement approach comprising capacity-building, innovation, rapid cycle field testing and spread. The collaborative workshops bring together participants who have been part of the regional initiatives to improving service quality and patient safety over the past five years.

In December 2018, the Seventh Meeting on Health-Care Quality Improvement in the Asia-Pacific Region was organized in Manila, Philippines. The meeting focused on hospital performance in terms of quality and safety. It identified challenges and efforts for improving health-care quality in participating countries. Participants shared good practices in other countries to helping peer learning and designed action plans for improvement in quality and safety in their countries. A total of 36 participants attended from 13 countries in the South-East Asia and Western Pacific regions: Australia, Bangladesh, Bhutan, Cambodia, China, Lao People's Democratic Republic, Mongolia, New Zealand, Philippines, Republic of Korea, Sri Lanka, Thailand and Timor-Leste.

Accelerating Health-Care Quality and Safety Improvement in Transitional Economy Member States – Collaborative Workshop 2 was held on 12 December 2018 in Manila, Philippines, back-to-back with the seventh biregional meeting. This workshop is the second of three planned collaborative workshops as part of activities in implementing the regional initiative on securing national systems for quality and safety. Fifteen participants from four countries (Cambodia, China, Lao People's Democratic Republic and Mongolia) attended; most participated in the first workshop in Melbourne in September 2018.

1.2 Meeting objectives

The objectives of the meeting were:

- 1) to review progress and follow-up of recommendations from previous meetings;
- 2) to share experience and good practices on strengthening systems and capacity in countries to integrate quality measurement into UHC monitoring and to drive improvement; and
- 3) to agree on the next steps to improve health-care quality in countries in the WHO South-East Asia and Western Pacific regions.

The objectives of the second collaborative workshop were:

- 1) to share lessons learnt from the first Plan–Do–Study–Act (PDSA) cycle and discuss solutions for improvement; and
- 2) further refine PDSA plans with technical experts and agree on the next steps.

2. PROCEEDINGS

2.1 Opening and welcome address

The workshop commenced with Dr Socorro Zarate-Escalante, Coordinator of Essential Medicines and Technologies, delivering opening remarks as acting Director of Health Systems, on behalf of Dr Shin Young-soo, WHO Regional Director for the Western Pacific. Mr Ho-Young Maeng, Director General of Health and Social Policy Programme at OECD Korea Policy Centre, additionally welcomed all participants to the meeting. The meeting agenda and objectives were introduced by Dr Yu Lee Park, acting Coordinator of Integrated Service Delivery.

Following the opening, Dr Vivian Lin, Temporary Adviser, provided an overview on improving health-care quality and safety to achieve UHC. She started with the definitions of UHC and elements of quality based on global and regional frameworks to explain quality and safety in the Region. She also addressed the current dynamics and challenges in several WHO Member States.

Finally, Dr Niek Klazinga and Mr Luca Lorenzoni from OECD headquarters launched the publication *Health at a Glance: Asia/Pacific 2018*. Mr Lorenzoni expressed appreciation to the Member States for their active participation and effort. As respective representatives from the South East-Asia and Western Pacific regions, Sri Lanka and Cambodia received a copy of the publication.

2.2 Systems for improving health-care quality

Dr Shams Syed, Coordinator of Quality System and Resilience at WHO headquarters, presented WHO efforts affirming quality as central to UHC and national quality policy and strategy (NQPS) initiatives. As a part of main actions, NQPS initiatives were developed to raise awareness, knowledge and skills in low- and middle-income countries. He also stressed the role of primary health care and the WHO Global Learning Laboratory for Quality UHC.

Dr Yu Lee Park spoke about the key issues and initiatives for improving the quality of health care in the Western Pacific Region. Dr Park referred to challenges of the Region with its diverse types of states – advanced economies, transitional economies and small island developing states. She introduced levers ensuring quality and safety at facility and system levels and examples of transitional economies. Furthermore, Dr Park also presented the *Regional Action Framework on Improving Hospital Planning and Management in the Western Pacific*, which was endorsed by Member States during the 2018 session of the WHO Regional Committee.

Ms Anjana Bhushan, Regional Adviser, Service Delivery Systems at the WHO Regional Office for South-East Asia, addressed quality and safety issues and approaches in the South-East Asia Region. She emphasized continuing attention to promote the quality and safety agenda. In particular, she introduced the *Regional Strategy for Patient Safety in the WHO South-East Asia Region (2016–2015)* to participants, which covers six regional initiatives. Ms Bhushan also presented the current situation in Member States and recommendations for the way forward.

Following the presentations from WHO representatives, panellists discussed current initiatives or intentions of governments to improve the quality of health services and challenges faced while implementing them. Dr Valeria de Oliveria Cruz, Team Leader of Health Systems at WHO Bangladesh, facilitated the discussion with panellists from Bangladesh, Cambodia, the Lao People's Democratic Republic, Mongolia, the Philippines and Timor-Leste.

All countries have various national programmes for health-care quality improvement. For instance, Cambodia introduced a pilot study about quality improvement in health centres and equity and quality improvement programmes in 42 health centres. The Lao People's Democratic Republic mentioned its national committee for quality improvement and patient safety, and Mongolia has developed quality indicators for service and hospital accreditation. The Philippines has been strengthening its licensing process, and Timor-Leste established a cabinet for quality and safety improvement. Better resource management including human capacity, stable financial support for programmes, evaluation of programmes and concrete system for implementation were pointed out as challenges faced.

2.3 Group work 1 – Identifying gaps and challenges

At the first group work session, countries discussed the findings of the last survey on quality frameworks published in 2015, including the changes in their quality approaches since then and the challenges they have faced. Countries also introduced their existing system, how they established their system and what the challenges were/are in the development period and currently. Participants were also able to learn from their peers through this group work about having a national policy and guidelines for quality and safety at different stages.

They identified challenges in similar areas of work, specifically:

- Consistent financial support (budget) for quality improvement
- Management support
- Data collection and analysis, particularly where different organizations/departments are responsible for various aspects of health-care quality
- Accuracy and range of measurement of quality dimensions– currently more consideration given to adverse events reporting
- Cultural shift – developing staff capacity, attitudes towards improving quality of services, employee satisfaction
- Patient satisfaction and feedback data – way to collect data, establishing reporting systems.

2.4 Quality improvement approaches and good practices

At the session for quality improvement approaches and good practices, three countries presented their national programme and system to manage health service quality and safety. Australia started the session introducing their national regulation system for quality in various areas. There are three main sectors that the government is focusing on: 1) people (training, professional registration), 2) process (defining standards, regular assessment), and 3) technology (safety assessment, economic assessment). Collaboration is common among government agencies such as the Australian Health Practitioner Regulation Agency, Australian Council on Healthcare Standards, and National Safety and Quality Health Service Standards.

Sri Lanka introduced their effort to improve quality towards UHC and stressed seven pillars of strengthening clinical governance for improvement: 1) education and training, 2) evidence-based care and clinical effectiveness, 3) clinical audit, 4) risk management, 5) patient involvement and openness, 6) information management, and 7) research and development. Sri Lanka also published the National Quality Guideline for various sectors including the primary care unit level, medical officers, training institutions and health management units. The country has its own monitoring system for each pillar's initiatives.

New Zealand shared its quality monitoring system particularly in adverse event reporting. This was demonstrated through the work of the Health Quality and Safety Commission New Zealand at the national level and the Hutt Valley District Health Board at the district level. The Adverse Events Learning Programme was also introduced. It promotes a national consistent approach and shares lessons learnt from the cases. Also, New Zealand has quality and safety markers (QSMs), and regular quality and safety reporting systems help not only comprehensive data collection but also data-driven improvements nationwide.

2.5 Indicators for monitoring and benchmarking for quality

On the second day of the meeting, discussion started with indicators for quality. The WHO Regional Office for the Western Pacific, Thailand and the Republic of Korea shared indicators they had developed and used for UHC, primary health care and patient experience. The Regional Office presented the framework for monitoring UHC and the Sustainable Development Goals using indicators, which consisted of four major parts: 1) health impact through the life course, 2) determinants of health, 3) UHC, and 4) health system resources and capacity. However, the current monitoring has limitations, such as not having a single measurement or index for UHC and different quantities of available data depending on country.

Thailand shared from their experience about the important role of primary care in the health system. The country has primary care indicators for quality monitoring. The Quality and Outcomes Framework (QOF) is managed by the National Health Security Office (NHSO), and the scores from primary care are also reflected on pay for performance.

The Republic of Korea presented patient experience indicators for quality monitoring, particularly how the assessment process has been developed and the challenges faced. Patient experience indicators have been developed based on patient-centeredness. The Health Insurance Review and Assessment Service (HIRA) used patient-reported experience measures (PREMs), which capture a patient's view on health service delivery. Patient experience assessment started for inpatients first in 2017, and the pilot study was analysed with results obtained in 2018. One challenge was the different views from stakeholders on the assessment. Understanding and harmonizing inquiries from patients, providers, the press and policy-makers help to ensure smooth implementation and extend the research to other countries.

Following the presentations, Dr Vivian Lin facilitated a panel discussion that included three Member States (Bhutan, China, Bangladesh), Dr Ken Taneda, Professor Sang-Il Lee and Dr Niek Klazinga. The Member States shared the current indicators used for quality monitoring; the experts shared what countries should consider in selecting quality indicators. Bhutan introduced their quality monitoring framework, which was refined to include 51 indicators presently. They highlighted the challenges of monitoring waiting time, referrals across facility types and trying to implement the quality management system at the provincial level. Bangladesh raised concerns about the data being collected, indicating that the health information architecture for antenatal care monitoring permits identification of perinatal deaths within seven days. In addition, indices such as caesarean sections are also being monitored comparatively across private and public hospitals.

On the part of the advisers, Mr Luca Lorenzoni from the OECD indicated that it was important to look at the available data first and those desired for collection, and then continue to build the support infrastructure and system. In addition, Dr Taneda, highlighted the importance of recruiting health

information management professionals and providing capacity-building in health information management for the workforce.

2.6 Group work 2 - Utilizing data for improvement

Through the group work and help desk session, countries discussed their data system and received advice on country-specific issues from temporary advisers. For instance, Thailand established their national cancer registry more than 10 years ago, and five-year survival data are available. Similarly, cancer data at the national level are reported and support formulation of an annual national statistical report. Sri Lanka stressed the need for an electronic data system with a unique identifier for each individual to reduce ambiguity of data. In Mongolia's case, each village and district hospital collects data, but they use their own way to collect and analyse data, not a unified statistical system.

During the help desk session, participants asked for advice on their current issues about quality and safety in their countries. Each country had an opportunity to discuss their agenda with two advisers of their choice for 30 minutes each. They discussed issues such as approaches to measure patient satisfaction; training for health providers, ways to investigate health-care-associated infection, consistency in data and management systems, and indicators for measuring equity.

2.7 Designing systems for quality improvement

Prior to designing their work plans for the next 6–12 months, the participants were asked to prioritize their work aims and areas using a matrix table. They considered both the impact and feasibility of the activities over the following six months. Through the group discussion with the temporary advisers, each country could establish project aims. Countries had different priorities and aims.

Participants also designed action plans for next 6 and 12 months. Based on the two days of discussion during the meeting, they listed priority actions both at facility and system levels. All countries presented their plan to the participants and had a brief discussion to plan together. A summary of the action plans of participating countries can be found in Annex 1.

2.8 Reflection and storytelling of activities in the first phase of PDSA cycle

On the third day, Dr Ogochukwu Chukwujekwu, Technical Officer, Integrated Service Delivery, opened the Second Collaborative Workshop on Accelerating Health-Care Quality and Safety Improvement in Transition Economy Member States warmly welcoming all participants. She also presented the agenda and objectives of the collaborative workshop and encouraged participants to actively engage in discussion.

At the first session, Dr Vivian Lin guided participants in the group work to review the progress and analyse the challenges faced with a river rafting story drawing. All countries have put in efforts to achieve their aims and action plans, with concrete plans for the next phase also. However, countries identified challenges and needed support from the first implementation period. Specifically:

Participants from Cambodia identified their challenges:

- capacity of human resources, including inability to provide proper services needed, poor communication skills with patients and/or colleagues, inadequate team work among the staff, and limited number of staff at health centres;
- limited number of outreach activities;
- insufficient equipment and supplies; and

- lack of budget for quality and safety improvement activities or meetings in targeted health centre.

Participants from China addressed challenges for their action plan:

- collection of baseline data to reduce the incidence rate of venous thromboembolism (VTE) in hospitals, as lack of reports or data about the prevalence of VTE was the reason that the team could not help conduct a retrospective study in 15 hospitals; and
- development of measurements for patient assessment, as they faced difficulty developing a survey form in the initial stage due to lack of standards related to patient surveys. In addition, low acceptance of the survey among doctors was also mentioned.

Participants from the Lao People's Democratic Republic recognized their needs:

- support for collaboration with provincial health-care centre
- comparison of national quality and safety indicators with WHO standards and further enhancement of the indicators

Participants from Mongolia found it challenging to establish national quality and safety standards and sought out expert advice:

- development of accreditation standards
- development of quality and safety indicators in various services such as surgery, laboratory and nursing

2.9 Refining the PDSA plan

Based on the discussion from the reflection session, participants revised their PDSA plans to improve implementation in the next phase. Professor Sang-Il Lee and Dr Kenichiro Taneda, as temporary advisers, helped the participants to refine their existing plans and immediate implementation steps by the end of the pilot period. Participants reordered and revised their work plans by learning from the past three months' experiences and challenges. Because of discussion and advisers' lead, countries were able to reach more feasible and specific action plans for next three-month phase. The plans made during the first collaborative workshop (green) and refined action plans during this second collaborative workshop (red) can be found in Annex 2.

2.10 Revisiting stakeholder analysis

At the session for stakeholder analysis, participants identified stakeholders who can support implementation of their action plan and their expected role by countries. Dr Sally Fawkes led a session about stakeholder analysis focusing on *who* can support countries' work, especially on quality and safety improvement. She reflected on some concepts covered in the first collaborative workshop such as leadership and network, where she had introduced various kinds of leadership styles (authoritative, coaching, democratic, affiliative, pace-setting and commanding) and different definitions of network by management studies.

This time, Dr Fawkes concentrated on stakeholders and their roles. During the group work followed by her presentation, participants recognized 1) who facilitated and supported change throughout the process, 2) who needed convincing for the plan implementation, 3) how stakeholders help in the second phase of the PDSA cycle, and 4) what new stakeholders need to be considered.

Most countries emphasized collaboration with international and bilateral donor organizations, such as WHO, World Bank, GIZ and the United States Agency for International Development (USAID), as

having higher influence and interest on their national action plan. Also, international nongovernmental organizations who work in health were identified as important.

3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

Improving health-care quality and patient safety is core to achieving UHC. However, countries face challenges in strengthening their systems and infrastructure for better-quality health services. Through this meeting, countries can not only share their challenges, but also have the opportunity to learn from each other. In addition, by designing annual action plans for improving quality and safety, participants affirmed overall efforts to advance UHC, through more equitable access to people-centred health services of adequate quality without undue financial hardship.

Participants recognized that:

- Consistent financial support for quality improvement is necessary.
- Selecting indicators for quality and safety and establishing concrete data management systems are essential to collect and analyse data for improvement.
- More effort is required to establish cultural understanding both among providers and patients/community for quality and safety.
- Patient engagement and participation in quality improvement is essential for better health-care services.

Participants also agreed to actively engage in further steps, including data collection and implementing action plans. Priority actions identified at the facility level included clinical monitoring, patient experience investigation, quality improvement capacity plan review and staff training. Priority actions at the system level included continuing professional development, incentive system induction, national plan revision and cost-effectiveness study of services.

For the second collaborative workshop on health-care quality and safety improvement, countries faced challenges while implementing the six-month PDSA plans that they had compiled during the first collaborative workshop in September 2018. They indicated that support was needed in the future phase, specifically:

- limited resources including finance, infrastructure and human resources for quality and safety improvement in targeted health centre
- low acceptance by doctors for developing measurements for patient assessment
- needed support for comparison between current national indicators and WHO standards for benchmarking
- need for expert advice on accreditation standard development as well as indicator development in various services.

Participants refined their existing plans for better implementation during the next three-month period. They analysed stakeholders who can support their action plan, and established a feasible and detailed plan based on the temporary advisers' guidance. With the same aims that the participants had set during the first collaborative workshop, each country planned concrete activities and numerical targets to reach by March 2019, to be assessed during the third collaborative workshop.

3.2 Recommendations

3.2.1 Recommendations for Member States

Based on the proceedings of the two meetings, Member States were encouraged to consider the following:

- 1) Collect, collate and share examples of good practice in health-care quality and safety, showcasing actions at system and facility level.
- 2) Take action to strengthen national quality and safety as part of UHC, based on principles of primary health care and equitable, integrated, people-centred services.
- 3) Work towards improving monitoring of health quality as part of UHC monitoring.
- 4) Discuss with national quality and safety collaborative networks the refined PDSA plans and designate roles and responsibilities.
- 5) Report back on the progress and share learnings at the third workshop to be held in March 2019.

3.2.2 Recommendations for WHO

WHO was requested to consider the following:

- 1) Facilitate the collection and dissemination of regional and country experiences and implementation of good practices on improving health-care quality and safety.
- 2) Undertake policy analysis, convene policy dialogue and provide technical advice on improving health-care quality and safety.
- 3) Support Member States to continue implementation of their refined PDSA plans at the country level.

ANNEXES

Annex 1. Summary of priority actions by country

Australia		
	Facility level	System level
6 months		<ul style="list-style-type: none"> • Australian Health Performance Framework (AHPF) – scoping and establishment (Australian Institute of Health and Welfare, health department, Council of Australian Governments Health Council, Australian Commission on Safety and Quality in Health Care) • Hospital redevelopment – National Integrated Health Services Information
12 months		<ul style="list-style-type: none"> • AHPF reporting • New hospitals performance reporting platform in place • Clinical quality reporting (CQR) strategy in place
Bangladesh		
	Facility level	System level
6 months	<ul style="list-style-type: none"> • Upgrading community centres by deploying skilled workforce (multipurpose community volunteers, or MCVs) should come into action • Ensuring right uses of allocations in noncommunicable diseases (NCDs) and other skills • Logistics/sanitation 	<ul style="list-style-type: none"> • Revision of health nutrition and population strategic investment plan (safety and quality; due 2019) • Revision of standards treatment guideline with standard operating procedure (SOP) in line with the essential service package (ESP)
12 months	<ul style="list-style-type: none"> • Infection prevention and control (IPC) • Training of staff on quality improvement and patient safety • Piloting patient experience survey 	<ul style="list-style-type: none"> • Ensuring accountability of private hospital regarding quality and reporting • Individual recording system (scaling up) • Orientation of 6000 newly recruited doctors on quality of care • Initiating implementation of accreditation of health facilities, building on health systems strengthening initiatives
Bhutan		
	Facility level	System level
6 months	<ul style="list-style-type: none"> • Set up quality assurance (QA) unit until BHU-I • Develop terms of reference (TOR) for quality manager and QA unit • Develop SOP in critical areas 	<ul style="list-style-type: none"> • Review key performance indicators (KPIs) at national level • Review KPIs at facility level • Seek approval from higher authority to set up QA unit
12 months	<ul style="list-style-type: none"> • Initiate implementation of revised indicators • Initiate quality improvement activities 	<ul style="list-style-type: none"> • Finalization of KPIs at both levels • Formation of National Quality Committee (NQC) for Health Care • Draft TOR for NQC • Draft strategic document on health-care quality • Country linkage for clinical governance

Cambodia		
	Facility level	System level
6 months	<ul style="list-style-type: none"> Strengthening knowledge, skills of health centre staff on use of clinical vignette through in-site coaching Training of trainers (ToT) for health centre staff on water, sanitation and hygiene (WASH)/IPC/hygiene Improve quality of essential services package 	<ul style="list-style-type: none"> Expand essential services at the target health centres Increase utilization of services at health centres by family, individuals and community
12 months	<ul style="list-style-type: none"> Improve health centre leadership and management 	<ul style="list-style-type: none"> Support implementation of national policy through initiative indicators
China		
	Facility level	System level
6 months	<ul style="list-style-type: none"> Continuous improvement on medical service Promote pre-registration Volunteer social worker, multidisciplinary teams (MDT) 	<ul style="list-style-type: none"> Set up the high-level regional medical centres Improve the level of technologies in medical services such as telemedicine and AI-aided medicine
12 months	<ul style="list-style-type: none"> Promote day service 	<ul style="list-style-type: none"> Continue to improve integrated health system and referral system Emphasize humanity; concerns towards patients
Lao People's Democratic Republic		
	Facility level	System level
6 months	<ul style="list-style-type: none"> Indicator at facility level Data analysis 	<ul style="list-style-type: none"> Hospital performance
12 months	<ul style="list-style-type: none"> Problem diagnosis Solve the problems (by priority) 	<ul style="list-style-type: none"> National indicators Awards (Champa awards)
Mongolia		
	Facility level	System level
6 months	<ul style="list-style-type: none"> Quality improvement (QI) and hospital accreditation indicators (HAIs) to improve <ul style="list-style-type: none"> continue discussion in <i>aimag</i> level of information systems (IS) pilot IS in rural areas at all levels of health facilities Improve capacity of human resources (HR) <ul style="list-style-type: none"> send training needs send comments/ideas about patient safety and quality standards to the Ministry of Health and Centre for Health Development 	<ul style="list-style-type: none"> QI and HAIs to improve <ul style="list-style-type: none"> study international IS invite international consultant organize meeting and discussion at national level pilot IS finish and approve IS Improve capacity of HR <ul style="list-style-type: none"> conduct survey training needs develop two types of handouts select national trainers of training organize quality ToT training develop monitoring and evaluation (M&E) methodology and build team monitor and evaluate quality training output
12 months	<ul style="list-style-type: none"> QIs and HAIs to improve <ul style="list-style-type: none"> conduct training about approved IS in facility level implement new IS and start to collect quality improvement information Improve capacity of HR <ul style="list-style-type: none"> organize quality training in all <i>aimag</i> 	<ul style="list-style-type: none"> Change patient and medical staff's satisfaction methodology and quality and safety <ul style="list-style-type: none"> pilot new quality and safety standards (QS) finish and approve QS

	<ul style="list-style-type: none"> • Change patient and medical staff's satisfaction methodology and quality and safety - collect and analyse new QS of satisfaction 	
New Zealand		
	Facility level	System level
6 months	<ul style="list-style-type: none"> • Equity as a part of quality - develop locally relevant framework - approve action plan: testing and implementation • Embed clinical governance framework - strengthen committees and clinician-manager partnership - priority-setting approach for services (what should work on first?) 	<ul style="list-style-type: none"> • Relationship with national bodies and primary care
12 months	<ul style="list-style-type: none"> • Review QI capability plan - outcomes at two years - planning next step • Leadership development plan • Lead team through structural change 	<ul style="list-style-type: none"> • Relationship with national bodies and primary care
Philippines		
	Facility level	System level
6 months	<ul style="list-style-type: none"> • Improve the filling up of death certificates in health facility 	<ul style="list-style-type: none"> • Enhancement of the statistical report of hospitals (including more quality indicators) • Finalization of the hospital score card including private hospitals
12 months		<ul style="list-style-type: none"> • Proof of concept for CQI programme implementation in local government hospitals • Implementation of the complete Integrated Hospital Operations Management Information System (IHOMIS) to include the electronic medical record • Initial implementation of the application for licence to operate system • Approval of supporting policies: National Framework for Quality, CQI, people-centred facilities, patient safety etc.
Republic of Korea		
	Facility level	System level
6 months	<ul style="list-style-type: none"> • Reviewed the standards or guidelines in hospitals • Reviewed the results of patient experience survey (PE) 	<ul style="list-style-type: none"> • Analysed PE indicators in details
12 months	<ul style="list-style-type: none"> • Identified challenges by hospitals; pros and cons • Conducted QI activities 	<ul style="list-style-type: none"> • How to strengthen the survey; expanded to smaller hospitals; and improved response rate (mobile, web-based)
Sri Lanka		
	Facility level	System level
6 months	<ul style="list-style-type: none"> • Further strengthening of existing quality 	<ul style="list-style-type: none"> • Organizing national health-care

	<p>management units (QMUs) at the health institution level; institutionalizing HR</p> <ul style="list-style-type: none"> • Review and revision of general quality and clinical indicators • Expansion of quality and safety programme to primary care level (World Bank and Asian Development Bank project) • Reparation of national action plan on preventing medication errors (WHO biennium programme) 	<p>excellence competition</p> <ul style="list-style-type: none"> • Establishing a national forum on identifying and presenting best practices/benchmark activities in quality and safety
12 months	<ul style="list-style-type: none"> • Implementation of continuing professional development programme in collaboration with relevant stakeholders • Strengthening of the directorate of health care, quality and safety; assigning areas of quality and safety within the directorate • Review, revision and enabling practical implementation of clinical guidelines, protocols, manuals and SOPs 	<ul style="list-style-type: none"> • Strengthening analytical capacity using information technology • Establishing Sri Lankan Council on Healthcare Standards (SLCHS) for accreditation
Thailand		
	Facility level	System level
6 months	<ul style="list-style-type: none"> • Clinical monitor: set registry in trauma, cancer, acute myocardial infarction (AMI) and stroke • Risk registry 	<ul style="list-style-type: none"> • Assess the possibility of using the trauma registry with hospital accreditation • Expand hospitals that participate in the National Reporting and Learning System (NRLS)
12 months	<ul style="list-style-type: none"> • Integrated quality improvement in medical education and training • Patient experience, specifically AMI and Cancer 	<ul style="list-style-type: none"> • Increase patient engagement and participation in quality improvement • Design a study on economic impacts of adverse event on health-care expenditure • Coordinate with teaching hospitals in integrating the concept of quality improvement in the medical education
Timor-Leste		
	Facility level	System level
6 months	<ul style="list-style-type: none"> • Maternal death review (register) • Death case review • Warning report 	<ul style="list-style-type: none"> • Assess the possibility of using the trauma registry with hospital accreditation • Expand hospitals that participate in the National Reporting and Learning System (NRLS)
12 months	<ul style="list-style-type: none"> • Risk management M&E in place • Department audit 	<ul style="list-style-type: none"> • Increase patient engagement and participation in QI • Design a study on economic impacts of adverse event on health-care expenditure • Coordinate with teaching hospitals in integrating the concept of QI in medical education

Annex 2. Summary of existing and refined action plan by country

Cambodia - Initial	
Aim	To improve infection prevention and control (IPC) and medical waste disposal in primary health care facilities.
Achievement goal by March 2019	80% of 42 health centres (HCs) in three provinces (Kampong Speu, Kompot, Kampong Thom) will have handwashing facilities, clean water, medical waste containers and proper labelling.
Key milestones	<ol style="list-style-type: none"> 1. Conduct training on IPC for HC focal point 2. Develop action plan for each HC 3. Implement action plan 4. Conduct assessment of achievement
Activities	<ol style="list-style-type: none"> 1. National network meeting to discuss the plan 2. Consultative meeting with stakeholders 3. Conduct training on IPC for HC focal point 4. Develop action plan for quality improvement in HCs 5. Implement action plan 6. Conduct assessment of achievement

Cambodia - Revised	
Aim	To support HCs to improve quality of services and expand service coverage (NCD), increase services at HCs and improve community engagement (<i>increase</i> the utilization).
Achievement goal by March 2019	80% of 42 health centres in three provinces (Kampong Speu, Kompot, Kampong Thom) will have achieved the following: <ol style="list-style-type: none"> I. Improve quality of essential service package and function of selected HCs to expand service coverage II. Expand essential service packages at selected HCs III. Increase individual, family and community engagement for health protection and health promotion at selected villages
Key milestones	<ol style="list-style-type: none"> I. Improve quality of essential service package and function of selected HCs to expand service coverage <ol style="list-style-type: none"> I.1 Improve supervision and monitoring at subnational level to improve skills upgrade coaching of HC staff <ol style="list-style-type: none"> I.1.1 Strengthen knowledge and skill of HC staff for the use of clinical vignettes through on-site coaching I.1.2. ToT training for HC staff on i) simulation patient flow and referral system and ii) WASH/IPC I.1.3. Integrate supervision with other activities including IPC, NCD, and identify priority for on-site coaching I.2 Improve HC leadership and management, including integrated supervision <ol style="list-style-type: none"> I.2.1. Monthly meeting with HC staff to review and monitor implementation plan and actions I.2.2. Organize regular health care management committee (HCMC) meeting every two months I.2.3. Organize regular village health group (VHSG) meeting every two months II. Expand essential service packages at selected HCs III. Increase individual, family and community engagement for health protection and health promotion at selected villages
Activities	<ol style="list-style-type: none"> I. Improve quality of essential service package and function of selected HCs to expand service coverage <ol style="list-style-type: none"> I.1 Improve supervision and monitoring at subnational level to improve skills upgrade coaching of HC staff <ol style="list-style-type: none"> I.1.1. Strengthen knowledge and skill of HC staff for the use of clinical vignettes through on-site coaching I.1.2. ToT training for HC staff on i) simulation patient flow and referral system and ii) WASH/IPC I.1.3. Integrate supervision with other activities including IPC, NCD, and identify priority for on-site coaching I.2 Improve HC leadership and management, including integrated supervision <ol style="list-style-type: none"> I.2.1. Monthly meeting with HC staff to review and monitor implementation plan and actions I.2.2. Organize regular health care management committee (HCMC) meeting every two months I.2.3. Organize regular village health group (VHSG) meeting every two months II. Expand essential service packages at selected HCs III. Increase individual, family and community engagement for health protection and health promotion at selected villages

	<p>I.2.4. Collect data from 2017 HC report and set baseline and target</p> <p>I.2.5. HC midwives attend the quarterly midwifery coordination alliance team (MCAT) meeting at operational district health office (OD)</p> <p>I.2.6. HC staff complete partograph properly</p> <p>I.3 Strengthen infection control, hygiene and medical waste disposal</p> <p>I.3.1. Conduct training on IPC, WASH, health care waste (HCW) to HC focal point</p> <p>II. Expand essential service packages at selected HCs</p> <p>II.1. Provide NCD training focusing on risk factors of cardiovascular disease treatment and counselling of hypertension and diabetes</p> <p>II.2. Screen population with high risks of hypertension and diabetes among population aged 40 and more</p> <p>II.3. Provide NCD services for patient with hypertension and diabetes including counselling and referral to referral hospital (RH)</p> <p>III. Increase individual, family and community engagement for health protection and health promotion at selected villages</p> <p>III.1. Develop, print and disseminate community health literacy handbook to communities</p> <p>III.2. Organize workshop and training to HCMC including a focal person of commune committee for women and children (CCWC) on community health literacy handbook</p> <p>III.3. Conduct health awareness on selected health promotion topics to village chiefs, VHSGs and other community groups at selected communities</p> <p>III.4. Install suggestion box at HC and introduce its function, benefits and process</p> <p>III.5. Prepare suggestion questionnaire, process and its benefit</p>
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China (1) - Initial	
Aim	Standardized measurement process (SOP) for patient assessment
Achievement goal by March 2019	-
Key milestones	<ol style="list-style-type: none"> 1. Set up measurement indicators and system (initial) 2. Pilot hospitals and evaluation 3. Guideline for implementation at a larger scale 4. Finalize the SOP and the measurement indicators
Activities	<ol style="list-style-type: none"> 1. National network meeting to discuss the plan 2. Initial experts analysis and measurement and confirm participating pilot hospitals 3. Implementation at participating hospitals 4. Further evaluation and refresh SOP 5. Implementation at a larger scale 6. Final stage evaluation and SOP nationwide

China (1) - Revised	
Aim	To develop patient assessment procedures (focused on psychological/economical/social factors)
Achievement goal by March 2019	<ol style="list-style-type: none"> I. Develop simplified patient assessment form for general patients (in progress) II. Develop consultation flow chart that incorporates patient assessment questions into routine consultation III. Develop SOP
Key milestones	<ol style="list-style-type: none"> 1. Statistically analyse the validity of the simplified patient assessment form for general patients, by comparing with GAD-7 table and PHQ-9 table 2. Find out the acceptance level amongst physicians regarding the implementation

	of the consultation flow chart
Activities	<ol style="list-style-type: none"> 1. Recruiting 30–40 hospitals to participate in the project 2. Design statistical study plan 3. Roll out the simplified patient assessment form in 30–40 hospitals (200 patients/hospital), total expected sample size of 6000–8000 patients 4. Statistical analysis 5. If statistically proven that the simplified form is not compatible with international standards, modify the form and repeat step 2–4 6. If statistically proven to be compatible, develop a consultation flow chart that incorporates the simplified patient assessment questions into routine consultation to further simplify the process 7. Roll out the consultation flow chart throughout all departments in the 30 40 hospitals (include inpatient, outpatient, emergency room) 8. Write SOP, prepare training materials including presentations and videos

China (2) - Initial	
Aim	Reduce incident rate of venous thromboembolism (VTE) in hospitals
Achievement goal by March 2019	Reduce incident rate by 10%.
Key milestones	<ol style="list-style-type: none"> 1. Set up standards for measurement indicators 2. Set up standards for assessment process 3. Medical staff training: handbooks and courses 4. Educational resources made available to improve patients' health literacy
Activities	<ol style="list-style-type: none"> 1. Understand current situation 2. Set up goal 3. Analysis 4. Set up response policies and action points 5. Implementation 6. Outcome, evaluation and further areas for improvement

China (2) Revised	
Aim	Reduce incident rate of VTE in hospitals
Achievement goal by March 2019	<ol style="list-style-type: none"> I. Increase assessment rate to 50% II. Increase VTE prevention rate in high-risk patients by 10% III. Reduce incident rate by 10% (three-year target)
Key milestones	<ol style="list-style-type: none"> 1. Set up standards for measurement indicators 2. Set up standards for assessment process; standards of hierarchical prevention 3. Medical staff training: handbooks and courses; patient participation and informed consent 4. Educational recourses made available to improve patients compliance
Activities	<ol style="list-style-type: none"> 1. VTE risk assessment; patient and staff training 2. Prevention in high-risk patients 3. Retrospective study 4. Analysis and evaluation 5. Further improvement plan 6. National VTE prevention and treatment promotion plan 7. Reduce incident rate by 10% (three-year target)

Lao People's Democratic Republic - Initial	
Aim	To collect and analyse baseline data of health-care quality and patient safety in five provinces using national indicator of 5 – good and 1 – satisfied by the end of March 2019.

Achievement goal by March 2019	-
Key milestones	<ol style="list-style-type: none"> 1. National patient safety committee established 2. Final set of national indicator for quality and safety 3. Create pool of assessors 4. Agreement on collaboration with provinces
Activities	<ol style="list-style-type: none"> 1. National network meeting to discuss the plan 2. Decree from the Ministry of Health (TOR of members) 3. Organize meeting plan 4. Compare national indicator with WHO standard indicators 5. SOP/Manual of baseline survey 6. Training of the assessors 7. Collaboration with provincial health-care section

Lao People's Democratic Republic - Revised	
Aim	Identify the problems of health-care quality and patient safety
Achievement goal by March 2019	Collect and analyse baseline data of health-care quality and patient safety in five provinces using national indicator of 5 – good and 1 – satisfied by the end of March 2019.
Key milestones	<ol style="list-style-type: none"> 1. National patients safety committee established 2. Final set of national indicator for quality and safety 3. Create pool of assessors 4. Training of the assessors 5. Agreement on collaboration with provinces
Activities	<ol style="list-style-type: none"> 1. National network meeting to discuss the plan 2. Organize meeting plan 3. Decree from the Ministry of Health (TOR of members) 4. SOP/Manual of baseline survey 5. Training of the assessors 6. Collaboration with provincial health-care section 7. Collect and analyse data 8. Final meeting for solving the problems 9. Comparison national indicator with global standard indicators

Mongolia - Initial	
Aim	To have a set of quality and safety (Q&S) standards by March 2019 (Plan for 1) starting to develop Q&S standards, and 2) consulting and piloting of accreditation indicators)
Achievement goal by March 2019	<ol style="list-style-type: none"> 1. Draft Q&S standards 2. Consult on and pilot indicators of hospital accreditation
Key milestones	<ol style="list-style-type: none"> 1. Stakeholders' meeting 2. Workshops 3. Discussion and consultation 4. Pilot
Activities	<ol style="list-style-type: none"> 1. National network meeting to discuss the plan 2. Invite consultant from Australian Commission on Safety and Quality in Health Care (ACSQHC) 3. Discuss and consult on indicators of hospital accreditation 4. Discuss consult on hospital Q&S indicators 5. Set Q&S standards 6. Consult and pilot draft Q&S standards, indicators and accreditation indicators 7. Analyse pilots

	8. Start detailed implementation of “Health care Q&S strategy 2018-2022”
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Mongolia - Revised	
Aim	To have a set of Q&S standards by March 2019 (Plan for 1) starting to develop Q&S standards, and 2) consulting and piloting of accreditation indicators
Achievement goal by March 2019	I. Draft Q&S standards II. Consult on and pilot indicators of hospital accreditation
Key milestones	1. Stakeholders’ meeting 2. Workshops 3. Discussion and consultation 4. Pilot
Activities	1. National network meeting 2. Situational analyses on the current accreditation system 3. Pilot Q&S indicators in provincial and third-level hospitals 4. Create the picture of current system and future 5. Stakeholders’ meeting 6. Press conference for mass media (to provide information about the Seventh Meeting on Health-Care Quality Improvement in the Asia-Pacific Region) 7. Training for health workers 8. Develop Q&S standards 9. Conduct survey of patients satisfaction

Annex 3. List of participants, temporary advisers, observers, and Secretariat

PART I. SEVENTH MEETING ON HEALTH-CARE QUALITY AND IMPROVEMENT IN THE ASIA-PACIFIC REGION, 10–11 December 2018

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Annex 4. Programme of the meeting

Time	Day 1 – Monday 10 December 2018	Time	Day 2 – Tuesday 11 December 2018
8:45-9:00	Registration	8:30-10:00	5. Indicators for monitoring and benchmarking for quality <ul style="list-style-type: none"> ▪ Monitoring quality from UHC and SDG indicators – WPRO Mobility break <ul style="list-style-type: none"> ▪ Primary care indicators – Thailand ▪ Patient experience indicators –Korea Panel discussion – what quality indicators are important for our Member States (Facilitator: Vivian Lin. Panel Members: Bhutan, New Zealand, Ken Taneda, Sing Il Lee, Valeria De Oliveira Cruz, Niek Klazinga)
9:00-10:00	1. Opening and welcome address <ul style="list-style-type: none"> ▪ Opening remarks – RD speech – OECD Korea Policy Centre ▪ Meeting objectives and administrative announcement ▪ Improving health care quality and safety to achieve UHC – Vivian Lin ▪ Nomination of Chair and co-chair ▪ Launching of Health at a Glance Asia Pacific 2018 – Luca Lorenzoni, one country participant ▪ Group photo 		
10:00-10:30	Morning tea	10:00-10:30	Morning tea
10:30-12:00	2. Systems for improving healthcare quality Panel discussions on challenges and current efforts (Facilitator: Valeria de Oliveira Cruz. Panellists: Cambodia, Bangladesh, Lao PDR, Timor-Leste) <ul style="list-style-type: none"> ▪ Delivering quality health services – Sham Syed, WHO HQ Mobility break <ul style="list-style-type: none"> ▪ Securing national systems for quality and safety in the Western Pacific ▪ Initiatives on improving quality in the South-East Asia region ▪ The work of OECD – Niek Klazinga 	10:30-11:30	6. Group work - Utilizing data for improvement - identifying data source, method, information infrastructure - Monitoring and benchmarking - Taking action on the data
		11:30-12:30	7. Help Desk <ul style="list-style-type: none"> ▪ Country-country meetings ▪ Country-expert meetings
12:00-13:00	Lunch	12:30-13:30	Lunch
13:00-15:00	3. Group Work Identifying challenges and gaps at facility and system levels using the questions from 'Evaluating quality strategies in Asia-Pacific countries 2015 – Luca Lorenzoni	13:30-15:00	8. Designing systems for quality improvement Group work - priority actions for the next one year - reporting back
15:00-15:30	Afternoon tea	15:00-15:30	Afternoon tea
15:30-17:00	4. Quality improvement approaches and good practices <ul style="list-style-type: none"> ▪ Regulating for quality – Australia ▪ Financing levers for quality – India Mobility break <ul style="list-style-type: none"> ▪ Strengthening clinical governance – Sri Lanka ▪ Adverse event and safety monitoring system - TBC 	15:30-16:30	9. Closing Meeting conclusion and recommendations Closing remarks
17:30-18:30	Welcome reception		

Time	Day 3 - Wednesday 12 December 2018
08:30 – 08:45	Opening and welcome Introduction
08:45 – 10:30	Group work Facilitator: Vivian Lin, Temporary Advisor <ul style="list-style-type: none"> ▪ Reflection and storytelling of activities in the 1st phase of PDSA cycle (exercise: river rafting story) ▪ Reviewing progress ▪ Reporting back
10:30 – 10:45	Morning tea
10:45 – 12:00	Refining the PDSA plan Facilitator: Sang Il Lee, Temporary Advisor <ul style="list-style-type: none"> ▪ Studying and modifying plans
12:00– 13:00	Lunch
13:00 – 15:00	Revisiting stakeholder analysis Facilitator: Sally Fawkes, Temporary Advisor <ul style="list-style-type: none"> ▪ Who facilitated and supported change throughout the process? ▪ Who needed convincing? ▪ How will the stakeholders help in the 2nd phase of PDSA cycle?
15:00 – 15:15	Afternoon tea
15:15- 16:15	PDSA Plans Facilitator: Ken Taneda, Temporary Advisor <ul style="list-style-type: none"> ▪ Plans for the next 3 months ▪ Reporting back
16:15 – 16:30	Closing

Annex 5. Opening remarks of Dr Shin Young-soo, WHO Regional Director for the Western Pacific

Good morning ladies and gentlemen:

1. I am very pleased to welcome you all to the Seventh Meeting on Health-Care Quality Improvement in the Asia-Pacific.
2. Dr Shin Young-soo, WHO Regional Director for the Western Pacific, regrets not being able to join us due to previous commitments. He has asked me to send his regards and deliver these words.
3. All people and communities, everywhere in the world, should have access to safe and high-quality health services – promotive, preventive, curative, rehabilitative or palliative – without facing financial hardship. This is the vision of universal health coverage.
4. WHO's regional action framework Universal Health Coverage: Moving Towards Better Health recognizes quality as one of five core health system attributes that need to be strengthened to accelerate progress towards UHC and to realize the vision of the 2030 Agenda for Sustainable Development.
5. While efforts to achieve UHC have focused on expanding coverage of essential health services and financial protection, health outcomes would remain poor if services were unsafe or of low quality.
6. Every year, millions of patients die or are injured because of unsafe health care. However, most incidents related to medication errors or health-care-associated infections are preventable.
7. Ensuring patient safety is the first step, but preventing harm is not enough. High-quality care should be safe, effective, efficient, timely, integrated, equitable and people-centered.
8. Quality does not come easily or automatically. Quality must be built into the foundations of the health system. It is a product of continuous and complex interventions at the facility and health system levels.
9. We need to invest in the care environment and the workforce. Proven interventions and practices need to be put into effect. These include infection prevention and control, treatment protocols, checklists, education, reporting and feedback, performance benchmarking and facility accreditation.
10. Member States in the Asia-Pacific Region are making efforts to improve and institutionalize a culture of quality and safety across their health systems.
11. Every year, a joint meeting is organized with Organisation for Economic Co-operation, the OECD Korea Policy Centre and the WHO Regional Office for South-East Asia to support our Member States to share experiences and good practices on strengthening systems and capacity in countries to integrate quality measurement into UHC monitoring and benchmarking for improvement.
12. Although such data collection is a challenge for many Member States, the joint meetings have provided a valuable opportunity for Member States to discuss what is feasible and practical for the Asia-Pacific Region.

13. As always, WHO together with our partners stands ready to support our Member States to achieve universal health coverage, good health and well-being for all. We hope this meeting will contribute towards continuous quality improvement for better health outcomes in countries as part of their progress towards UHC.
14. Thank you for your active participation, and I wish you all a fruitful workshop.
15. Thank you.

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