

Integrated Management of Childhood Illness

Intercountry Meeting on Improving Paediatric Hospital Care Lessons Learned

Yerevan, Republic of Armenia
19–21 October 2010

Executive Summary

The WHO Regional Office for Europe has been promoting a broad process for improving paediatric hospital care. Better quality of care (QoC) in paediatric hospitals aims at delivering health services to children consistent with best evidence. WHO has developed, both at global and regional levels, a strategic framework, clinical guidelines and assessment and training tools on strengthening child health services in first level hospitals. Based on these documents, countries have developed their national policies, strategic planning and capacity building for the health workforce.

Over the last years, many countries have re-visited the impact of health systems on health. The WHO European Ministerial Conference on Health Systems – Health Systems, Health and Wealth (Tallinn, June 2008) – focused on evidence indicating that the performance of health systems is critical to the health and well-being of the people whom they serve.

Based on this assessment, an Inter country Meeting on Improving Hospital Child Care was held in Yerevan, Armenia, on 19–21 October 2010, organized by the Regional Office, in collaboration with the Ministry of Health of Armenia, Regional office of the United Nations Children's Fund (UNICEF), and European Paediatric Association/Union of National European Paediatric Societies and Associations (EPA/UNEPSA). The objective was to identify and recommend further improvements in paediatric hospital care within a health system framework, with particular emphasis on strengthening child patients' rights in a health care context.

Participants included focal points from twelve European Member States, supported by WHO headquarters (WHO-HQ), the Regional Office and WHO European country offices, United Nations (United Nations) agencies, and international- and partner organizations .

The meeting participants recognized that a number of systematic assessments conducted in central and eastern Europe (CEE)/Community of Independent States (CIS) countries showed that QoC in childcare, both at primary and hospital levels, to be poor or suboptimal. Where high coverage is through primary and hospital care services, such as in CEE/CIS, improving QoC is key for reducing maternal, newborn and child morbidity and mortality.

Participants agreed that, to improve paediatric hospital care, the various partners – Member States, WHO, UNICEF and others should be ready to contribute in their areas of expertise. Each country, according to quality care assessment and health systems and institutional reform context, should identify the best combination of policies and actions, and put in place to ensure quality of care for all children. Best practices believed to improve the quality of maternal and childcare should be

evaluated and, if confirmed, disseminated to all health facilities. Partners that can provide support, leadership and professional expertise in implementing guidelines to improve QoC that meet the particular needs of their child population should be identified.

In-depth group discussions facilitated a formulation of different strategies related to i) prioritizing quality improvement methods through standard-based systematic assessments, supportive supervision and peer review; ii) introducing performance-based incentives and child focused criteria for accreditation and licensing of health facilities; iii) strengthening capacity of professional associations; iv) incorporating WHO guidelines for paediatric care and evidence-based medicine (EBM) methodology to guidelines and protocols for both pre-service curricula and Continuous Medical Education (CME).

Conclusions and recommendations

The participants of the *First Intercountry Meeting on Hospital Care for Children* recognize that:

1. Quality care for children means the delivery of safe, effective, equitable and mother and child *friendly* interventions to ensure the best possible health outcomes for all children.
2. Health management policy-makers and health professionals should consider quality medical care an ethical imperative. For mothers and children, quality of care is a basic right.
 - QoC for children, both at primary and hospital levels, has proven, during several assessments in CEE/CIS countries, to be poor or even suboptimal. Excessive or ineffective treatments, excessive hospitalization stays, poor implementation of existing guidelines are still common in many countries.
 - In countries with a high coverage at primary and hospital care levels, such as in CEE/CIS, QoC is a key issue in reducing maternal, newborn and child morbidity and mortality.
 - The lack of quality, besides putting at risk the health of mothers, newborns and children, results in wasting resources, with higher net costs both for the health system and households.
 - There are unacceptable differences (social status, gender and ethnicity) in the delivery of QoC, contributing to inequity in health outcomes.
 - The assessments also found examples of good and even excellent QoC, showing that providing safe, effective and child-friendly medical care is possible. Good management and professional competence can correct existing deficiencies in health system organization, hospital infrastructure and availability of basic equipment and essential drugs and supplies.
1. Assessments and evaluations show that the main obstacles to delivering safe effective and child friendly care are:
 - **Medical and post-diploma training curricula:** many health professionals do not have the scientific or methodological background to meet international standards in paediatric care, and are unable to continuously update their knowledge and skills, form a positive attitude to collaborative team work or attention or responsiveness to mothers' and children's needs.
 - **Incentive systems:** lack of such systems, both in health facilities and for individual professionals, undermines delivery of international standard quality care, resulting in a poor use of resources.

- **Certification and accreditation:** lack of, or an inadequate system not based on QoC criteria, will result in inadequate supplies of essential drugs and basic equipment, poor case management and care that is neither mother nor child friendly.
- **Poor remuneration of health professionals and low prestige of paediatricians:** these factors put at risk providers' independence vis-a-vis the pharmaceutical drug and vaccine industry, increasing the likelihood of informal payments and inappropriate medical interventions.
- WHO has developed a series of tools¹ as guides to evidence-based hospital care for children at all levels, assessment tools for QoC at hospital level, and software for distance learning (ICATT). WHO, UNICEF, with the assistance and support of other partners, provide technical support to assess and improve QoC in an increasing number of Member States.
- More and more countries are engaged in programmes of assessing and improving QoC for mothers, newborns and children. Preliminary results show these to be effective in raising the level of QoC as well as the knowledge and skills of health managers and staff, particularly when based on participatory peer-review assessments – such as those proposed by WHO – on quality improvement cycles and supportive supervision.
- **Existing gaps in quality of hospital care for newborns and children:** participants call upon MoHs to strengthen their stewardship role in assessing and improving QoC. Options to be considered in addressing gaps and obstacles for reaching this objective, along with the continuum of care for mother, newborn, child and adolescent care from community and primary health care to hospital and referral care, include:
 - prioritizing quality improvement methods based on supportive supervision and peer review standard-based systematic assessments, using WHO tools (assessment tool and “Beyond the Numbers” approaches for maternal health); other approaches should have been validated at the international level;
 - introduction of performance-based financial and non-financial incentives and child focused criteria for certification and accreditation of health facilities, as well as licensing/relicensing mechanisms of health providers;
 - building capacity of professional associations to develop and implement guidelines, local protocols, etc.;
 - empowering patients and patient associations, ensuring that patients' voices are heard by health managers and health providers, including patients' views on quality assessment and accreditation criteria;
 - incorporating WHO guidelines for paediatric care and EBM methodology to guideline and protocol development in both pre-service curricula and in CME, promoting ToTs to build capacity among faculty members and within professional organizations, introducing innovative training tools and methods, such as ICATT;
 - ensuring appropriate distribution of paediatric professionals across levels of care, including subspecialty care, as well as defining standards and ensuring an adequate supply of essential drugs and basic equipment to all levels of care;
 - eliminating the current fragmentation of referral paediatric care by subspecialty hospitals through comprehensive integrated hospital care for children's medical conditions;
 - ensuring access by all hospitals to new Information Technology;

¹ IMCI, Paediatric Hospital care Guidelines, relevant training manuals and teaching aids

- promoting a Child Rights-based approach to hospital care by introducing clear criteria, submitted to CRC and the *Charter for Children in Hospital* by EACH (European Association for Children in Hospital); and
- enhancing dissemination by the media to support changes in attitude among health professionals and users for appropriate and child friendly health services.

➤ **Recommended actions**

- Member States
 - each country, according to QoC assessment results of care provided to children, taking into account its health care systems and institutional reforms, should identify an optimal combination of policies and actions, among those mentioned above, to ensure good QoC for all children;
 - best practices for improving quality of mother, newborn and child care should be evaluated, disseminated, brought to scale and incorporated into current QoC development plans; and
 - co-opt partners able to provide support, leadership and professional expertise in the process of implementing guidelines and improving QoC, with emphasis on professional and patient associations.
- WHO and partners:
 - develop concepts, tools and provide supportive supervision;
 - carry out systematic assessments of quality of hospital care;
 - build national capacity in quality assessment and development of practice guidelines;
 - update pre- and in-service training, adopting innovative training methods;
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 - explore, with partners, how financial and non-financial incentives and accreditation mechanisms can be used to improve QoC;
 - verify whether child rights are incorporated into national hospital/health systems;
 - identify centres of excellence within the European Region to support dissemination of relevant materials, such as systematic reviews and updates; and
 - continue supporting dissemination of best practices.
 - Strengthening collaboration with European institutions, in particular the CoE, will facilitate developing synergies in policies and actions aimed at improving QoC in Member States.
 - Professional associations: National Paediatric Associations, EPA/UNEPSA and (International Paediatric Association) IPA:
 - provide technical support, model training courses, and include topics related to QoC at meetings and congresses;
 - promote ‘twinning’ programs, information exchange, professional networking and international benchmarking on quality of referral care by subspecialties; and
 - provide support for development and dissemination of guidelines in specific areas of paediatric care, building on experiences in paediatric neurology, in collaboration with the European Society of Paediatric Neurology.