

Overview of Paediatric Standards of Care

Maintaining Quality Paediatric Health Services during the COVID-19 Outbreak in the African Region.

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Outline

- Vision
- Paediatric quality of care framework
- Paediatric quality of care standards
 - scope
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 - application and use
- MNCH QoC Network



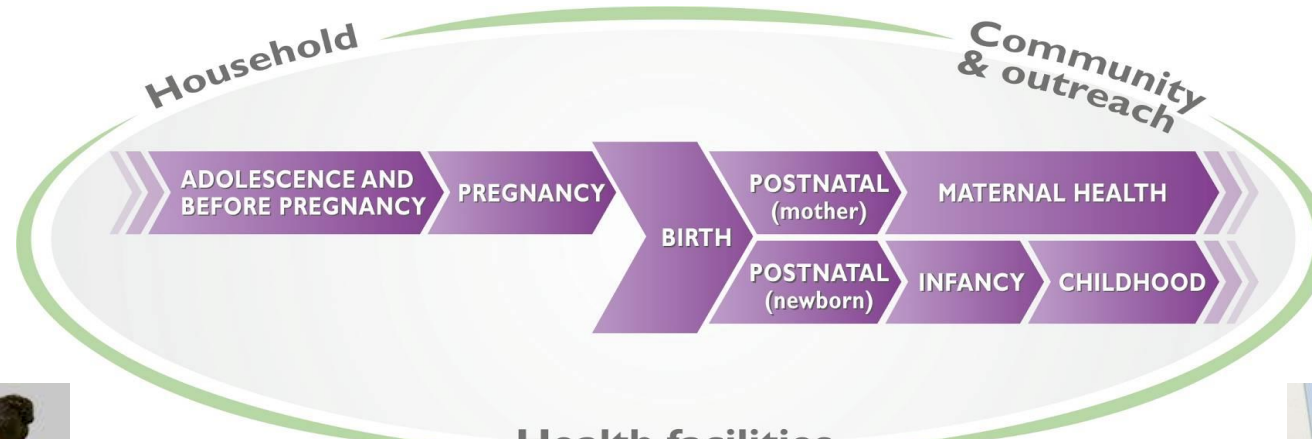
WHO vision

Efforts to achieve Universal Health Coverage are aimed to provide all women, newborns, children and adolescents access to quality health services

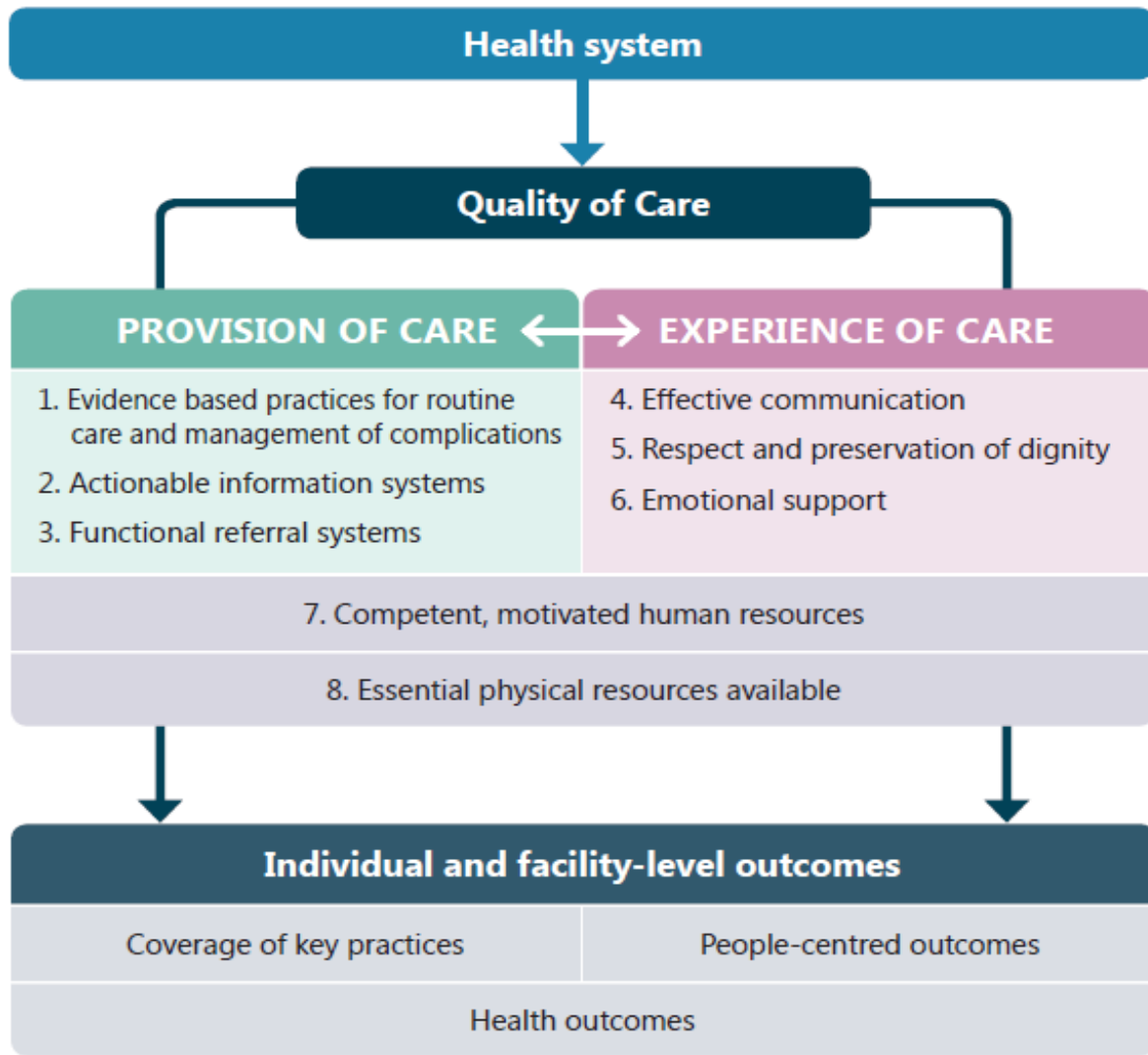
Every woman, newborn, child and adolescent receives quality health services throughout the continuum of their life course and care



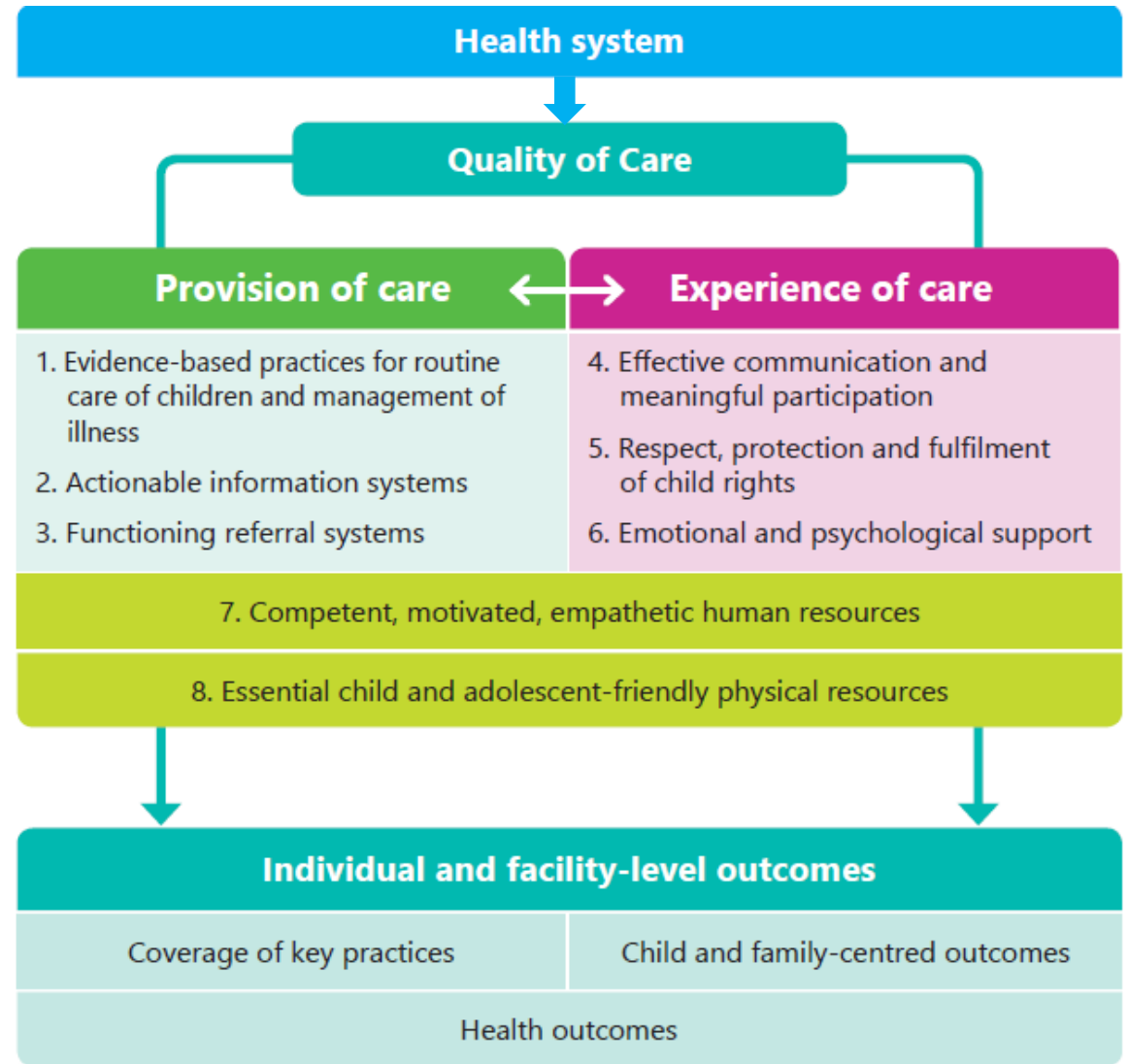
Continuum of Quality of Care



Paediatric quality of care framework

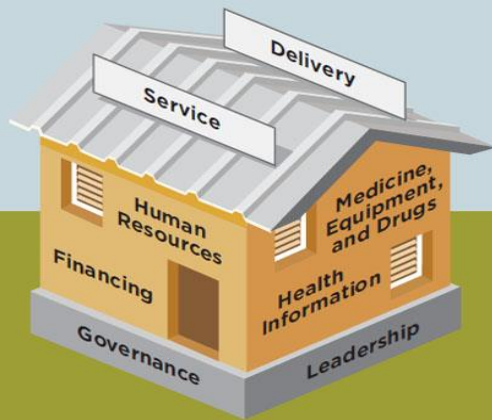


Quality of care framework



Paediatric quality of care framework

What is the scope of paediatric standards?



- Informed by the health system building blocks
- Cover care of children 0-14 years of age.
- Applicable to all health facilities offering child care services
- Prioritized areas to drive quality improvement
- Child-, adolescent- and family centred
- Address children's provision and experience of care





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

Structure of the standards

Eight standards: one per domain of the quality of care framework

Three or more quality statements per standard

Several input, output and outcome measures per quality statement

= 8

= 40

Provision of Care



Standard

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



Standard

2 The health information system ensures the collection, analysis and use of data to ensure early, appropriate action to improve the care of every child.



Standard

3 Every child with condition(s) that cannot be managed effectively with the available resources receives appropriate, timely referral, with seamless continuity of care.

Experience of care



Standard

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



Standard

5 Every child's rights are respected, protected and fulfilled at all times during care, without discrimination.



Standard

6 All children and their families are provided with educational, emotional and psychosocial support that is sensitive to their needs and strengthens their capability.

Health system resources



Standard

7 For every child, competent, motivated, empathic staff are consistently available to provide routine care and management of common childhood illnesses.



Standard

8 The health facility has an appropriate, child-friendly physical environment, with adequate water, sanitation, waste management, energy supply, medicines, medical supplies and equipment for routine care and management of common childhood illnesses.

Standards and quality statements



STANDARD 1.

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

Quality statement 1.1

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

Quality statement 1.2

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

Quality statement 1.3

All children with cough or difficult breathing are correctly assessed, classified and investigated and receive appropriate care and/or antibiotics for pneumonia, according to WHO guidelines.

Quality statement 1.4

All children with diarrhoea are correctly assessed and classified and receive appropriate rehydration and care, including continued feeding, according to WHO guidelines.

Quality statement 1.5

All children with fever are correctly assessed, classified and investigated and receive appropriate care according to WHO guidelines.

Quality statement 1.6

All infants and young children are assessed for growth, breastfeeding and nutrition, and their carers receive appropriate support and counselling, according to WHO guidelines.

Standard 1....

- Quality statement 1.7** All children at risk for acute malnutrition and anaemia are correctly assessed and classified and receive appropriate care according to WHO guidelines.
- Quality statement 1.8** All children at risk for tuberculosis (TB) and/or HIV infection are correctly assessed and investigated and receive appropriate management according to WHO guidelines.
- Quality statement 1.9** All children are assessed and checked for immunization status and receive appropriate vaccinations according to the guidelines of the WHO expanded programme on immunization.
- Quality statement 1.10** All children with chronic conditions receive appropriate care, and they and their families are sufficiently informed about their condition(s) and are supported to optimize their health, development and quality of life.
- Quality statement 1.11** All children are screened for evidence of maltreatment, including neglect and violence, and receive appropriate care.
- Quality statement 1.12** All children with surgical conditions are screened for surgical emergencies and injury and receive appropriate surgical care.
- Quality statement 1.13** All sick children, especially those who are most seriously ill, are adequately monitored, reassessed periodically and receive supportive care according to WHO guidelines.
- Quality statement 1.14** All children receive care with standard precautions to prevent health care-associated infections.
- Quality statement 1.15** All children are protected from unnecessary or harmful practices during their care.

Standards and quality statements



STANDARD 2.

The health information system ensures the collection, analysis and use of data to ensure early, appropriate action to improve the care of every child.

Quality statement 2.1

Every child has a complete, accurate, standardized, up-to-date medical record, which is accessible throughout their care, on discharge and on follow-up.

Quality statement 2.2

Every health facility has a functional mechanism for data collection, analysis and use as part of its activities for monitoring performance and quality improvement .

Quality statement 2.3

Every health facility has a mechanism for collecting, analysing and providing feedback on the services provided and the perception of children and their families on the care received.



Standard and quality statements



STANDARD 3.

Every child with condition(s) that cannot be managed effectively with the available resources receives appropriate, timely referral, with seamless continuity of care.

Quality statement 3.1

Every child who requires referral receives appropriate prereferral care, and the decision to refer is made without delay.

Quality statement 3.2

Every child who requires referral receives seamless, coordinated care and referral according to a plan that ensures timeliness.

Quality statement 3.3

For every child referred or counter-referred within or among health facilities, there is appropriate information exchange and feedback to relevant health care staff.

Standards and quality statements



STANDARD 4.

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

Quality statement 4.1

All children and their carers are given information about the child's illness and care effectively, so that they understand and cope with the condition and the necessary treatment.

Quality statement 4.2

All children and their carers experience coordinated care, with clear, accurate information exchange among relevant health and social care professionals and other staff.

Quality statement 4.3

All children and their carers are enabled to participate actively in the child's care, in decision-making, in exercising the right to informed consent and in making choices, in accordance with their evolving capacity.

Quality statement 4.4

All children and their carers receive appropriate counselling and health education, according to their capacity, about the current illness and promotion of the child's health and well-being.

Standards and quality statements



STANDARD 5.

Every child's rights are respected, protected and fulfilled at all times during care, without discrimination.

Quality statement 5.1

All children have the right to access health care services, with no discrimination of any kind.

Quality statement 5.2

All children and their carers are made aware of and given information about children's rights to health and health care.

Quality statement 5.3

All children and their carers are treated with respect and dignity, and their right to privacy and confidentiality is respected.

Quality statement 5.4

All children are protected from any violation of their human rights, physical or mental violence, injury, abuse, neglect or any other form of maltreatment.

Quality statement 5.5

All children have access to safe, adequate nutrition that is appropriate for both their age and their health condition during their care in a facility.

Standards and quality statements



STANDARD 6.

All children and their families are provided with educational, emotional and psychosocial support that is sensitive to their needs and strengthens their capability.

Quality statement 6.1

All children are allowed to be with their carers, and the role of carers is recognized and supported at all times during care, including rooming-in during the child's hospitalization.

Quality statement 6.2

All children and their families are given emotional support that is sensitive to their needs, with opportunities for play and learning that stimulate and strengthen their capability.

Quality statement 6.3

Every child is assessed routinely for pain or symptoms of distress and receives appropriate management according to WHO guidelines.

Standards and quality statements



STANDARD 7.

For every child, competent, motivated, empathic staff are consistently available to provide routine care and management of common childhood illnesses.

Quality statement 7.1

All children and their families have access at all times to sufficient health professionals and support staff for routine care and management of childhood illnesses.

Quality statement 7.2

Health professionals and support staff have the appropriate skills to fulfil the health, psychological, developmental, communication and cultural needs of children.

Quality statement 7.3

Every health facility has managerial leadership that collectively develops, implements and monitors appropriate policies and legal entitlements that foster an environment for continuous quality improvement.

Standards and quality statements



STANDARD 8.

The health facility has an appropriate, child-friendly physical environment, with adequate water, sanitation, waste management, energy supply, medicines, medical supplies and equipment for routine care and management of common childhood illnesses.

- Quality statement 8.1** Children are cared for in a well-maintained, safe, secure physical environment with an adequate energy supply and which is appropriately designed, furnished and decorated to meet their needs, preferences and developmental age.
- Quality statement 8.2** Child-friendly water, sanitation, hand hygiene and waste disposal facilities are easily accessible, functional, reliable, safe and sufficient to meet the needs of children, their carers and staff.
- Quality statement 8.3** Child-friendly, age-appropriate equipment designed to meet children's needs in medical care, learning, recreation and play are available at all times.
- Quality statement 8.4** Adequate stocks of child-friendly medicines and medical supplies are available for the routine care and management of acute and chronic childhood illnesses and conditions.

Application and use

- Guidance in the organization, planning and delivery of child health service in facilities.
- Preparing evidence-based national standards and protocols.
- Identification of components of care and resource inputs that are required.
- Tracking quality improvements and monitoring performance in care or service delivery.
- Providing a benchmark for national health facility assessments, audits, accreditation and performance reward.



What drives the Network

Vision

Every pregnant woman and newborn infant receives quality care throughout pregnancy, childbirth and the postnatal period, with equity and dignity



Goal

Reduce maternal and newborn deaths and stillbirths in participating health facilities by 50% over five years, and improve experience of care



Strategic Objectives



Leadership

LEADERSHIP: Build and strengthen national institutions and mechanisms for improving quality of care in the health sector



Action

ACTION: Accelerate and sustain implementation of quality of care improvements for mothers and newborns



Learning

LEARNING: Facilitate learning, share knowledge and generate evidence on quality of care



Accountability

ACCOUNTABILITY: Develop, strengthen and sustain institutions and mechanisms for accountability for quality of care



Theory of change

Vision

Every mother and newborn receives quality care throughout pregnancy, childbirth and postnatal period

Values

Quality, equity and dignity

Measure of success

Halving maternal and newborn deaths in health facilities in five years

Strategic objectives

- | | | | |
|---|---|--|---|
| <p>1 To build and strengthen national institutions and mechanisms for improving QoC in the health sector</p> | <p>2 To accelerate and sustain implementation of QoC improvements for mothers and newborns</p> | <p>3 To facilitate learning, share knowledge and generate evidence on QoC</p> | <p>4 To develop, strengthen, and sustain institutions and mechanisms for accountability on QoC</p> |
|---|---|--|---|

Outputs

- | | | | |
|--|--|--|---|
| <ul style="list-style-type: none"> ➤ National governance structure for QoC is established and functioning ➤ National operational plan for improving QoC in MNH services is developed, funded, monitored and regularly reviewed ➤ National advocacy and mobilization agenda for QoC is developed and implemented | <ul style="list-style-type: none"> ➤ WHO evidence-based standards of care for mothers and newborns are developed and adapted ➤ National package of improvement interventions is developed, adapted and implemented ➤ Clinical and managerial capabilities to support implementation of interventions are developed, strengthened, and sustained | <ul style="list-style-type: none"> ➤ Mechanism to share knowledge and support a learning network are developed and strengthened ➤ Data systems for QoC improvement are developed, strengthened and used ➤ Data and practice are analysed and synthesized to generate evidence-base on QoC improvement | <ul style="list-style-type: none"> ➤ National framework and mechanisms for accountability on QoC are established and functioning ➤ Monitoring and reporting framework for the programme is developed and implemented ➤ Impact of the global initiative on MNH quality of care is evaluated |
|--|--|--|---|

Implementation principles

Accountability, scalability, sustainability and participation

Implementation



Leveraging Existing Structures for Paediatric QoC Activities

- The **national TWG for MNH QoC** which can be made more inclusive and expanded to take up paediatric QoC
- Update **national MNH QoC roadmaps and operation plans** to include paediatric activities
- Expand the **facility QoC implementation packages** to include the paediatric QoC standards, ETAT and child death audit.
- Utilize the **same learning districts** for documentation for country scale-up
- Build on the established **QoC Point of Care structures** – QI teams, mentors, coaches and district quality improvement teams
- Use **lessons, experiences and innovative approaches** learnt to shape paediatric QoC learning and community platforms.
- Build and accommodate paediatric QoC indicators into **existing data systems**.

“Children are not small adults”

Thank You!

World Health Organization

The standards place children and adolescents at the centre of care by improving both the provision and patients' experience of health care. They are a critical component for strengthening health systems. They uphold children's right to health; the principle of the best interests of the child is the primary consideration throughout the health care services provided. Children and adolescents must receive the highest possible standard of care during health service delivery.

The standards are based on the eight domains of the framework for improving the quality of paediatric care and address the most common conditions that affect the quality of care of children and adolescents in health facilities.

STANDARDS FOR PAEDIATRIC CARE

Theme: Health system resources

Standard 8 The health facility has an appropriate, child-friendly physical environment, with adequate water, sanitation, waste management, energy supply, medicines, medical supplies and equipment for routine care and management of common childhood illnesses.

Standard 7 For every child, competent, motivated, empathic staff are consistently available to provide routine care and management of common childhood illnesses.

Theme: Provision of care

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

Standard 2 The health information system ensures the collection, analysis and use of data to ensure early, appropriate action to improve the care of every child.

Standard 3 Every child with condition(s) that cannot be managed effectively with the available resources receives appropriate, timely referral, with seamless continuity of care.

Theme: Experience of care

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

Standard 5 Every child's rights are respected, protected and fulfilled at all times during care, without discrimination.

Standard 6 All children and their families are provided with educational, emotional and psychosocial support that is sensitive to their needs and strengthens their capability.