Overview of Paediatric Standards of Care

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

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

World Health Organization



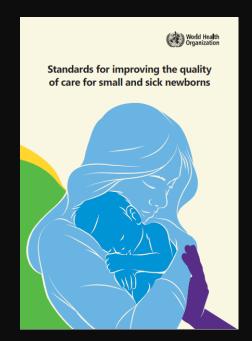
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Outline

- Vision
- Paediatric quality of care framework
- Paediatric quality of care standards
 - scope
 - structure
 - standards and measures
 - 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

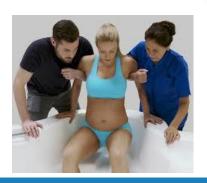


Continuum of Quality of Care











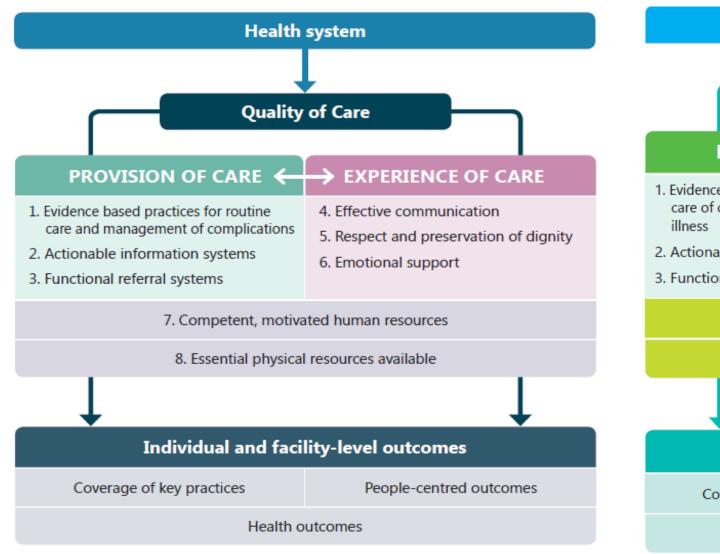








Paediatric quality of care framework

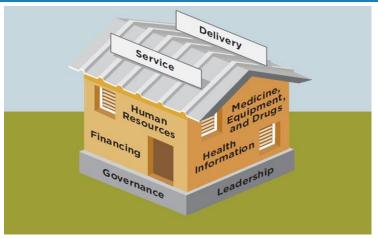


Health system Quality of Care Provision of care Experience of care 1. Evidence-based practices for routine 4. Effective communication and care of children and management of meaningful participation 5. Respect, protection and fulfilment 2. Actionable information systems of child rights 3. Functioning referral systems 6. Emotional and psychological support 7. Competent, motivated, empathetic human resources 8. Essential child and adolescent-friendly physical resources Individual and facility-level outcomes Coverage of key practices Child and family-centred outcomes Health outcomes

Paediatric quality of care framework

Quality of care framework

What is the scope of paediatric standards?





- 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





Structure of the standards

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

Three or more quality statements per standard

= 8



= 40

Several input, output and outcome measures per quality statement

Provision of Care



Standard

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



Standard

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

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

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



Standard

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



Standard

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

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



Standard

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 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.



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 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.

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.



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.



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.

All children are allowed to be with their carers, and the role of carers is Quality statement 6.1

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.

Every child is assessed routinely for pain or symptoms of distress and Quality statement 6.3 receives appropriate management according to WHO guidelines.



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.

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.

 Guidance in the organization, planning and delivery of child health service in facilities.

Preparing evidence-based national standards and protocols.

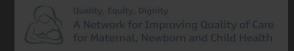
Application and use

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



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



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



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



Theory of change

Every mother and newborn receives quality care throughout pregnancy, childbirth and postnatal period Vision Quality, equity and dignity Values Measure of Halving maternal and newborn deaths in health facilities in five years success To accelerate and sustain To develop, strengthen, To build and strengthen To facilitate learning. Strategic national institutions and implementation of QoC share knowledge and and sustain institutions and objectives mechanisms for mechanisms for improving improvements for mothers generate evidence on QoC accountability on QoC QoC in the health sector and newborns WHO evidence-based Mechanism to share National framework and National governance mechanisms for structure for QoC is standards of care for knowledge and support a established and mothers and newborns are accountability on QoC are learning network are functioning developed and adapted developed and established and National operational plan functioning National package of strengthened Monitoring and reporting for improving QoC in MNH improvement interventions Data systems for QoC framework for the services is developed, is developed, adapted and improvement are Outputs programme is developed funded, monitored and implemented developed, strengthened and implemented regularly reviewed Clinical and managerial and used capabilities to support Impact of the global National advocacy and Data and practice are initiative on MNH quality of mobilization agenda for implementation of analysed and synthesized care is evaluated QoC is developed and interventions are to generate evidence-base implemented on QoC improvement developed, strengthened, and sustained Implementation Accountability, scalability, sustainability and participation principles Government-led strategies, plans and implementation Implementing Professional Implementation Civil societies WHO Academia Donors associations partners Network management support (WHO)

QoC Network Implementation Milestone: Progress at country level

															K	ey:	СО	mplet	ted	o in	progr	ess	• 1	not sta	arted	or inco	omple	te	no	data
	Bar	nglad	esh	h Côte d'Ivoire Ethiopia			Ghana India				Malawi			N	ligeri	Sierra Leone			Tanzania			Uganda		da						
	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019
National leadership for quality of care (QoC)																														
Supportive governance policy and structures developed or established											•																			
QoC for maternal and newborn health (MNH) roadmap developed and being implemented																														
Learning districts and facilities selected and agreed upon											•							•			•		•	•					•	
QoC implementation package developed															•			•			•									
Adaptation of MNH QoC standards											•																		•	
Action: Learning sites identified and prepare	d																													
Orientation of learning districts and facilities																														
District learning network established and functional (reports of visits)				•					•			•																		
QoC coaching manuals developed											•																			
Quality improvement (QI) coaches trained																														
On-site coaching visits occurring in learning districts																														
Learning and accountability: QoC MNH meas	urer	nent																												
QoC for MNH baseline assessment completed																													•	
Common set of MNH QoC indicators agreed upon for reporting from the learning districts																														
Baseline data for MNH QoC common indicators collected					•						•																			
Common indicator data collected, used in district learning meetings, and reported upwards																		•												
Identification and agreement with an academic or research Institution to facilitate documentation of lessons learned in the implementation of QoC activities	•	•		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		•	•		•	•
Accountability and community engagement																														
Mechanism for community participation integrated into QoC planning in learning districts																														

Child health QoC Country Readiness		Key			Yes		In process		Not Yet
	Cote d'Ivoire	Ethiopia	Ghana	Kenya	Malawi	Nigeria	Sierra Leone	Tanzania	Uganda
National structures and policy space readiness for Paediatric QoC		_		_		_		_	_
Supportive governance policy and structures developed or established									
There is a national QoC implmentation plan or road map that includes activities to	'								
improve paediatric quality of care National level landscape analysis for QoC has been recently carried out (2019 or									
2020) There is a broad Technical Working Group for QoC that includes child health focal									
points									
There is a strong coordinated mechanism among all stakeholders to follow a harmonized approach to QoC for MNCH									
Paediatric standards for improving quality of care in health facilities have been									
adopted or adapted into national standards and protocols.									
Action: Implementation readiness at district level									
In Hopsitals or big health facilities, the paediatrician/child health nurse/medical									
officer is part of the quality of care team There is a national QoC implmentation package for the districts which includes									
intervention packages for improving paediatric care									
There is a child death audit system in place or being rolled out at district level									
The learning districts are implementing paediatric QoC activities/ETAT as part of their national MNCH QoC improvement package									
Other districts (non-learning districts) in the country are implmenting paediatric									
QoC/ETAT processes									
Learning and accountability: QoC Child Health measurement									
There is a national mechanism or system for regular assessment and acreditation									
of health facilities includes and inclues paediatric care									
There is recent information on health facility QoC assessment for maternal,									
newborn and child care The national health information system has quality of care indicators for									
paediatric care that are regulary reported									
There is an established mechanism or system for reporting on quality of care in									
health facilities including for paediatric care									
There is an an established system for sharing and reviewing the QoC performance									
at national level and includes for paediatric care			•				_		

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!



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.

Theme: Health system resources



Standard

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

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

STANDARDS FOR PAEDIATRIC CARE

Theme: Provision of care



Standa

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



Standard

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



Standar

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



Standard

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

Theme: Experience of care



Standard

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



Standa

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