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PQAT

PRIMARY CARE FACILITY QUALITY OF CARE ASSESSMENT TOOL FOR HUMANITARIAN SETTINGS

GLOBAL HEALTH CLUSTER AND WHO

TABLE OF CONTENTS

PREFACE

This document outlines a practical approach to measuring and improving quality of care in primary care (PC) facilities in fragile, conflict-affected and vulnerable (FCV) settings. It provides information on the Primary Care Facility Quality of Care Assessment Tool (PQAT), a tool for measuring important aspects of care in PC facilities. The aim of the tool is to support PC services in providing effective, safe, people-centred, equitable, timely, integrated, and efficient care to patients in FCV settings.

The target audience for this document, and the related PQAT, is organisations involved in the delivering and assessment of health services in countries experiencing acute and protracted crises; this may include ministries of health (MoHs), United Nation (UN) agencies, national Red Cross and Red Crescent Societies, and national and international non-governmental organizations (NGOs).

This document provides guidance on the use of PQAT, which measures quality of care in PC facilities across 5 domains and 26 subdomains. The tool provides information for action to practically support quality improvement efforts in PC facilities in FCV settings. Where the tool highlights deficiencies in a particular domain or subdomain, this may trigger a more in-depth analysis of the causes of suboptimal care in that domain. Furthermore, the tool is designed to allow comparability of results within and between PC facilities.

The PQAT is available for use by different groups. For example, the tool may be used for self-assessment by health service providers, for internal assessment or during supervisory visits by partners that support local health care facilities and for external assessment by a third party to monitor whether quality criteria are fulfilled.

PC facilities represent an important source of health care for the many millions of individuals living in FCV settings. It is imperative that efforts to improve quality of care in these facilities are advanced and supported and this document, as well as the PQAT, are designed to do just that.

ACKNOWLEDGEMENTS

Many people contributed to this guidance for assessing the quality of care at primary care facilities in humanitarian setting (PQAT), which started with a workshop in Geneva, 6-8 December 2018. This was organized as part of the workplan of the Global Health Cluster and WHO Task Team on Essential Packages of Health Services in humanitarian settings, hosted by Save the Children, during which partners shared their approaches to quality improvement.

Different draft versions of the tool and its guidance were developed since then. One of them was piloted during a workshop in Tunis, organised by Dr Mondher Letaief from the WHO Eastern Mediterranean Regional Office, with colleagues from the Libyan Ministry of Health.

While we acknowledge and thank everybody below who in different ways contributed to the PQAT, we give special thanks to Dr Nigel Pearson (consultant) who did the groundwork, Dr Dirk Horemans (WHO) for his technical leadership, and Oriane Bodson (WHO) who also automated the tool and did the lay-out.

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ABBREVIATIONS

DHIS2	District Health Information Software
DHMT	District Health Management Teams
EPHS	Essential Package of Health Services
EWARS	Early Warning, Alert and Response System
FCV	Fragile, Conflict-affected and Vulnerable
GHC	Global Health Cluster
HMIS	Health Management Information System
HRH	Human Resources for Health Data System
IMCI	Integrated Management of Childhood Illness
IDP	Internally Displaced People
IPC	Infection Prevention and Control
MOH	Ministry of Health
MNCH	Maternal, New-born and Child health
NCD	Non-communicable Disease
NGO	Non-governemental Organization
OPD	Out-Patient Department
PC	Primary Care
PQAT	Primary Care Facility Quality of Care Assessment
QI	Quality Improvement
SWOT	Strengths, Weaknesses, Opportunities and Threats
UHC	Universal Health Coverage
UN	United Nations
WASH	Water Sanitation and Hygiene
WHO	World Health Organization

1.INTRODUCTION AND BACKGROUND

Quality of health care services is critical to achieving universal health coverage (UHC) with a clear focus on effective coverage. Following the World Health Organization (WHO) Handbook for National Quality Policy and Strategy[1], and the United States Institute of Medicine's definition, quality is defined as being "the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge."[2]

Globally, poor-quality health care causes harm to human health, with between 5.7 and 8.4 million deaths occurring annually in low- and middle-income countries due to inadequate care.[3] It can be expected that this applies even more so to countries affected by fragility, conflict, or vulnerability to emergencies (FCV settings). In 2015 alone, deaths from poor quality health care resulted in US$6 trillion in economic losses. Poor-quality care is now a bigger barrier to reducing mortality than insufficient access. 60% of deaths from conditions amenable to health care are due to poor-quality care, whereas the remaining deaths result from non-utilisation of the health care system.[4]

There have been several milestones for defining minimum standards and improving quality of services in humanitarian contexts over the last 25 years, including the Sphere handbook, the Emergency Medical Team 'Blue Book', the development of a large body of clinical guidelines adapted to humanitarian contexts, standards for coordination (e.g. Global Health Cluster Guide) and its functions, and information management (Public Health Information Services) standards with indicators for monitoring health status and threats for affected populations, health resources and service availability, and health system performance, i.e. clinical outputs and outcomes.

Effective and efficient use of resources in the delivery of health services is a top priority in progress toward UHC for communities in any country, and as relevant in humanitarian contexts as in more stable settings. While measuring the availability of facilities and their functionality in the delivery of services is a first step, a health system needs also to demonstrate that facilities and services meet quality standards against measurable performance thresholds. MOHs and international agencies have prioritized the need for good performance assessment tools which reflect on service availability, functionality and quality. While some of the existing tools are looking at quality, they are either too resource-intensive to be used in emergency settings (such as the WHO Harmonized Health Facility Surveys) or do not measure all key aspects of performance quality.

Recognising this gap and building on discussions on quality management systems that would monitor adherence to existing guidance on performance in humanitarian contexts, the Global Health Cluster (GHC) and WHO have developed the PQAT.

[1] https://www.who.int/servicedeliverysafety/areas/qhc/nqps_handbook/en/
[2] https://www.ahrq.gov/patient-safety/quality-resources/tools/chtoolbx/understand/index.html
[3] National Academies of Sciences, Engineering and Medicine. 2018. Crossing the Global Quality Chasm: Improving Health Care Worldwide. Washington, DC: The National Academies Press.
[4] The Lancet Global Health Commission on High Quality Health Systems in the SDG area. High-quality health systems in the Sustainable Development Goals era: time for a revolution. Kruk M et all

2. DESCRIPTION OF THE PQAT

Purpose and use

The purpose of the GHC's PQAT is **to improve quality in primary health care facilities in humanitarian settings.** It is part of a collaborative effort to create a generic quality of care monitoring and evaluation framework for health services. It will allow countries with FCV settings to collect data on an important number of quality indicators of the PC monitoring and evaluation framework.

PQAT is a standardised tool that can be used soon after the acute phase and in protracted emergencies and that facilitates the monitoring of key quality domains that should be guaranteed in primary care centres and smaller health units. The PQAT permits comparison between facilities and hence provides relevant data to MOHs and health clusters to assess and monitor performance as part of a broader quality improvement approach.

The tool is designed to capture the most important areas of quality in PC facilities, and if quality is substandard, there are direct implications for the safety of staff and patients, as well as for the effectiveness of services provided.

This proposed tool can be used by MOHs, UN agencies, Red Cross and Red Crescent Societies, international and national NGOs to rapidly assess health facilities in any country experiencing acute and protracted crises.

It can be used for external assessment by an independent assessment team, as well as by district health management teams (DHMT) or NGO agency staff that support the facility for internal assessment, or by health facility staff and committee members as a self-assessment tool.

1) An external assessment conducted by a third-party monitoring team aims to provide objective scores that can be used nationally and comparatively. The external evaluation requires substantial time and resources to prepare and conduct, depending on the number of facilities to be assessed (e.g., by selective or systematic sampling). It may require several months of planning in advance, significant financing, strong leadership of the process by the MoH and/or health cluster coordinators and buy-in from health providers (and potentially some cost-sharing), and clear decisions on how the results will be used, and how they will be published. This includes deciding on the (context-specific) level of sharing of information on the names and sites of particular facilities and of the agencies supporting them.

2) Internal assessments are conducted jointly by the district health team and/or the NGO supporting the facility. The scores from internal assessments can track progress in performance within a district or agency programme. The most important results from these internal assessments are the quality improvement plans, being developed and agreed between the health facility team, the DHMT and the partner supporting the facility.

3) Self-assessments by the health facility team are often more subjective, but when used for regular self-assessment, they can be a transformational tool that allow a team to plot progress in performance, contributing greatly to their capacity to enact positive change in practice.

By using the same tool, the health facility team also becomes familiar with the tool when used by the district health team, an NGO or third party. In case the team identifies issues with quality that they cannot address themselves, they can make requests to the DHMT and/or the partner supporting them. In self-assessments, staff and committee members may want to conduct different parts of the assessment and bring findings together when they discuss actions for quality improvement. PQAT self-assessments can be complemented with other self-assessment tools.

Alignment with existing tools and scope

The PQAT has been developed considering existing tools, standards and best practices in humanitarian settings, as well as the tools used by MOHs, WHO, GHC, and GHC partners assessing quality of health facilities. Several GHC partners have already established quality assessment systems for their own internal purposes, and there are examples of countries where a system for third-party performance assessment has been implemented. This guidance proposes a generic tool, the PQAT and a process for its application that builds on these experiences. [5]

The PQAT should be used when facilities are at least partially functional, and at least having partial availability of priority health services and the required resources for their delivery, such as reported by the Health Resources and Services Availability Monitoring System (HeRAMS). It is aligned with the position paper on Quality of Care in Humanitarian Settings by the GHC Quality Task Team, specifically all its aspects that are applicable to health facilities.

The PQAT aims to provide a quick assessment of PC facilities' performance. This is not a tool for assessing community-based services, nor for inpatient or referral care services.

While the PQAT assesses aspects related to the main health programmes (vaccination, nutrition, disease-specific interventions such as malaria and non-communicable diseases (NCDs), epidemic response, integrated management of childhood illness (IMCI) and reproductive health, including basic emergency obstetrics and new-born care and overnight stay), it does not aim to cover programme specific data needs in detail. It may trigger a more granular analysis using the more detailed assessment tools designed for specific areas, functions or health programmes.

The tool does not collect routine health facility data, which should be collected through health management information system (HMIS), surveillance systems and other specific health system data systems. Analysis of HMIS data and collection of indicators for outputs and performance will complement information gathered through the PQAT.

[5] These were brought together during a Workshop on Health Facility Performance Assessment guidance. 6-7 December 2018, John Knox Centre, Geneva, WHO and GHC

Assessing and monitoring quality of care at facility level is only one aspect in a process of quality improvement. It requires consultations with and commitments from partners and health facility teams towards such a process, and mechanisms to support partners to overcome barriers to implement quality improvement plans that can be made based on the findings of the assessments. Additionally, as indicated above, it needs to be seen within a broader analysis of quality, which also considers community perspectives and information from HMIS and other data sources.

Structure of the tool

The tool consists of an Excel file. As shown in Figure 1, the home page provides access to information relating to the facility and the assessment, to the PQAT itself, and to reports presenting the results, as well as to guidance information for assessors.

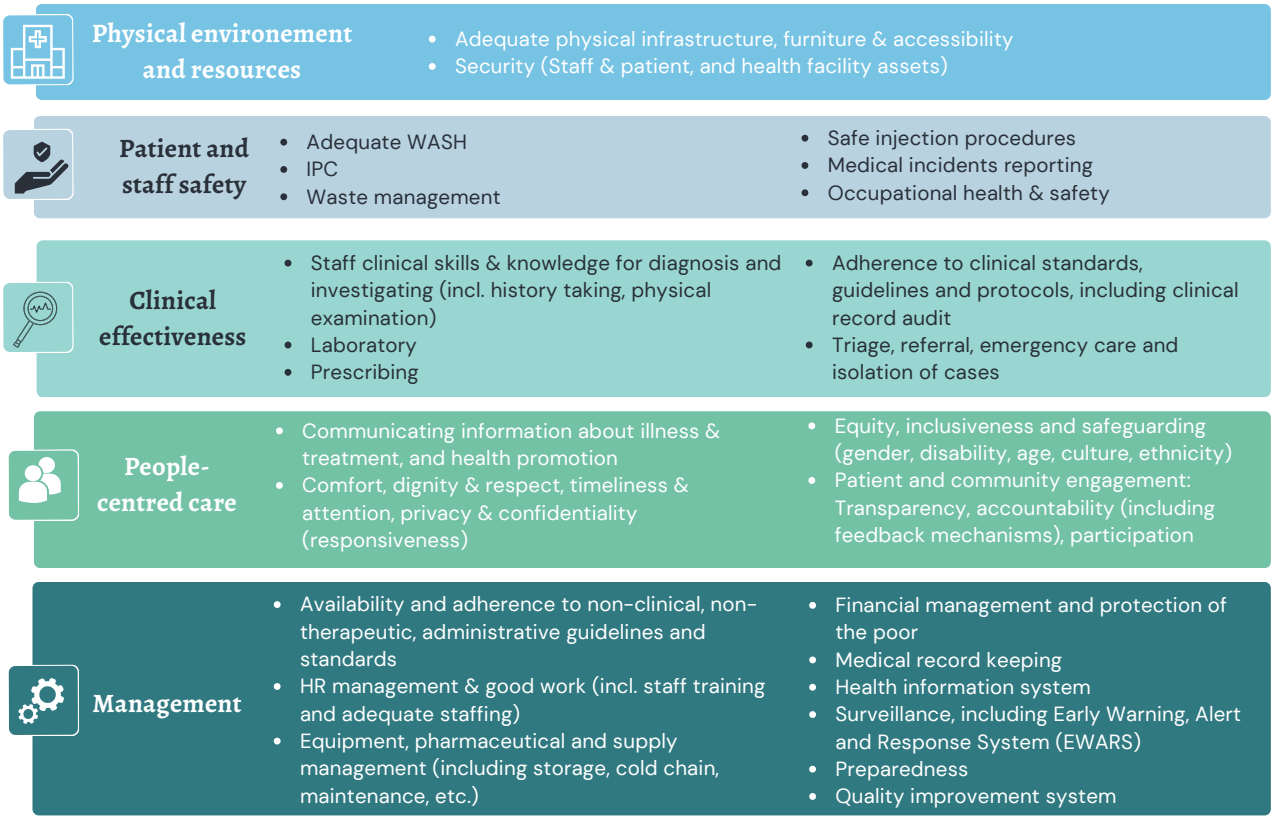
Figure 1: Screenshot of the PQAT home page

The PQAT is designed to capture five quality of care domains: i) Physical environment and resources; ii) Patient and staff safety; iii) Clinical effectiveness; iv) People-centred care; and v) Management.

As shown in Figure 2, each domain has between two and nine subdomains, for a total of 26 subdomains, through which the tool examines various components of the service, notably the health information system, management of medicines, human resource management and maintenance of the facility infrastructure. The assessment of cross-cutting functions including infection prevention and control (IPC), water sanitation and hygiene (WASH), clinical effectiveness, prescribing and communication, and community engagement is embedded across the tool. Key functions of a health centre are examined, including registration, out-patient consultations, uncomplicated deliveries, pharmacies and dispensary, laboratories, and records management. **PQAT is not a deep-dive tool, it aims at providing a quick assessment of PHC facilities' performance. It raises red flags for areas that require improvements, potentially triggering more granular analysis of a particular area based on a detailed assessment with tools specifically designed for these areas.**

Subdomains are further broken down into a number of elements called "attributes" taking the form of closed-ended questions. A series of these attributes are considered "core" while the others are part of an extended version of the tool. The core attributes selection can be modified to best respond to the needs and context of use of the tool (see Annexes).

Figure 2: Presentation of quality of care domains and subdomains captured by the PQAT



Adaptation to local context

Most of the areas covered by the tool will be applicable to PC facilities in different contexts, but it will be important to review the tool with key stakeholders to ensure it is adapted to the local context, to consider the national and local health system specificities and terminology. Some areas may not be relevant in all contexts, and additional areas may be added as indicated. Involvement of stakeholders in this process will also foster ownership and acceptability of its application. However, local customisation needs to be mindful not to expand the tool too broadly, so it can still be completed within the timeframe suggested. **See section on contextualisation for further info.**

3.USE OF THE PQAT

For a step-by-step process of how the tool itself works, please refer to the **Annexes**.

Preparation

Box 1: Preparation checklist

- Consult MoH or acting health authority, and involve it, as well as all stakeholders from the onset and throughout the process
- Establish a PQAT coordination/steering group
- Contextualise the tool, adapt terminology for the facilities, staffing, etc.
- Review the selection of core attributes, adding attributes from the full list as needed
- Develop workplan (sample, timeline) and budget.
- Make resources available
- Establish the survey teams (survey manager, assessors, assessment team team lead)
- Train the survey team

Frequency of assessments

The frequency of assessments depends on the type of assessment and urgency for implementing improvements as identified.

A first round of external assessment should provide baseline information. Recommendations for improvement should be documented in the Quality Improvement Action Tracker (see below). A second round should be conducted after a period of six months, to assess whether an improvement plan as in the Quality Improvement Action Tracker has been developed and implemented, and to review if important quality and resource availability issues are being addressed and improving. Subsequent external health facility assessments could then be conducted every twelve months.

For facilities not reaching a threshold target score this could be repeated after three months to ensure that actions agreed upon in the previous assessment have led to rapid improvements. There should also be the flexibility to re-assess particular areas that were weak or that posed immediate harm to patients or staff, rather than repeating the full assessment if results in other areas were mostly adequate.

The frequency and the scope of the internal and self-assessment will depend on the type and importance of the quality issues identified and should be decided by the health facilities, the local health authorities and the supporting NGOs. Health facilities and NGOs could respectively conduct a self-assessment and internal assessment prior to and in preparation of the initial external assessment.

NGOs or district/regional health authorities may want to conduct internal assessments every six months (or do annual internal assessments staggered with the external assessments so that an assessment happens every six months).

Health facilities should be able to do their own self-assessments as frequently as needed to monitor progress against their annual plans and against the Quality Improvement Action Tracker agreed after previous internal/external assessments.

Depending on scores, a re-assessment date should then be agreed with the health facility team, usually occurring six months after the initial baseline assessment.

Authorisation and ownership

When there is a functional MoH or an alternative acting health authority, they should be consulted and involved from the onset and throughout the process, to encourage their leadership and ownership when deciding on and authorising quality improvement processes and implementing primary care health facility assessments. Engagement with all partners is required for joint ownership and accountability, agreement on the approaches for the external, internal and self-assessments, the team compositions, the country/regional/context specific adaptation of the tool, the reporting and dashboard formats, the use of the findings and the implications for the partners in case of repetitive sub-standard quality scores. Discussions should be held on general quality improvement, why an assessment is needed, whether the PQAT is used instead of or alongside any national assessment tools, and which geographical areas and how many facilities, districts, regions, internally displaced people (IDP)/refugee camps will be assessed.

Establishing a PQAT coordination group/steering group

When the PQAT is used by a National Health Cluster, it is advised to establish a steering group. In countries where the Health Cluster has a Quality Improvement Technical Working Group, this group would fulfil this role. Such group would be responsible to determine the type of assessment (self-assessment, internal or external) and its frequency, to request to adapt the tool to the local context, to ensure that the required resources are made available, to establish the survey implementation team, to determine the health facilities to be assessed and to oversee the assessments and ensure follow up of the findings.

Survey implementation team

The survey implementation team will be responsible for finalizing the PQAT tool software adaptations, the data collection, data entry, data analysis and assessment reports. The survey implementation team will be set up under the oversight of the PQAT coordination team. The size, the composition of the survey implementation team and the type of organization will differ across clusters,

The coordination team will contract an NGO, a research company, a public health school or a National Institute of Public Health to implement the survey.

The standard composition of a survey implementation team will include the following:

Survey manager

Assessment team

- Team lead
- Assessors

Assessors

(for bigger and aggregated survey only)

Depending the time frame and the number of facilities covered by the survey, the survey implementation team will use several assessment teams. Each assessment team will be composed of three assessors. One of the three assessors will be the team lead responsible for the team coordination. The roles and competencies are described in the below paragraph "Assessment team". The team lead role will normally be assigned to the assessor with the health manager background.

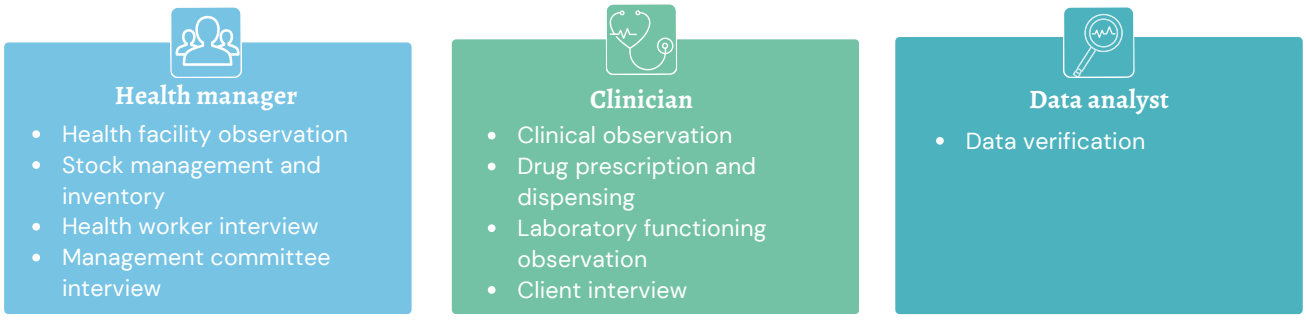
Specific responsibilities of different survey implementation team members are:

- **Survey manager:** looks after overall coordination of the team; supervises of the progress; communicates with and reports to the PQAT coordination/steering group; finalises the PQAT tool software adaptations; develops and manages the survey workplan; organizes the training of the assessors; communicates with the facilities (informing about the survey, send MOH clearance); compose the different assessment teams; prepares the facility specific questionnaires (named Excel files) and prints and distributes the questionnaire sheets (in case paper format is used) oversees the daily progress against the workplan and adjust the planning; oversees data quality control, oversees the work of the data manager; reviews the analysis; prepares the survey report.
- **Team lead:** coordinates the assessment team; communicates time and date of the visit with the facilities; introduces the team at the start of the visit and leads the debriefing; in case of as assessor completes his/her section of the questionnaire; completes the health facility information sheet; assures other assessors enter data; reports to the survey manager; participates in the the survey report writing.
- **Assessors:** conduct their section of the questionnaire and enter data into Excel version; in case paper format is used each assessor transcribes his/her section into the respective Excel questionnaires.
- **Data manager** (for bigger and aggregated survey only): Excel adaptation of country specific changes; data quality review; analysis (single facility and aggregated).

Assessment team

A three-person team of experienced assessors is recommended (or two persons if suitably experienced), combining clinical, health facility management and data analysis expertise. The work can be divided as outlined in Figure 3, with fewer tasks assigned to the clinician as the clinical observation takes longer than other parts of the assessment. The division of tasks will depend on the experience of each team member. The below figure proposes a standard task distribution. Note that this distribution may be adapted depending on the context and the assesors' profile.

Figure 3: Proposed task distribution per type of assessor



Assessors should have relevant clinical, data analysis and health facility management skills, including the technical skills necessary to competently assess logistic components such as safe infrastructure, medical waste management, power and communication.

The assessors should be experienced staff who have had relevant senior management roles (at regional health ministry offices or regional or country-level agency offices) with assessment experience. The competency and seniority levels of the assessors should be higher than those of the staff of the health facilities being assessed.

- The **health manager** should have experience running health facilities and managing programmes across health districts/regions.
- The **clinician** should have broad clinical experience across several sub-sectoral areas at PC facility level and referral hospitals, as well as experience being responsible for training and supervision of clinical teams, with experience in regional management or equivalent.
- The **data analyst** should have experience working extensively with the District Health Information Software (DHIS2) or an equivalent software and should have previous experience verifying HMIS and diseases surveillance system performance. The data analyst should also have experience in verifying other health systems data (including Human Resources for Health Data System (HRH), referral data, advance events and audits).

The assessment team should be trained in conducting assessments using the PQAT. Training should be guided by this PQAT Guidance, as well as reference to all relevant national treatment guidelines and disease-specific management protocols and health system protocols with which they would need to be familiar.

Resource implication

It will be important to develop a workplan and budget considering the resources needed for different steps and activities, such as setting up of a PQAT coordination group and implementation team, tool adaptation, digitization, hardware procurement, conducting the assessments, data dissemination and policy dialogue.

The core version of the PQAT assessment should take a 2-3 person mixed skill-set team (see below) 1 hour to complete, plus 30-45 minutes for introduction, debriefing and discussion of progress. The extended PQAT version, including all attributes, should take a similar team approximately 2-2.5 hours. The time and resources needed for transport to the health facility depend on the context. The resources needed for developing the tool for a country cluster depend on many variables. If the external assessment was being contracted to a third-party assessor, a realistic average cost per assessment visit will need to be calculated.

Contextualisation

Prior to application, the PQAT methodology will in every setting require a degree of contextualisation. Depending on the presence and functionality of the MoH or a local health authority and/or national health cluster, this will be done under their authority and in collaboration with them. Adaptations might include a combination of the following:

- Whether to use the PQAT or an existing national health facility assessment tool for each of the three levels (external, internal, self-assessment);
- Composition of the teams (commissioning to external agency, involvement of MoH, provincial/district health management teams, the national health cluster, WHO's role, etc.);
- Adaptation of the tool to the local terminology (health structure, workforce, programmes, etc.), national list of tracer drugs, national essential package of health services (EPHS) assessment and the priority diseases/conditions to be assessed during the clinical observation, national standards (facility-WASH, health centre infrastructure), community health committees, etc.;
- Adaptation of the tool : paper version or electronic version, possible selection of additional attributes beside the core attributes to be included in the assessment, focus on certain subdomains, etc;
- Translation of the tool;
- Development of country/setting specific reports and dashboard templates;
- Piloting of the tool as a basis for final revision and refinement and to inform required time and team composition;
- Training of assessors.

Note that some Excel sheets might be protected to avoid erroneous operation or manipulation. In case there is a need to modify the Excel sheet itself, use the following password to unlock the sheets: PQAT. **Please make sure to lock the sheets again before sharing.**

Data collection

Box 2: Data collection checklist

- Acknowledge the different assessment methodologies combined in the tool.
- Assemble an assessment team.
- Establish an appropriate approach for implementing the PQAT, including the use of electronic vs paper version.
- Collect data

Mixed Methods

The PQAT combines several assessment methodologies as listed in Figure 4.

Figure 4: Assessment methodologies used within the PQAT

Data Completion

Assessors can either digitally complete the PQAT questionnaires while conducting assessments or use paper versions of the PQAT questionnaires and complete the tool afterwards. In the event that the assessors are working simultaneously, it is recommended to use paper versions of the PQAT questionnaires or to use a shared online version of the file (e.g. via Google Drive) so that everyone can complete the PQAT simultaneously.

PQAT Implementation

The approach and steps will differ for the external, internal and self-assessments.

Proposed standard approach for the external assessment

Health facilities must be informed of any upcoming assessment. The methodology benefits from some preparatory work by the health facility team and the partners supporting them, and it is important that the health facility team understands the purpose of the visit. The external assessment team may be accompanied by a representative of the local health authority and/or the supporting agency.

At the facility:

- The assessment starts with a briefing to the health facility personnel, and to discuss the implementation of the different methods, taking into consideration the staff presence, Out-Patient Department (OPD) consultation hours, appointments with the community health committee and total timeframe.
- Observations and interviews are conducted, records are reviewed, and the community health committee group is interviewed.
- At the end of the assessment, once all data have been collected, the assessment team will debrief the health facility team, where possible in presence of the community health committee members, on the early findings (these are generated by the PQAT application).
- In case the facility has been assessed before, the assessment team will discuss progress against the Quality Improvement Action Tracker.
- The full health facility assessment report, including the health facility dashboard, will be shared with the facility and the supporting health authority and agency as soon as possible.

Proposed standard approach for the internal assessment

The approach of the internal assessment will be quite similar to the approach taken for the external assessment.

Debriefing will include a more in-depth discussion reviewing progress against the Quality Improvement Action Tracker and to understand some of the underlying causes for lack of progress or newly identified issues. This could result in a revision of the action tracker improvement plan.

Proposed standard approach for the self-assessment

The self-assessment can be done in preparation for an upcoming external or internal assessment and cover the whole PQAT or it might focus on specific areas which were identified as weak as part of the improvement process itself. In the latter case, this might then require more in-depth assessment, possibly using specific tools.

Data analysis

Box 3: Data analysis checklist

- The assessment provides colour coded scores for each subdomain, and a report of comments uploaded by the assessment team
- To identify red flags and specific quality and availability issues by subdomain
- On completion, the Excel file provides immediately an automated computed facility report.

Scoring and reporting

For scoring purposes, all attributes are allocated equal weight. All quality attributes are formulated as a question, with a 'yes' answer leading to a score of one point, and a 'no' answer leading to a score of zero points. Each subdomain then receives an aggregate score, as measured by the proportion of the attributes that scored one point divided by the total number of attributes in that subdomain: for example, the IPC subdomain has 15 attributes; if 10 attributes scored 1 point each, the aggregate score for the subdomain is 10/15, or 67%.

Results from assessments are computed automatically, providing scores for comparison with previous assessments to show improvement over time, and with other health facilities and across districts/regions. Statistics and graphs are automatically generated to provide a breakdown of the score for cross-cutting functions, allowing pinpointing of specific areas needing focused action for performance improvement.

The scores can be reported using a traffic-light system, with a score of 0 – 50% coloured in red, a score of 51 – 60% in orange, a score of 61 – 79% in amber and a score of 80 – 100% in green, or through 'dials' so that dashboard data can be interpreted more easily and quickly.

Scoring and the design of dashboards for the report is based on quality of care domains and their subdomains as 'presented in Figure 2 above. Most subdomains will draw on the answers collected through more than one of the different methods as described in Data collection section. The tool indicates under which of the subdomains each attribute is classified. As several quality subdomains overlap with each other, some attributes may belong to more than one subdomain. e.g., several IPC attributes also belong to occupational health and safety.

Results

Box 4: Results checklist

- Acknowledge the results dashboard
- Based on the results, the health facility, local health authority and potential supporting NGO should jointly develop a quality improvement plan.
- A health facility quality improvement action tracker can be used to monitor follow up and changes over time

The results should empower health facility staff and facility committees as much as district/regional and agency managers to effect service delivery improvements. The dashboarding of results around different highlights makes the data more useable to staff. At the same time, the scores provide key data on service availability and quality that are so essential (but often lacking) during acute and chronic crises.

Quality improvement plan

When the tool identifies an area that does not perform adequately or according to national standards, this should trigger a more detailed analysis to look at underlying causes in that particular area, in some cases applying deep-dive assessment tools designed for such specific areas, e.g. on infection prevention and control IPC, maternal, new-born and child health (MNCH), WASH, etc. The assessors can add comments on attributes that scored low to indicate the urgency with which they should be addressed in the quality improvement plan.

To address observed issues and their underlying causes, an improvement plan should be developed jointly by the health facility team (staff with management committee members if available), their local health authority and any supporting NGO. A Quality Improvement Action Tracker (please see subsection below) will ensure that implementation of the agreed actions is regularly monitored and discussed. These assessments should take place regularly, with results tracked over time, to see how the availability and quality of services improve over time and how standards are being enforced.

The results will also help to identify constraints or underlying causes that cannot be addressed by the health facility team and require support from the supporting partners or from the MOH.

Health facility quality improvement action tracker

Based on a first round of health facility assessments, gaps and shortcomings in quality attributes will be identified. Some will be specific to a facility, some to a district, some will be linked to the support of a specific agency, and some will be present across the FCV setting.

Sub-optimal scores need to be related to available resources for improving performance and how these will be accessed: a health facility scoring very low for its physical and WASH infrastructure will need a level of investment not available to the health facility team. Low scores may relate more to under-resourcing of health facilities by central/regional authorities or the partner supporting them, than to the efforts of the staff to improve quality. Together, the local health authority and cluster partners need to discuss how these kinds of gaps in the quality of the infrastructure or lack of resources can be addressed.

If several health facilities score low points for prescribing, it may indicate that both the health authority and partners have not been effective at disseminating treatment guidelines or in training staff and supporting their continuing professional development needs.

Addressing these quality and resource availability issues will require actions at different levels of the system. A series of quality improvement workshops at different levels of the system, starting with workshops at the facility level, is one way to investigate changes across the different health system levels. A first step is prioritisation in addressing sub-standard quality attributes and/or subdomains. A strengths, weaknesses, opportunities, and threats (SWOT) analysis will allow identification of possible underlying causes and the actions necessary to address them by level of the system. A SWOT analysis will help to answer important questions, such as 'what needs to and can be improved?', 'what needs to be improved urgently, what can wait?', and 'who will support and be responsible for the necessary actions and resources: the community health team, the health facility team, the local health authority, the supporting agency, the provincial and national government, the national health cluster, and/or the funding agencies?'.

All team members should discuss the key actions needed to improve quality with staff, and the health facility management team and its committee. SMART[6] actions are identified and timetabled with realistic completion dates. A quality improvement action tracker will be developed, specifying for each action the 5 Ws (what, where, for whom, by whom, by when). The action tracker will allow to measure progress during subsequent assessments.

Table 1: Example of a quality improvement action tracker

Action number	Action (groupes by quality domain)	To do	By whom	By when (urgency)	Verification mechanism

If not already done, quality improvement focal points will be identified at each facility and each level of the system. They will benefit from training on quality improvement.

Communication of PQAT scores

The MoH and the health cluster partners (both implementation and funding partners) should discuss and agree, prior to conducting the assessment, how the PQAT findings and scores will be communicated, shared and published. Considering the quality assurance and improvement goals, it will be important to gain the confidence and engagement of partner agencies, local health authorities and health facility teams. For example, there might be a decision not to 'name and shame' individual facilities or supporting NGOs after first round assessments, but rather to keep some information internal and share the detailed results with the partner concerned, and publish headline aggregate data only, or that show trends. Substandard performing supporting agencies and others may be informed that the results of subsequent assessment rounds will be communicated with different stakeholders, including the funding agencies.

[6] Specific, Measurable, Achievable, Relevant and Time-bound

Similarly, the names of agencies supporting facilities might be withheld form the published score summaries. Scores from self-assessment and internal (district or agency) assessments can be compared with those from external (third party) assessment.

Analysis and interpretation of scores can be used to compare facilities, districts and regions, and supporting partners, but always in ways that encourage all stakeholders to address the weaker-performing facilities/districts with sufficient resources, supervision, oversight, training and encouragement. It is important that authorities avoid a blaming culture and/or sanctions for low scoring facilities.

A summary of the results should be included in the wider monitoring and reporting framework, to complement analyses of facility and community-based Health Information Systems, and other indicators for performance, accessibility, utilisation and progress of implementation of the operational plans.

4.GOOD PRACTICES AND LESSONS LEARNED

From the application of similar tools by partners, some initial lessons have been identified that will support the introduction of a quality improvement system.

- Staff training around Quality Improvement (QI) is essential to succeed.
- Management and leadership commitment is an essential factor to support the QI work.
- Operational staff have an important role in supporting the QI work.
- Checklists should be agreed and shared beforehand.
- The assessment can be done over multiple days to reduce the workload.
- Corrective actions can be taken in stages and based on their critical priorities.
- There should be follow-up on the progress made through the routine health manager's visit.
- Implementation and uptake work best when preparations and implementation have been done collaboratively, to ensure ownership and commitment.
- Real-time results help improve use.
- Used with quantitative data, the tool is able to provide a comprehensive picture about health services.
- The process should not be viewed as a fault-finding or finger-pointing mission.

The following recommendations can be made :


HEALTH AUTHORITY
MINISTRY OF HEALTH

5.ANNEXES

The annexes describe step-by step guidance containing two sections. A first section describes the process for adapting and using the tool by the survey manager, the person overseeing and managing all the assessments. The second section describes how the assessors and their team lead use the tool. These sections consider how responsibilities for specific tasks are distributed between the survey manager, the assessment team lead, and the assessors. Depending on the setting/country these responsibilities might differ.

Please note that some Excel sheets might be protected to avoid erroneous operation or manipulation. In case there is a need to modify the Excel sheet itself, use the following password to unlock the sheets: **PQAT**. **Please make sure to lock the sheets again before sharing.**

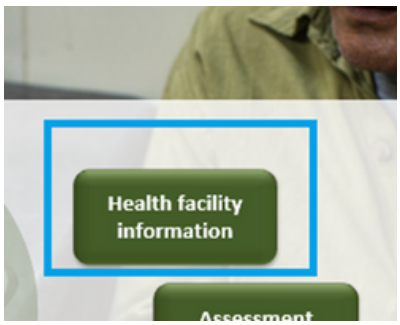
It is also recommended to use the different buttons directly in the interface to navigate from one Excel sheet to another and not use the tabs at the bottom.

Annexe 1 : Step-by-step process for survey manager

BEFORE ASSESSMENT

Step 1: Open the PQAT Excel file and go to the frontpage

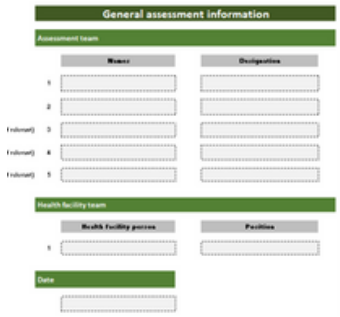
Step 2: Adapt the health facility information sheet



Do not forget that you will have to unlock the page in order to be able to make changes such as the name of the item.

Once adapted, lock again the page using the same password and go back to the PQAT Menu by using the button at the top left of your screen.

Step 3: Adapt the assessment information sheet



Once adapted, go back to the PQAT menu.

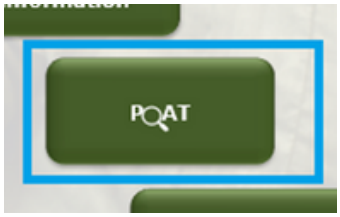
Step 4: If you would like to use paper versions of the questionnaires, please click on the "printable versions of the tool" button to access them

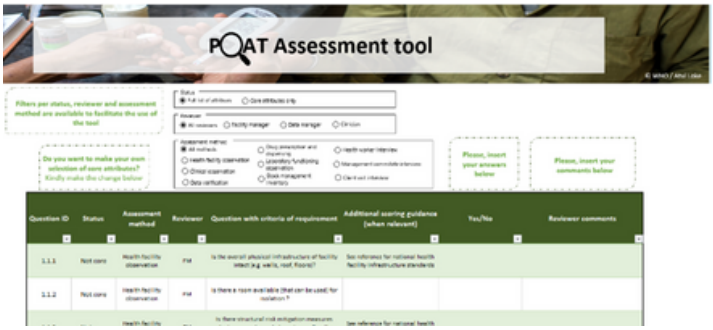
The button will take you to a list of questionnaires. You can either choose to access questionnaires with the full list of attributes or a list of core attributes only, and you can choose to select questionnaires per assessor. Please note that the core attributes are those identified as such by default. To adapt the selection of core attribute, and adding other attributes from the full list, please proceed to steps 5, 6 and 7.

Note that printable versions of the questionnaires may not have the optimal appearance once printed, and it is for this reason that the system will automatically generate a simple version of the tool to print.

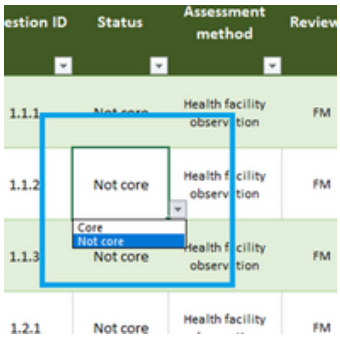
Step 5: Adapt the PQAT tool when needed

Step 5.1: Open the PQAT





Step 5.2: Adapt your own selection of core attributes



If you are not using the full set of attributes for the assessment, but there is a desire to include attributes to be assessed to the core set of attributes as predefined in the tool, please select and modify the status for each attribute on column E (Status).

This will automatically change the questionnaires in the core attribute version of the tool for the different assessors.

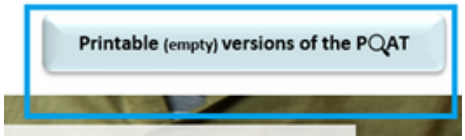
Step 5.3: Proceed with other adaptation when needed

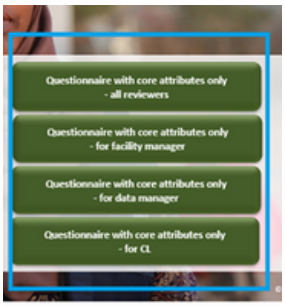
Do adapt the tool as needed. In addition to select core attributes, you can modify the assessment method (column F), the designated reviewer (column I) and the questions with criteria of requirement (column J).

Step 5.4: Add scoring guidance information

For each attribute there is a possibility for the survey manager to add additional scoring guidance in column K. The text added will be viewed by reviewers

Step 6: Print (empty) versions of the questionnaires



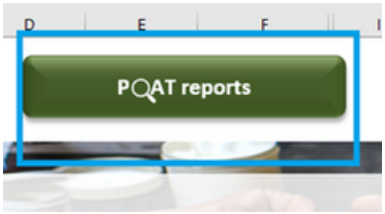


If you would like to use paper versions of the questionnaires to collect data related to your selection of core attributes, click on the "Printable (empty) versions of the tool" button you will find directly in the tool sheet. You will be able to print the questionnaires with only your own selection of core attributes

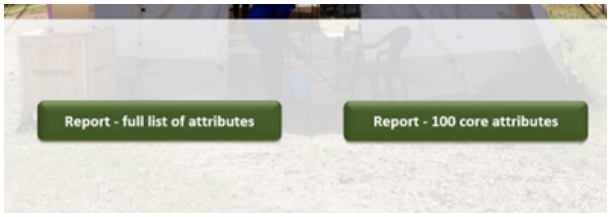
AFTER ASSESSMENT

Once the assessment has been completed by the assessment team.

Step 7: Access the reports

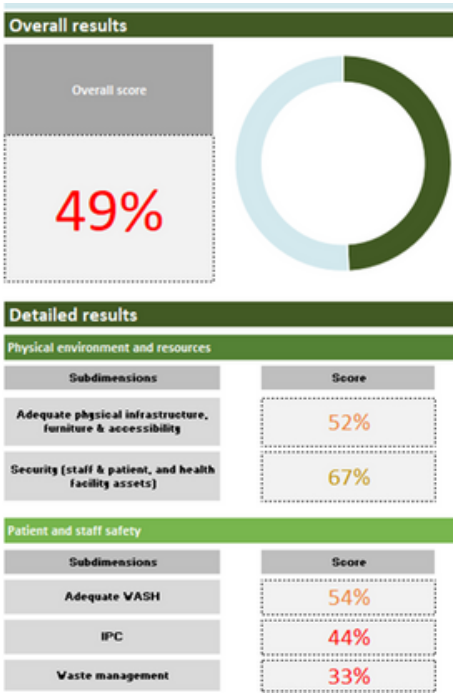


Once the tool has been completed by the assessment team, click on the PQAT reports button to access the reports, directly in the sheet or in the PQAT menu.



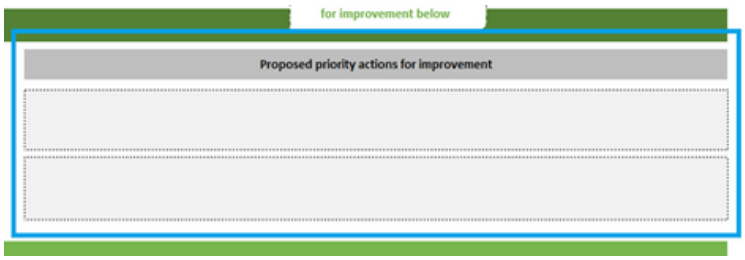
Then, select the type of reports that you want. Note that if you focused your assessment on core attributes only, the full list of attributes report will not be relevant.

Step 8: Access the automatically computed report and acknowledge the different scores generated overall, per domain and subdomain



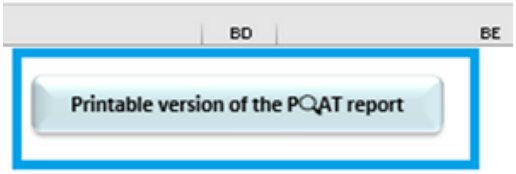
Step 9: Review comments proposed by the assessment team

Step 10: Based on the scores generated, and comments from the assessment team, insert your proposed priority actions for improvement for each subdimension

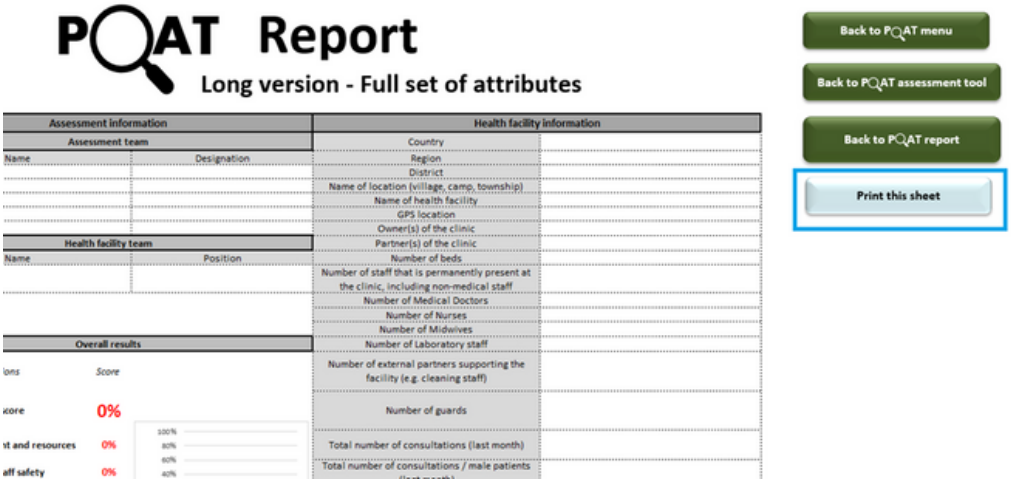


These can be used to inform the Quality Improvement Action Tracker

Step 11: Print the report



Click on the "Printable version of the PQAT report" at the top right of the sheet to print the report. As stated above, printable versions of the questionnaires may not have the optimal appearance once printed, and it is for this reason that the system will automatically generate a simple version of the report to print.

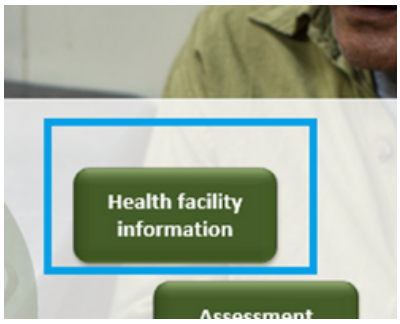


Annexe 2: Step-by-step process for assessment team and assessors

Please note that it is necessary to use a **single file** to carry out this data compilation even if the assessment team is made up of several assessors.

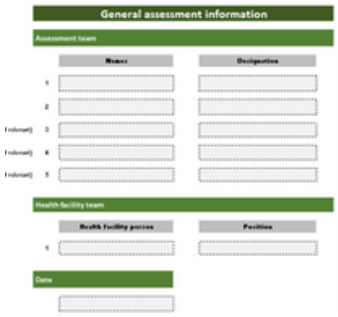
Step 1: Open the PQAT Excel file sent by the manager and go to the frontpage

Step 2: Fill in the health facility information sheet



Once completed, go back to the PQAT Menu by using the button at the top left of your screen.

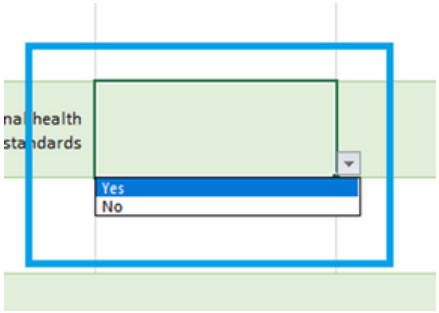
Step 3: Fill in the assessment information sheet



Once completed, go back to the PQAT menu.

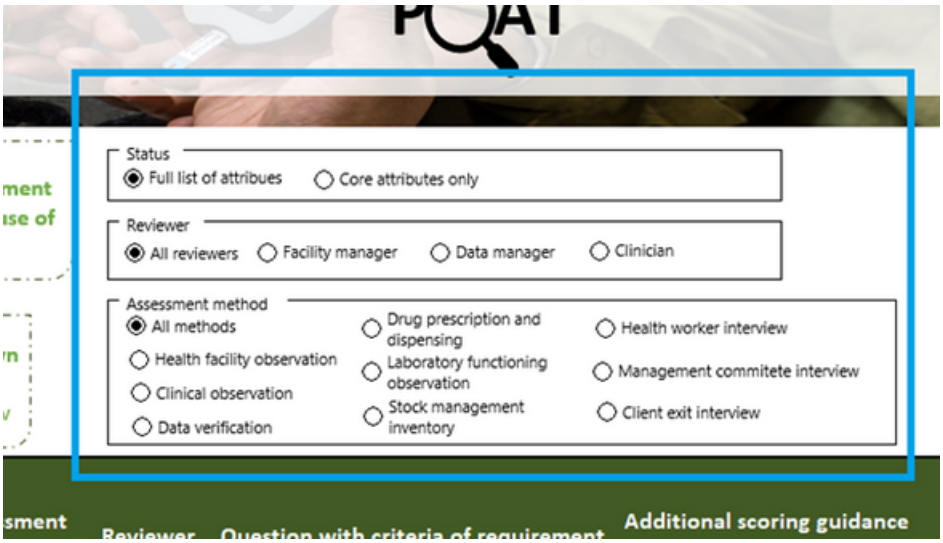
Step 4: Fill in the PQAT sheet

For each attribute, indicate in column L your answer (yes or no).



For each attribute there is a possibility for the assessor to add a comment in column M (reviewer comments), for example to indicate a problem that requires urgent attention, or other information that may be helpful to inform an improvement plan, and/or prioritise/sequence actions.

This step can be made easier by using filters. Filters per status, reviewer or assessment method are available at the top of the sheet. We recommend that teams using the paper versions of the questionnaires and then having to insert them into the Excel file use filters and integrate one questionnaire at a time.



Once completed, go back to the PQAT menu and **save** your file.