Quality of health care (QoHC)

QoHC consists of the *proper performance (according to standards)* of interventions that are known to be *safe*, and that have the *ability to improve health outcomes* and *meet or exceed patient expectations*.

Quality means doing the right thing right the first time
Introduction

• Assessing the quality of health services provided by primary health care centers in IDP camps, supported by Health Cluster partners in Iraq.

• **Summary:** its an overview of quality of primary care in internally displaced people (IDP) camps in Iraq, and identifies factors impeding the achievement of basic minimum standards, with the aim of determining how the quality of care in the camp could be improved.
Project description: Rationale

• Under the HRP 2017, the primary focus was on emergency life-saving services due to the acute humanitarian crisis in Iraq.

• However, since these services are up and running, while the nature of the scenario in the country is transiting toward Early Recovery and Development, it has become imperative to ensure that adequate quality standards are being maintained in the provision of Primary Health Care services.
Objectives

• To assess the quality of health care delivery based on the results obtained by surveying defined indicators related to the main functions of PHC facilities.
• The generated data will allow identification of gaps in order to set priorities to improve the quality of care at PHC facilities based on the predefined indicators.
  – If implemented well, this initiative can have substantial impact on the way forward in strengthening health systems in camps and moving towards better health coverage.
• A final set of 16 indicators has been selected and validated by the Iraq Health Cluster, which were further adapted after a pilot test in two facilities in Erbil and Ninawa governorates.
• The aim of this was to receive a concrete feedback by field testing the questionnaire with regard to the measurement of indicators, data availability, feasibility, challenges and gaps.
• This has facilitated the finalization of the assessment tool while also allowing a first impression on the main gaps in the PHCCs in camps.
Methodology

• The assessment tool was made to be implemented in 61 selected PHC facilities run by the health cluster partners in Iraq.

• The tool consists of 16 short-listed indicators, grouped into 5 domains:
  – Technical Competence, Patient Care, Management, Environment and Safety and Satisfaction;
  – The data is collected through 3 categories (Interviews, Observations and record review).

• The health cluster has identified one independent expert partner which was provided with the list of indicators, along with the metadata as well as a template table for the data collection.

• Prior to the assessment initiation, each focal point will be trained by the technical officer to have a common understanding of the indicators and methods for calculating them.
Research design:

- Domains and indicators were selected to represent priority areas dealing with input, process, and performance measures.
- Domains were selected based on The Quality Improvement Handbook was made possible through support provided by the Hashemite Kingdom of Jordan and the United States Agency for International Development under the Primary Health Care Initiatives (PHCI) Project.