Chapter 5

Understanding levers to improve quality
5.1 INTRODUCTION
Quality is a complex and multifaceted concept. Its pursuit requires the design and simultaneous deployment of combinations of discrete interventions. Understanding this interdependence is critical in designing future health systems. For example, establishing standards for care is part of quality improvement, but, for the standards to be reliably implemented, additional actions are needed, such as training and supervision, monitoring for compliance and feedback to health care providers. The process of standard setting alone, without these other supporting and interdependent actions, is of limited value (104, 105).

This chapter describes a range of levers to improve the quality of health services and discusses the rationale for developing national quality-related policies and strategies. Common goals addressing quality through a wide array of interventions, across all levels of the health care system – from national-level policy and regulation to the direct provision of individual patient care – are examined. The interdependence of these diverse levers for change and the avoidance of a single-track approach are explained. The levers should also be customized within countries as health-related decisions may be made at the subnational and community levels, and should also be sensitive to unique contextual factors.

5.2 DRIVING IMPROVEMENT THROUGH NATIONAL QUALITY POLICY AND STRATEGY
The development, refinement and execution of a national quality policy and strategy are a growing priority as countries strive to systematically improve health system performance. A carefully designed national quality policy and strategy – applying an implementation-informed approach – is likely to be one of the pivotal considerations of countries as they work to achieve enhanced access to health services that yield the best achievable outcomes.

But why are countries focused on driving quality through national efforts? Each country has its own culture, population needs, and a historical legacy shaping its health care system. Most countries, though, share a set of goals and an awareness of the strategic context for health care. There are six main areas of common ground:

- belief that high-quality, safe, people-centred health care is a public good that should be secured for all citizens;
- acceptance that better access to care without attention to its quality will not lead to desired population health outcomes;
- acknowledgement that strategies to improve the efficiency of health systems must deliver in an increasingly constrained financial situation;
- need to align the performance of public and private health care delivery in fragmented and mixed health markets;
- awareness that quality health care is vital to resilience in the political context of national and global health security;
- realization that good governance means satisfying the public demand for greater transparency about standards of care, treatment choices, performance and variable outcomes.

Countries face the challenge of developing or refining their quality-related policies and strategies through national consensus. They must also recognize that driving change towards a future vision of better performance will almost always be limited by the practical realities of how and where health care is currently provided.
National policies on health care quality are developed through various governmental structures. In some countries, this involves enabling legislation to establish new administrative and governance structures or to create new forms of mandatory action (for example, physician registration and licensing) or to formulate new regulatory mechanisms (for example, inspection and accreditation). This may trigger the need for an explicit national quality policy document. In other situations, implementation of a national quality policy or strategy may simply be part of the routine five-year health sector plan or an internal ministry of health document. There is no single right way to do this, but most approaches involve one or more of the following processes:

- quality policy and implementation strategy as part of the formal long-term health sector national plan;
- a quality policy document developed as a stand-alone national document, usually within a multistakeholder process, led or supported by the ministry of health;
- a national quality implementation strategy – with a detailed action agenda – which also includes a section on essential policy areas;
- enabling legislation and regulatory statutes to support the policy and strategy.

Boxes 5.1 and 5.2 provide country case studies on the implementation of national quality policy and strategy in the health sectors of Ethiopia and Sudan.

**Box 5.1 Case study: Ethiopia – National Health Care Quality Strategy 2016–2020**

Ethiopia is the second most populous country in Africa, with a population of around 100 million. Since 1995, the country’s health sector has undergone significant reform through implementation of a Health Care Financing Strategy. The Health Sector Transformation Plan identifies four transformation priority agendas: ensuring the delivery of quality health services in equitable fashion; focusing on district-level transformation; strengthening health information systems; and creating a compassionate, respectful and caring health workforce.

The Ethiopian National Health Care Quality Strategy was launched in March 2016. In order to operationalize the strategy, the Health Services Quality Directorate has developed a quality improvement tool for clinical audit of selected high-priority health care services in hospitals. Nationwide training on quality of care and audit methods has been conducted with selected health care cadres from all hospitals. The quality data system now allows integration of key performance indicators with the existing health management information system (106).

A number of priorities are pivotal to implementation of the strategy, including strengthening the National Quality Steering Committee chaired by the State Minister; supporting the formation of quality units in regional health bureaus and health facilities; capacity-building through training of cadres and dedicated mentorship; integration of quality improvement in the pre school health curriculum; strengthening monitoring and evaluation mechanisms; and creating demand for quality within the community, with a focus on respectful care. In order to operationalize the strategy, the Health Services Quality Directorate has developed a quality improvement tool for clinical audit of selected high-priority health care services in hospitals.
At its most effective, a quality strategy acts as a bridge between where a health system currently stands and the level of quality a country aims to attain. It can accelerate the achievement of health goals and priorities, using quality management principles that incorporate planning, control and improvement processes\(^{(107)}\). Though the form and content of the national policy and strategy of each country will vary, the following eight components are likely to receive universal consideration:

- **National health goals and priorities.** These will help to direct resources to meet the most pressing demands of the population. The quality agenda is then aligned to them.

- **Definition of quality.** The definition of quality used must be acceptable in the local context within the country and should underpin the national approach. Use of local language and shared understanding are essential.

- **Stakeholder mapping and engagement.** Quality is an aggregate of the individual components of the whole health system. Including key stakeholders in the development of policy and strategy allows a comprehensive range of factors that promote good-quality health services to be addressed.

- **Situational analysis: state of quality.** The current state of quality in any health system encompasses relevant priorities and problems; related programmes and policies; organizational capabilities and capacity; leadership and governance; and related resources. Assessment of the current state of quality defines key gaps requiring attention and areas of health care services that can be strengthened.

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**Box 5.2  Case study: Sudan – National Health Care Quality Policy and Strategy**

Sudan has a decentralized health system, with the federal government responsible for national health policy-making, strategy and coordination; state governments responsible for planning and implementation at the state level; and local entities concerned with service delivery on the ground. The main administrative body is the multisectoral National Health Sector Coordination Council.

Awareness of quality of care among the public and health care professionals is sporadic. While research into quality exists there is no adequate mechanism for interorganizational dissemination of results, so decision-making is not always informed by relevant data and evidence. However, measures are being undertaken to rectify these shortcomings. In line with the third National Health Sector Strategic Plan, a National Health Care Quality Policy and Strategy was formulated in 2017, to be implemented during 2017–2020. The policy addresses four main priority areas: strengthening governance and accountability, compliance with national quality standards, promotion of a people-centred approach, and reduction of avoidable harm to patients. Particular focus has been given to the health workforce through accredited training, career pathways, staffing norms, human resources for health management systems, and performance appraisal and auditing systems to help build capacity. Establishment of a formal partnership with patients and the community is high on the agenda of the National Quality Policy and Strategy.

Next steps include strengthening coordination mechanisms for the National Health System; devising a retention scheme for human resources; strengthening the health management information system; institutionalizing quality at all levels; improving patient safety and infection control at the state level; and strengthening management and implementation capacity at all levels.
• **Improvement methods and interventions.** Judicious selection of interdependent interventions implemented across all levels of the health care system will improve health outcomes. This task is complicated by limited resources, evidence of impact, feasibility and acceptability.

• **Governance and organizational structure for quality.** Governance, leadership and technical capacity are all necessary factors for improving quality. They need to be clearly articulated. In a growing number of countries, a national-level unit, usually in the ministry of health, has been created and coexists with other national quality bodies.

• **Health management information systems and data systems.** Improving quality relies on clear and accurate performance data. An information system to support nationally driven quality efforts is necessary for measurement, performance feedback and reporting.

• **Quality measures.** A core set of quality indicators is critically important for judging whether activities are producing higher quality of care leading to significant change in health outcomes; for providing feedback to providers and facility management; for promoting transparency to the public; and for comparative benchmarking to identify best practices for learning.

Box 5.3 presents a case study on the implementation of national quality strategy through a coordinated Quality Management Framework in Mexico.

**Box 5.3 Case study: Mexico – National Strategy for Quality Consolidation in Health Care Facilities and Services**

Mexico, with around 120 million inhabitants, has a mixed health care system with both public and private providers. Despite major reforms, including the introduction of a free health coverage system in 2003, demographic and epidemiological transitions – such as an ageing population and an increase in the prevalence of noncommunicable diseases – continue to place tremendous pressures upon the health care system.

A comprehensive systemwide quality improvement strategy was launched in Mexico in January 2001. The main objectives were to promote quality of care as a core value in the culture of health care organizations, both public and private, and to improve the quality of services across the health care system. In 2012 the National Strategy for Quality Consolidation in Health Care Facilities and Services was established, to be implemented through the General Directorate of Quality and Education in Health Care of the Ministry of Health. The strategy aimed to achieve quality improvement in the following areas: patient safety, innovation and continuous improvement, risk management, accreditation of health care facilities, health regulation, and health education.

Implementation of the strategy is supported by a Quality Management Framework that provides the administrative structure for quality improvement at all levels. The framework targets five value outcomes: population health, effective access, reliable and safe organizations, satisfactory experience of the population with health care, and reasonable costs. Citizen participation is promoted, and a monitoring system with indicators has been put in place. Incentives include a national quality award, and financial incentives to networks of units for the development of specific joint quality improvement projects.

**Source:** Ministry of Health (108), Sarabia-González et al. (109), Ruelas et al. (110).
5.3 QUALITY INTERVENTIONS

Quality interventions can have a significant impact on specific health services delivered and on the health system at large. Understanding the types of commonly deployed interventions, and knowledge of the evidence regarding their use and effectiveness, can allow for more informed choices about which interventions to select in countries. The nature of health care challenges in different health systems across the world is actually quite similar, despite the different contexts of population health needs, financing and workforce capacity. Whilst priorities may differ – communicable versus noncommunicable disease, care needs of later life versus treatment of mothers and children – the same quality goals are pursued everywhere:

- reduce harm to patients
- improve clinical effectiveness of the health services delivered
- engage and empower patients, families and communities
- build systemic capacity for ongoing quality improvement activities
- strengthen governance and accountability.

But where does that leave action? Agreeing upon a list of goals is easier than identifying strategies to achieve them. In this context, seven categories of action stand out. They are routinely considered by quality stakeholders – providers, managers, policy-makers – when trying to improve the performance of the health care system. They are considered in the following subsections.

5.3.1 Changing clinical practice at the front line

The gap between what is known to be effective care (“know”) and what is routinely performed by providers (“do”) has been well documented around the world. Closing this “know–do” gap requires multimodal changes in clinical practice at every level of a health system, from the individual encounter between the patient and the health care worker to the redesign of health care delivery. The skills, knowledge and attitudes of health care workers are fundamental. Measures to support health care providers to achieve the most effective care include clinical decision support systems ranging from written protocols to electronically supported aids. Reducing harm to patients is a key objective – It is estimated that of every 100 hospitalized patients at any given time, 7 in developed and 10 in developing countries will acquire at least one health care-associated infection (111). Away from the individual patient and provider, new models of care are being developed and implemented to address multiple dimensions of quality. The models define current best practice for the delivery of health care generically and also as related to special populations (for example, people with chronic disease or mental health conditions) or those with common characteristics (for example, children or the elderly). New models of care are often community based, extending well beyond the walls of hospitals and integrating the contributions of primary, specialized and social care organizations (104).

5.3.2 Setting standards

Setting standards, with evidence-based protocols, can establish consistency in delivery of high-quality care across diverse health systems globally. Though often led by government entities, standard setting is an area of quality improvement where professional bodies should play a major role, either working independently or in partnership with governments. Some clinical standards focus on specific population
groups, others on disease conditions or treatment protocols. For example, global clinical standards of care have been developed to improve maternal and newborn care in facilities. Embedding clinical policy and standards-based care is often achieved through patient care protocols and clinical pathways. Whilst clinical standards are often an early step in national quality strategies, developing standards without a holistic quality approach may not yield the expected results and progress.

5.3.3 Engaging and empowering patients, families and communities

Health systems need to go further than health literacy programmes to make full use of the potential of people-centredness as an entry point to higher-quality care. There is strong evidence, across all country contexts, that interventions that seek to engage and empower patients, caregivers and families can promote better care, including healthier behaviours, enhanced patient experience, more effective utilization of health services, reduced costs and improved outcomes. For example, engaging women’s groups in Nepal to identify the major maternal and newborn problems and strategies for improvement resulted in 30% fewer newborn deaths and an 80% reduction in maternal mortality. Giving patients information, advice and support can help them manage their health and co-develop treatment and health maintenance plans. Systematic, sustained community engagement mechanisms can also support programmes to improve quality of care. The need to secure or build trust in communities is also a priority. Without it there will be a fundamental barrier in willingness to access health care even when it is needed.

5.3.4 Information and education for health workers, managers and policy-makers

To be effective, information systems for quality improvement must meet the needs of caregivers, facility managers, health system leaders, policy-makers and regulators. This requires targeted information and educational methods for each respective audience. Health workers need comparative information about their own performance, especially benchmarked against best practices. Leaders, managers, policy-makers, regulators and funders also need comparative information. The format and focus will vary according to the area of quality being reviewed, whether it is a service (for example maternity care), a disease condition (for example the care of people with diabetes), a group within the population (for example older people), or an intervention (for example measles vaccination uptake). One of the commitments needed from leaders is to ensure that a proper level of investment in information systems is maintained. However, advances in accessibility and utility of information do not need to depend on high-technology solutions; for example, clinical decision support may be in the form of computer prompts or as simple as paper forms with boxes to tick the basic processes related to effective child care.

5.3.5 Use of continuous quality improvement programmes and methods

Quality improvement is not a static concept, but rather a continually emerging, dynamic system property. Many different methods are used to continuously assure and improve quality of health care, including broad clinical governance mechanisms; peer review and clinical audit; individual feedback; supervision and training; clinical decision support tools based on guidelines; and multidisciplinary learning collaboratives. A basic tenet underlying continuous quality improvement is activated learning mechanisms using iterative cycles of change. Further, an avoidance of “blaming and shaming” is central in avoiding the risk of promoting fear and resistance rather than
enthusiastic engagement in a shared pursuit of improved performance. There is no single effective method. Multiple interventions must be used in combination and with an understanding of the specific context. The role of institutional culture becomes a critical consideration in deciding the specific blend of quality improvement methods based on the capacity and capabilities that exist.

5.3.6 Establishing performance-based incentives (financial and non-financial)
Incentives can be either financial, such as payment, or non-financial, such as recognition and awards. Performance-based financing is a broad term for the payment of health providers based on some set of performance measures and is increasingly used as a quality lever. Models include value-based purchasing; readmission penalties; withholding payment for medical errors; and performance programmes focused on strengthening primary care. The amount contingent on performance is a subcomponent of the full payment, based on a range of financing modalities. Evidence remains mixed about the ability of pay-for-performance programmes to change health outcomes by themselves. However, incentives — both financial and increasingly recognized non-financial approaches — can serve an important motivating and sustaining function when used as part of a robust quality improvement programme. At the same time, attention is required in order to avoid disincentives for quality (such as payment systems that encourage excess medicine use).

5.3.7 Legislation and regulation
Governments use both legislation and regulation to achieve national health objectives. Legislation directed at improving quality of health services may address a wide range of issues, such as coverage and benefits; establishment of new (or empowerment of current) national bodies; payment reform; licensing of facilities and individual providers; and public performance reporting. Regulation is the range of factors outside clinical practice or the management of health care that influences behaviour in delivering or using health services (114). Regulation usually targets the activities of institutional and individual providers; health insurance organizations; pharmaceutical and device manufacturers; and consumers or patients. Various regulatory interventions often fail to meet their intended objectives, in part because responsible agencies lack capacity for enforcement. Regulation of private sector activity is increasingly important, given the large proportion of total services delivered.

Box 5.4 provides a case study illustrating the use of legislation and regulation to support health care quality goals in Ontario, Canada.

Box 5.4 Case study: Ontario, Canada – Excellent Care for All Act and Strategy
With its large land mass and heterogeneous population of over 13.5 million, including First Nations, provision of equal access to high-quality care is challenging in Ontario. As with all Canadian provinces, Ontario has a single payer health system; about two thirds of health care expenditure is publicly funded, while one third is paid directly by patients or private insurance plans.
Various studies have found that the relationship between quality and funding is generally weak in Ontario, and a major goal of current health system reforms is to improve that linkage. The Excellent Care for All Act became law in 2010, with the Excellent Care for All Strategy forming the vehicle for implementation.
5.4 CONSIDERATION AND SELECTION OF QUALITY INTERVENTIONS

While the seven categories of action provide a broad map of the performance improvement terrain, there is a further need to specify key quality interventions. Selecting the “right” intervention is seldom possible. No single intervention will satisfy all needs. Even interventions that are non-controversial, such as protocols for hand hygiene, are ineffective if not implemented by considering organizational culture and staff attitudes and motivation. Linkage with national goals – designed to withstand political changes – is central to long-term sustainability.

Any ambition to improve quality will require a multimodal approach, using a combination of interventions. Some approaches, like accreditation of facilities, may not have a direct impact on health outcomes but can be important in building public trust and in promoting a culture of quality within the health care system. Programmes that focus only on provider behaviour fail to recognize that the wider environment of health care is pivotal in facilitating or hindering best practice. For example, appropriate prescribing of antibiotics often depends on a physician whose behaviour can be influenced by practice guidelines, performance feedback, peer review, training and supervision, financial incentives, availability of a sufficient variety of antibiotics and patient expectation. The complexity of change becomes apparent.

The illustrative interventions in Table 5.1 have been identified for the following attributes: relevant in a wide variety of countries globally; commonly considered as options; having some evidence to guide selection and use; and implementable at multiple levels, from small primary care clinics to the level of a national programme.

The context within which these interventions are applied is pivotal in maintaining the credibility of quality improvement endeavours. For example, developing a multimodal quality intervention strategy for a health facility without adequate water supply provides an immediate reality check for quality enthusiasts – data on water, sanitation and hygiene from health facilities across the world provide a clear context for action on the structures required for quality.

Source: ICES (115), Ministry of Health and Long-term Care (116).
The list presented is not exhaustive; other interventions could be included. This set of interventions has been selected for their potential impact on quality by reducing harm, improving front-line delivery of health care services, and building systemwide capacity for quality improvement. The illustrative interventions are not ranked by effectiveness but point to some of the options and possibilities available to health system leaders, managers, practitioners or policy-makers intent on advancing quality of care. The interventions are presented as simply as possible, highlighting the salient issues. However, none is simple to implement. The multiple interventions grouped under system environment touch on a number of the seven categories mentioned above.

Table 5.1  Illustrative quality interventions

<table>
<thead>
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<th>Category</th>
<th>Interventions</th>
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| **System environment**    | • **Registration and licensing** of doctors and other health professionals, as well as health organizations, is often considered a key determinant and foundation of a well performing health system.  
• **External evaluation and accreditation** is the public recognition, by an external body (public sector, non-profit or for-profit), of an organization’s level of performance across a core set of prespecified standards.  
• **Clinical governance** is a concept used to improve management, accountability and the provision of quality health care. It incorporates clinical audit; clinical risk management; patient or service user involvement; professional education and development; clinical effectiveness research and development; use of information systems; and institutional clinical governance committees.  
• **Public reporting and comparative benchmarking** is a strategy often used to increase transparency and accountability on issues of quality and cost in the health care system by providing consumers, payers, health care organizations and providers with comparative information on performance.  
• **Performance-based financing and contracting** is a broad term for the payment of health providers based on some set of performance measures and is increasingly used as a quality lever. The amount contingent on performance is often a subcomponent of the full payment, which may be based on a range of financing modalities.  
• **Training and supervision of the workforce** are among the most common interventions to improve the quality of health care in low- and middle-income countries.  
• **Medicines regulation** to ensure quality-assured, safe and effective medicines, vaccines and medical devices is fundamental to a functioning health system. Regulation, including post-marketing surveillance, is needed to eliminate substandard and falsified medicines based on international norms and standards.                                                                                                                                                                                                 |
### Interventions

**Clinical decision support tools** provide knowledge and patient-specific information (automated or paper based) at appropriate times to enhance front-line health care delivery.

**Clinical standards, pathways and protocols** are tools used to guide evidence-based health care that have been implemented internationally for decades. Clinical pathways are increasingly used to improve care for diverse high-volume conditions.

**Clinical audit and feedback** is a strategy to improve patient care through tracking adherence to explicit standards and guidelines coupled with provision of actionable feedback on clinical practice.

**Morbidity and mortality reviews** provide a collaborative learning mechanism and transparent review process for clinicians to examine their practice and identify areas of improvement, such as patient outcomes and adverse events, without fear of blame.

**Collaborative and team-based improvement cycles** are a formalized method for hospitals or clinics to work together on improvement around a focused topic area over a fixed period of time with shared learning mechanisms.

**Formalized community engagement and empowerment** refers to the active and intentional contribution of community members to the health of a community’s population and the performance of the health delivery system, and can function as an additional accountability mechanism.

**Health literacy** is the capacity to obtain and understand basic health information required to make appropriate health decisions on the part of patients, families and wider communities consistently, and is intimately linked with quality of care.

**Shared decision-making** is often employed to more appropriately tailor care to patient needs and preferences, with the goal of improving patient adherence and minimizing unnecessary future care.

**Peer support and expert patient groups** link people living with similar clinical conditions in order to share knowledge and experiences. It creates the emotional, social and practical support for improving clinical care.

**Patient experience of care** has received significant attention as the basis of designing improvements in clinical care. Patient-reported measures are important unto themselves; patients who have better experience are more engaged with their care, which may contribute to better outcomes.

**Patient self-management tools** are technologies and techniques used by patients and families to manage health issues outside formal medical institutions and are increasingly viewed as a means to improve clinical care.

### 5.5 CONCLUSION

Improving health system performance requires choices and judgements during the promulgation of policy, prioritization of national quality goals, engagement of key stakeholders and selection of quality-related interventions. The infrastructure, context, culture and traditions of health care in a country and locality are central in deciding which levers to apply.

A successful national quality strategy is multifaceted and uses many interventions in concert (Table 5.2), from those that put the patient at the centre of the care process, to those that support health workers to set standards and work effectively in teams. Leaders, managers and policy-makers play a critical role in supporting and enabling environments in which standard setting, performance-based incentives, regulation and other interventions can flourish.
Chapter 5
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Table 5.2  Quality-related interventions: engaging key actors

<table>
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<tr>
<th>Actors</th>
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<tr>
<td>Government</td>
<td>• Definition of national priorities and quality goals</td>
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<td></td>
<td>• Provision of essential quality infrastructure, e.g. information</td>
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<td>technology, utilities</td>
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<td></td>
<td>• Improvement of regulation</td>
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<td></td>
<td>• Reporting data for transparency and motivation</td>
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<tr>
<td></td>
<td>• Inspection and licensing of health care providers</td>
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<tr>
<td>Health care facilities</td>
<td>• Clinical governance</td>
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<tr>
<td></td>
<td>• Establishing care protocols and clinical pathways</td>
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<td></td>
<td>• Clinical decision support</td>
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<td>• Use of safety protocols</td>
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<td></td>
<td>• Inter-institutional learning mechanisms</td>
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<tr>
<td>Clinical providers</td>
<td>• Clinical standards and patient pathways</td>
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<td></td>
<td>• Monitoring adherence to standards of care</td>
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<tr>
<td></td>
<td>• Peer review and clinical audit</td>
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<td></td>
<td>• Shared decision-making</td>
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<tr>
<td>Patients and public</td>
<td>• Patient, family and community engagement</td>
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<tr>
<td></td>
<td>• Patient education and self-management</td>
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<td>• Participation in governance</td>
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<td>• Patient feedback on experience of care</td>
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One of the biggest obstacles to health care improvement is a reluctance to acknowledge the problems that exist (117–119). Another is the difficulty of selecting effective interventions and competently implementing them. The importance of leadership is something of a mantra in the field of health care quality improvement, but without it there is no way to inspire belief that improvement is possible to catalyse collective action. Another key driver of success is proof that the intervention is working. It is here that data collection and feedback are indispensable. However, local teams may lack experience in collecting and interpreting data. They may struggle with data collection systems that are poorly designed for monitoring quality (120). Excessively burdensome measures may be seen as a waste of time, while poorly chosen measures can provoke gaming and perverse incentives. Getting the monitoring aspect right from the start is vital, and this means integrating measurement systems into improvement and making sure that they are adequately resourced (121, 122).

Developing national quality policy and strategies is a priority if improvement is to be an integral part of the way that the health care system operates. Nationally driven efforts are required to develop and implement a coherent approach to quality that uses multiple levers to secure the positive change being called for by populations across the world.
Box 5.5 outlines key actions that can be taken to ensure that levers to improve quality are fully utilized.

**Box 5.5  Key actions: understanding levers to improve quality**

To ensure that multiple levers are used to improve quality in health care, governments, policy-makers, health system leaders, patients and clinicians should work together to:

1. **Develop, refine and execute a national quality policy and strategy, by:**
   - adopting a definition of quality that is applicable in the local context;
   - conducting a situational analysis of the current state of quality;
   - involving the range of key stakeholders in its formulation;
   - identifying (or creating) organizational structures that can provide governance, leadership and technical capacity in quality;
   - ensuring that quality is integrated across ministry of health functions.

2. **Adopt and promote universal quality goals, by:**
   - setting realistic and measurable targets to reduce harm and improve care;
   - working with professional bodies to establish areas of care to improve clinical effectiveness;
   - engaging and empowering patients, families and communities;
   - building systemic capacity for ongoing quality improvement activities;
   - establishing and activating learning systems for continuous improvement.

3. **Design a quality strategy that includes a set of quality interventions, by:**
   - examining carefully the evidence-based quality improvement interventions in relation to the systems environment, reducing harm, improvement in clinical care, and patient, family and community engagement and empowerment.

4. **Monitor and report quality of care results for continuous improvement efforts**