HealthManagement
Promoting Management and Leadership

For universal healthcare, quality is not the icing, it's the cake

Chris McCahan, MBA
******@***ifc.org

Chief Investment Officer and Global Sector Lead for healthcare services - International Finance Corporation Washington, DC, USA

Julia Khalimova
******@***ifc.org

Healthcare Quality and Patient Safety Specialist - IFC

LinkedIn Twitter

Imagine this nightmare scenario. You are diagnosed with renal cancer. The recommended treatment is removal of a kidney. You check into the hospital, have the operation. You wake up assuming you're cured, only to be told that the surgeon mistakenly removed the healthy kidney and left the diseased one inside. This may sound like something out of a horror movie, but it can and does happen. In the United States alone, so-called wrong-site surgery was occurring about 40 times a week as recently as 2011, according to Becker's Hospital Review. Most instances—71 percent—had fatal consequences for the patient. In developing countries, reliable figures are harder to find but the rate is likely much higher.

A recent Lancet study found that poor quality healthcare causes 5.7 million deaths a year in low- and middle-income countries, making it a bigger barrier to lowering mortality rates than lack of access to healthcare, which causes 2.9 million deaths a year. In high-income countries, about one in ten patients is harmed while receiving hospital care. In the United States, for example, medical errors cause more deaths annually than road accidents (40,000) and breast cancer (40,000) combined.

One cause of these alarmingly high figures is surgical site infections, where failure to follow sanitary protocols results in a patient getting an infection during surgery. The surgical site infection rate for low- and middle-income countries, at 6.1 percent, is seven times the rate of U.S. healthcare facilities. One in ten patients die in surgery in Africa and one in five develop a surgery-derived complication, Lancet has reported. The figures for maternal mortality are just as shocking: a mother undergoing a C-section in a low or middle-income country is ten times more likely to die than in the Netherlands.

With quality key to attaining Universal Healthcare (UHC), the International Finance Corporation (IFC), the arm of the World Bank that invests in the private sectors in emerging markets, has developed an easy-to-use Quality Assessment Tool for healthcare organisations in emerging markets. The Tool has been refined over the past year as we assessed the quality of care provided by healthcare organisations in Africa, Asia, Europe, and Latin America.

We have piloted the Tool in a diverse array of developing countries, including Georgia, Mexico, Nepal, and Uganda. We make recommendations for improvements, promoting the most effective measures, while recognising the budget constraints that healthcare providers in poorer countries face. These partnerships are starting to show positive results, with some organisations advancing to international accreditation.

What kind of things should practitioners pay attention to? Firstly, the imperative of adhering to internationally-recognised, clinical protocols. Studies of primary care clinics in developing countries show, for example, that only 35–54 percent follow the clinical guidelines for treating childhood conditions. In hospitals in Nairobi, Kenya, only half of all sick and underweight newborn babies receive evidence-based treatment. With the rapid uptake of the internet and mobile technologies across developing countries, practitioners usually have all this guidance at their fingertips.

Many organisations spend large amounts of money on expensive facilities and equipment and 'hiring the best doctors' while neglecting basic practices on quality and patient safety. Quality does not need to be complicated or costly. It can be something as simple and low cost as healthcare workers uniformly washing their hands to kill all microbes. Conservative estimates indicate that at any given time, there are over 1.4 million patients suffering from an infection they picked up during treatment, most of them in developing countries. Hospital-acquired infections of the bloodstream, urinary tract, chest/respiratory system, and intestines are far too common and poor hand hygiene is often the culprit. Compliance with protocols is frustratingly weak—as low as 2 percent, according to surveys of some Kenyan primary care facilities.

The stakes are high but the rewards to be reaped from compliance are even higher. According to the Lancet Commission, improved quality of healthcare could prevent 2.5 million deaths from heart disease per year, one million newborn deaths, 900,000 tuberculosis deaths, and half of all maternal deaths.

For billions of people, UHC will be an empty vessel unless and until all nations make improving the quality of care as high a priority as attaining universal coverage. You can extend access to healthcare to billions of people who have never had it before but if that healthcare is of low quality, it will not help them, and indeed often it will harm them.

Finding innovative ways to expand access to high quality care will be front and center at the ***8th Global Private Healthcare Conference*** *which* ***IFC is organising in Miami, Florida on March 27–28, 2019*** *. The conference will convene some 450 delegates from more than 60 countries and 200 companies, 70 percent at C-Suite level, for great networking and discussions. To learn more and to register, go to:* ***www.ifc.org/health-conference***

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