Knowledge to Action Briefs

Ask #3: Quality of care, including respectful and dignified care, and effective community engagement and redress mechanisms

These seven knowledge-to-action briefs support partners to carry forward the PMNCH Call to Action on COVID-19, which aims to increase investment and policy support to mitigate the devastating effects of the COVID-19 pandemic on the health of women, children and adolescents, and the societies and economies that support them. The knowledge-to-action briefs synthesize relevant evidence to the COVID-19 Call to Action, focusing on: 1) key impacts of COVID-19; 2) policies and mitigation strategies; and 3) strategic gaps in knowledge and action, including in humanitarian and fragile settings.

Background

Epidemics and pandemics have catastrophic impacts on quality of care and magnify existing challenges to providing effective, efficient, safe, equitable and people-centred services. For example, during the West African Ebola outbreak in 2014–2015, poor infection control and ineffective case management at health facilities led to health workers and patients falling ill and dying. Morale collapsed and front-line health workers refused to come to work. Patients were left unattended and in degrading conditions, and hospitals became identified as “places to go to die”. Communication between health-care practitioners and the public broke down. Families refused to take the sick to hospital and Ebola patients were cared for and died at home, among family members who themselves then fell ill. Already strained health systems began to break down, and sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH) services collapsed.12 Poor quality of care led to and magnified bottlenecks in the response to the epidemic, while the epidemic, in turn, exacerbated poor quality of care.

For this reason, maintaining quality of care standards has been an overriding concern since the beginning of the COVID-19 pandemic, and WHO’s framework for quality care has been adapted for the pandemic (Table 1).

Key impacts

Evidence is already emerging of multiple quality of care issues arising from the COVID-19 pandemic.
Effectiveness

Health facilities have struggled with effectiveness as both health workers and health facility space have been redirected to COVID-19 patients, along with commodities such as personal protective equipment (PPE). This has led to disruption of services by other hospital programmes, including obstetrics, organ transplants, cancer diagnosis and treatment, stroke care and mental health.

Safety

The global shortage of PPE and its impact on patient and health worker safety has led to protests by health workers in countries around the world, as has the exhaustion of front-line staff due to overworking and poor working conditions. Some health workers have manufactured their own PPE from items such as scuba masks, plastic bags and construction equipment.

People-centredness

Health workers’ ability to provide dignified and humane care has become limited in some countries. Health facilities have become overcrowded and patients have been relegated to makeshift wards in parking lots, malls, churches and sports stadia. For patients requiring oxygen and ventilation, isolation and infection control have often been prioritized over family visits. Family trauma has been compounded by restrictions on funeral attendance due to bans on public gatherings.

Timeliness

Timeliness issues include long wait times for health facility visits and for testing; this has undermined confidence in the health system in many countries. Overcrowding at facilities has led to long turnaround times and increased walk-out rates. Images have been shared of long queues at drive-by testing sites.

Integration

Integrated service delivery has suffered as hospitals and clinics are forced to create dedicated COVID-19 units with strict isolation policies, preventing integrated care of patients. Nowhere has this been more evident than in maternity wards. Advocates have been documenting the effects of COVID-19 infection control restrictions on maternal choice. Women in some countries have been prevented from being attended by birth supporters, found their birth plans disregarded and, in some instances, denied the right to breastfeed due to insufficient guidance on whether COVID-19 is transmitted through breast milk. Declining attendance in maternity wards has also been documented: staff and commodities have been diverted to other parts of hospitals, and fear of infection has caused some pregnant women to avoid health facilities.

Equity

For both poor communities and ethnic minority populations, studies in many countries have

Table 1. Adaptation of the WHO Framework for quality care during the COVID-19 pandemic

<table>
<thead>
<tr>
<th>Quality domain</th>
<th>Illustrative implications</th>
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</thead>
<tbody>
<tr>
<td>Effectiveness</td>
<td>Guidelines may not be available to account for altered ways of working</td>
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<tr>
<td>Safety</td>
<td>Enhanced infection protection control needs; challenges with safe staffing levels</td>
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<tr>
<td>People-centredness</td>
<td>Potential fear about using health services; visitors and family members not allowed to attend care facilities</td>
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<tr>
<td>Timeliness</td>
<td>Increased wait times due to staff re-deployment; postponement of non-urgent care</td>
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<tr>
<td>Equity</td>
<td>COVID-19 control measures may limit access for specific population groups</td>
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<tr>
<td>Integration</td>
<td>Disruption to usual systems will challenge coordination and referral mechanisms</td>
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<tr>
<td>Efficiency</td>
<td>Control measures (e.g. distancing) require adaptations to provide services efficiently</td>
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</tbody>
</table>

documented inequitable access to high-quality health care due to implicit bias against patients of colour and its impact on physician-patient communication. Similar disparities are also reversing many of the quality “innovations” intended to improve the accessibility and efficiency of COVID-19 service delivery, such as drive-through services, which rely on vehicle ownership, and social media or other digital health platforms, which assume both access to technology and digital literacy.

Efficiency

Some hospitals and clinics have been forced to create dedicated COVID-19 units. These, coupled with strict isolation policies, have disrupted the efficient flow of patients and staff.

Actionable interventions and solutions to mitigate impact

Mitigation strategies to ensure quality of care during health emergencies and pandemics include addressing safety, effectiveness, efficiency and timeliness in the context of over-crowded health services, along with improving accessibility and people-centredness.

Mobile clinics

Drive-through or walk-in screening tents are improving quality of care by reducing wait times for tests, decongesting waiting rooms, and freeing up facilities to continue treating other health problems. This proved a useful strategy in the past: for example, during the 2009 H1N1 pandemic, a hospital in the American state of Tennessee found that using screening tents reduced walk-out rates from 12.9% to 1.8% of patients, reduced turnaround time from 282 to 152 minutes and proved extremely cost-effective.

Patient flow strategies

Patient flow strategies, including rapid pre-triage screening, early registration, specialized clinics, were successfully utilized during the H1N1 pandemic to reduce the risk of infection by reducing time spent in a health facility and these lessons are currently being applied to counter COVID-19 at many hospitals around the world.

Infection control protocol

Infection control procedures, such as the use of checklists and dedicated infection control managers to oversee the removal and disposal of PPE, have been demonstrated to improve patient and health worker safety during previous health emergencies.

Tailored guidelines

Clear guidelines for the screening, care and treatment of potential and confirmed COVID-19 patients, with specific guidelines tailored to, for example, pregnant patients, infants and children, support the delivery of effective care.

Outreach strategies

Dedicated outreach strategies improve equity and access for vulnerable, hard-to-reach populations, as can mobile clinics in some settings (although these should be used in combination with other quality measures).

Patient-centred care

Patient-centredness can be enhanced by: 1) telemedicine that enables patients to be managed at home; 2) patient feedback mechanisms; 3) communication strategies and innovations to improve family participation and contact (e.g. use of video calling); 4) policies prioritizing hospitalized patients’ preferences; and 5) integrated, multidisciplinary teams to ensure a holistic understanding of “care”.

Priority knowledge gaps

In the absence of real-time data, it is difficult to quantify the impact of COVID-19 on quality of care, especially with respect to SRMNCAH. Quality dimensions are documented anecdotally, often in media reports. However, the extent to which COVID-19 is compromising quality is not being widely measured.

Quality issues are documented differently in the literature. Patient-centredness, safety, timeliness and equity, for example, are often treated as rights-based issues, while effectiveness, efficiency and integration are treated as process-based or organizational issues.
A unified discussion of COVID-19’s impact on the overall quality of care in all its dimensions has not been a priority.

The impact of COVID-19 on equity is, thus far, also largely anecdotal. However, a study based on billing data for COVID-19 in several American states showed that African American patients with COVID-19 symptoms were much less likely to be referred for testing than Caucasian patients presenting with the same symptoms.4

References


