

Quality of Institutional Care (QuIC) survey in Ghana

Ms Davida Pappoe, Evidence 4 Action, Ghana

Dr Claire Bailey, University of Southampton

Background

Maternal mortality is one of the leading causes of death among women in many developing countries. Estimates suggest that, every day, approximately 800 women die from preventable causes related to pregnancy and childbirth, (WHO, 2014). The maternal mortality rate of Ghana is estimated at 350 per 100,000 (WHO, 2014).

In an effort to reduce this number, the fifth Millennium Development Goal (MDG 5: Improving maternal health) was launched in 2000 to facilitate reduction in maternal deaths.

Since then, there has been many surveys to help identify the challenge and improve the quality of care. One of such surveys is the 2010 Emergency Obstetric and Neonatal Care (EmONC) needs assessment which is expensive and time consuming

The Quality of Institutional Care survey Ghana (QuIC) was developed to provide a low resource and reliable means of collecting data on maternal and neonatal services at health facilities across the country and presenting findings in a timely manner to informed actions of health stakeholders at the regional, district and facility level to improve quality of care. Quality of care is also a concept without a universally accepted definition or common operationalisation (Nesbitt *et al.* 2013).

Methodology

The survey employs m health system (mobile telephone) to collect data from midwives in the labour ward on their readiness to provide Emergency Obstetric and Neonatal Care services in real time (within an hour of call). According to Cnossen *et al* (2015), the high usage of mobile technology by the populace provides an opportunity to monitor and collect data on health

outcomes and better characterize the behavioural and environment influence on health and illness.

The survey process includes a set-up visit to each facility to orient midwives on the survey and the mode of collecting data. The subsequent rounds are collected over the phone with eligible midwives providing the required information.

To ensure the credibility of the results, validation visits are conducted at the health facilities to ensure drugs and instruments are available and the midwife on duty has been trained for emergency care during delivery.

Results

Results of the survey are disseminated to all stakeholders in a format ready for public display at facilities or directorate offices and are used to inform decision-makers of the capability of health facilities to provide EmONC. Awareness of the current situation on the ground can impact on quality improvement in a number of ways; the results use a colour coded traffic light system to alert facilities to areas in which they are under-performing as well as making them aware of the lifesaving functions they are expected to provide according to the internationally agreed signal functions. In addition District Health Management Teams are made aware of poorly resourced/performing facilities and can use the evidence to advocate for assistance from within the health sector as well as the communities and other agencies.

The results provide a picturesque of the capacity of the facility to provide maternal care services.

Conclusion

It is possible collect a reliable and up-to-date source of data directly from health workers at facilities which can be used at local level to increase awareness of underperformance and prompt quality improvement interventions. The telephone interview can somehow provide a relatively reliable information of the health facility.

References

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