

## Executive Summary

### Research Project: Quality standards: QS

Health promotion is a process to control risk factors that determine health status, through behavioral changes and environmental management. The provision of health promotion and disease prevention services aims to reduce the incidence of diseases, morbidities and to improve quality of life. In order to provide good quality services, health care providers should follow standards or guidelines that are developed based on robust evidence. Although there are indicators for health promotion and disease prevention services, health care providers still have unclear standard guidance especially for services that was recently included in the benefit package. Consequently, this can lead to misunderstanding among health care providers and relevant stakeholders regarding how health promotion and disease prevention services should be delivered in an appropriate manner to ensure the best quality of services.

One initiative developed for improving quality of care across primary and hospital care settings is the implementation of Quality Standards (QSs). QSs are a concise set of evidence-informed statements, designed to drive and measure priority quality improvements, within a particular area of care. QSs provide guidance and advices for health professionals, as well as a range of information services for patients and public. QSs consist of information on rationale of the statement, quality measures, as well as the meaning of the statement for health professionals, patients and public.

QS is a new concept for Thai health care system and Thailand has never implemented this initiative before. However, Thai policy makers anticipated that this initiative could be helpful for improving quality of care. The National Health Security Office (NHSO) could use QSs to inform the quality of care that Thai people receive, and to design proper payment mechanism and incentives. The Ministry of Public Health (MoPH) could use QSs as benchmarks for assessing actual care performance of health care providers. The performance could be reported nationally, compared and fed-back to the service providers so that they can continuously make plan for improving their practices. Providers could use QSs to monitor service improvements, to demonstrate that high-quality care or services are being provided and highlight areas for improvements. Health professionals could use QSs to demonstrate quality of care that they provided and how to improve quality of care in order to achieve the set targets. In addition, patients and public can use QSs as a source of information about desired care activities so that they can request these activities from providers and know how to take care of themselves.

The development of Quality standards for health promotion and disease prevention services in Thailand was divided into two phases; phase 1 was conducted between May 2017 and September 2017 with the following objectives;

1. To develop guideline for QS development including tools and templates, with technical support from IC team
2. To prioritize and select three health promotion and disease prevention services for QS development
3. To develop examples of QSs for the prioritized services to demonstrate the development of Qs using systematic, transparent and evidence-based approaches, and with collaboration of key stakeholders
4. To strengthen capacity of the NHSO staff, officials of the MOPH, staff from related organizations, and other Thai scholars regarding how QSs should be developed using systematic, transparent and evidence-based approaches

The outcomes of the 1<sup>st</sup> phase of the project include; a) a proposed guideline for developing Quality Standards in Thailand which was adapted from Quality Standard Process guide developed by the National Institute for Health and Care Excellence (NICE) and Principle for developing clinical Quality Standards in low and middle-income countries developed by NICE international. In addition, this guideline was consulted with an advisor from Imperial College London who has experience developing Qs in UK, Vietnam and India, b) The ANC package which consists of 9 services as the priority areas for the development of Qs in the next phase of the project. ANC was prioritised because ANC is an area that still needs improvement and ANC related health outcomes could be followed up and evaluated in a short term. The evaluation of the impact of QS implementation on health outcomes will inform the future development of QS in other areas. Due to time and resource constraints, the team could develop QS for three services. Therefore, problems regarding ANC service provision and utilization were discussed. Six services need improvements in the following areas; 1) receiving ANC before 12 weeks of pregnancy: pregnant women were not concerned about receiving ANC services and a lack of proper information of ANC was observed. 2) Fundal height measurement: health practitioners performed different practices. 3) Laboratory examination: inadequate examination; insufficient follow-up system, and pregnant women were not informed about laboratory examination services. 4) Triferdine supplementation: not all pregnant women receive triferdine throughout their gestation periods. 5) Pregnancy-induced hypertension, preterm labor, and gestational diabetes screenings: unstandardized screening programs were delivered across country and there was insufficient emergency transferring services. 6) Parenting classes: limitations included time constraint of service providers, lack of well-trained staff to provide services, and lack of standard guidelines for service arrangements. These six priority services will be prioritized in the next phase. c) two examples of Qs including referring pregnant women who experience severe preeclampsia to referral hospitals and prescribing MgSo4 for pregnant women who experience severe preeclampsia before referring them to other hospitals. These two examples were used as an exercise to demonstrate process of QS development and the component of QS. d) a capacity strengthening workshop on measures to improve quality of care. Different measures were presented to stakeholders including the development of Quality and Outcome Framework, the improvement of quality of care through hospital accreditation, NICE quality standards in the United Kingdom, and the roles of QS for improving quality of health promotion and disease prevention services.

For more information: <http://www.hitap.net/documents/170870>