

Standards for improving the quality of care for children and young adolescents in health facilities

POLICY BRIEF



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Introduction

Achieving the Sustainable Development Goal (SDG) goal 3 targets as elaborated in the Global Strategy for Women's, Children's, and Adolescent's Health (2016–2030) will require ensuring universal access to safe, effective, quality and affordable care for women, children and adolescents^{1,2,3}. Despite the progress made in the last two decades, an estimated 6.6 million infants, children and young adults still died in 2016 (5.6 million children under five and 1 million children aged 5–14) mostly from preventable causes⁴. To provide universal health coverage with quality, every woman, child and adolescent should receive quality care throughout their life course and during care⁵. This requires institutionalization of safe, effective, quality service delivery. This series of standards of care "*Standards for improving quality of care for children and young adolescents in health facilities*" are to address the quality of care for children 0–15 years of age in health facilities⁶. They complement the first series published in 2016 that covered routine care and management of complications during labour, childbirth and the early postnatal period⁷.

Why do we need paediatric standards of care?

Studies have shown that most often children do not receive basic elements of care or are often inappropriately managed^{8,9,10,11,12}. In addition, the physical, psychosocial, developmental, communication and cultural needs of children differ from those of adults. Therefore standards of care are required to ensure that the care given to all children in health facilities is evidence-based, safe, effective, timely, efficient, equitable and appropriate for their age and stage of development, and that care provided is child and family centred.

Why the paediatric quality of care framework?

The paediatric quality of care framework highlights the 8 specific domains of care that are critical to providing quality care for children 0 to 15 years of age (infants, children and young adolescents). The domains which are nested within the health system influence the quality of care provided and the desired outcomes. They are organized into three main categories: provision of care (domains 1–3), experience of care (4–6) and availability of child- and adolescent-friendly resources (7 and 8) (Fig. 1). The framework takes into account children's right to health and recognizes that their needs are different from those of adults.

Who is the target audience?

Policy-makers, health care professionals, health service planners, programme managers, regulators and professional bodies.

How can the standards of care be used and implemented?

The standards should be used to provide guidance in the preparation of national standards of care and protocols, organizing, and planning for services and the resources (e.g. essential medicines and supplies, equipment and human resources) required to provide quality care. They should be used to:

1. Prepare evidence-based national standards and protocols to ensure high- quality, effective paediatric care services.
2. Identify the components of care and resource inputs that are required to ensure delivery of high- quality paediatric services.
3. Align and use available resources to achieve optimal health-care outcomes and improve the use and satisfaction of individuals, families and communities.
4. Track quality improvements and monitor performance in paediatric care or services provided and highlight areas for further improvement.
5. Provide a benchmark for national health facility assessments, audits, accreditation and performance reward.

They should be systematically integrated into national quality of care policy and strategy, and supported by managerial structures and mechanisms that facilitate implementation at all levels of care. Adaptation to the local context is critical to ensure their applicability in all service delivery areas where children and young adolescents are attended to such as Outpatients, Inpatient Wards, Emergency Areas, Surgical and Recovery Wards, Health Centres and Hospitals. Health facility quality measures should be used to track performance at point of care to ensure the inputs required are available and that the process of care provided leads to the desired outcomes.

What is the scope of these standards?

The standards go beyond clinical guidelines to provide guidance and bench marks in the organization of health service delivery and care for children 0–15 years of age. They provide bench marks for delivering evidence based care, and resources required such as essential child-friendly medicines, supplies, and equipment, and appropriate human resource needs to deliver in the best interest of children. The evidence based care standards are prioritized to cover the most common infectious conditions that cause morbidity and mortality in children up to 15 years of age, inclusive of emerging priorities such as injuries, non-communicable diseases and chronic conditions^{13,14,15}.

The standards also address children's experience of care, demanding that children and their families be respected, protected and supported psychologically and emotionally, and allowed to have meaningful participation in their care according to their evolving capacity. They bench mark the health system resource requirements to provide child centred care such as availability of empathetic human resources, child-and adolescent-friendly health facility environment, and availability of appropriate child-friendly medicines, equipment and medical supplies.

The paediatric standards of care

There are eight standards of care derived from the 8 domains of the quality of care framework which broadly describe what is expected to be provided to achieve high-quality care for children in health facilities. Under each broad standard statement there are three or more quality statements that provide more specificity and content for the prioritized areas for quality improvement with detailed measurement criteria in terms of input, output/process & outcome.



STANDARD 1.

Every child receives evidence-based care and management of illness according to WHO guidelines

- Quality statement 1.1** All children are triaged and promptly assessed for emergency and priority signs to determine whether they require resuscitation and receive appropriate care according to WHO guidelines.
- Quality statement 1.2** All sick infants, especially small newborns, are thoroughly assessed for serious bacterial infection and receive appropriate care according to WHO guidelines.
- Quality statement 1.3** All children with cough or difficult breathing are correctly assessed, classified and investigated and receive appropriate care and/or antibiotics for pneumonia, according to WHO guidelines.
- Quality statement 1.4** All children with diarrhoea are correctly assessed and classified and receive appropriate rehydration and care, including continued feeding, according to WHO guidelines.
- Quality statement 1.5** All children with fever are correctly assessed, classified and investigated and receive appropriate care according to WHO guidelines.
- Quality statement 1.6** All infants and young children are assessed for growth, breastfeeding and nutrition, and their carers receive appropriate support and counselling, according to WHO guidelines.
- Quality statement 1.7** All children at risk for acute malnutrition and anaemia are correctly assessed and classified and receive appropriate care according to WHO guidelines.
- Quality statement 1.8** All children at risk for tuberculosis (TB) and/or HIV infection are correctly assessed and investigated and receive appropriate management according to WHO guidelines.
- Quality statement 1.9** All children are assessed and checked for immunization status and receive appropriate vaccinations according to the guidelines of the WHO expanded programme on immunization.
- Quality statement 1.10** All children with chronic conditions receive appropriate care, and they and their families are sufficiently informed about their condition(s) and are supported to optimize their health, development and quality of life.
- Quality statement 1.11** All children are screened for evidence of maltreatment, including neglect and violence, and receive appropriate care.
- Quality statement 1.12** All children with surgical conditions are screened for surgical emergencies and injury and receive appropriate surgical care.

Quality statement 1.13 All sick children, especially those who are most seriously ill, are adequately monitored, reassessed periodically and receive supportive care according to WHO guidelines.

Quality statement 1.14 All children receive care with standard precautions to prevent health care-associated infections.

Quality statement 1.15 All children are protected from unnecessary or harmful practices during their care.



STANDARD 2.

The health information system ensures the collection, analysis and use of data to ensure early, appropriate action to improve the care of every child.

Quality statement 2.1 Every child has a complete, accurate, standardized, up-to-date medical record, which is accessible throughout their care, on discharge and on follow-up.

Quality statement 2.2 Every health facility has a functional mechanism for data collection, analysis and use as part of its activities for monitoring performance and quality improvement.

Quality statement 2.3 Every health facility has a mechanism for collecting, analysing and providing feedback on the services provided and the perception of children and their families on the care received.



STANDARD 3.

Every child with condition(s) that cannot be managed effectively with the available resources receives appropriate, timely referral, with seamless continuity of care.

Quality statement 3.1 Every child who requires referral receives appropriate prereferral care, and the decision to refer is made without delay.

Quality statement 3.2 Every child who requires referral receives seamless, coordinated care and referral according to a plan that ensures timeliness.

Quality statement 3.3 For every child referred or counter-referred within or among health facilities, there is appropriate information exchange and feedback to relevant health care staff.



STANDARD 4.

Communication with children and their families is effective, with meaningful participation, and responds to their needs and preferences.

Quality statement 4.1 All children and their carers are given information about the child's illness and care effectively, so that they understand and cope with the condition and the necessary treatment.

- Quality statement 4.2** All children and their carers experience coordinated care, with clear, accurate information exchange among relevant health and social care professionals and other staff.
- Quality statement 4.3** All children and their carers are enabled to participate actively in the child's care, in decision-making, in exercising the right to informed consent and in making choices, in accordance with their evolving capacity.
- Quality statement 4.4** All children and their carers receive appropriate counselling and health education, according to their capacity, about the current illness and promotion of the child's health and well-being.



STANDARD 5.

Every child's rights are respected, protected and fulfilled at all times during care, without discrimination.

- Quality statement 5.1** All children have the right to access health care services, with no discrimination of any kind.
- Quality statement 5.2** All children and their carers are made aware of and given information about children's rights to health and health care.
- Quality statement 5.3** All children and their carers are treated with respect and dignity, and their right to privacy and confidentiality is respected.
- Quality statement 5.4** All children are protected from any violation of their human rights, physical or mental violence, injury, abuse, neglect or any other form of maltreatment.
- Quality statement 5.5** All children have access to safe, adequate nutrition that is appropriate for both their age and their health condition during their care in a facility.



STANDARD 6.

All children and their families are provided with educational, emotional and psychosocial support that is sensitive to their needs and strengthens their capability.

- Quality statement 6.1** All children are allowed to be with their carers, and the role of carers is recognized and supported at all times during care, including rooming-in during the child's hospitalization.
- Quality statement 6.2** All children and their families are given emotional support that is sensitive to their needs, with opportunities for play and learning that stimulate and strengthen their capability.
- Quality statement 6.3** Every child is assessed routinely for pain or symptoms of distress and receives appropriate management according to WHO guidelines.



STANDARD 7.

For every child, competent, motivated, empathic staff are consistently available to provide routine care and management of common childhood illnesses.

- Quality statement 7.1** All children and their families have access at all times to sufficient health professionals and support staff for routine care and management of childhood illnesses.
- Quality statement 7.2** Health professionals and support staff have the appropriate skills to fulfil the health, psychological, developmental, communication and cultural needs of children.
- Quality statement 7.3** Every health facility has managerial leadership that collectively develops, implements and monitors appropriate policies and legal entitlements that foster an environment for continuous quality improvement.

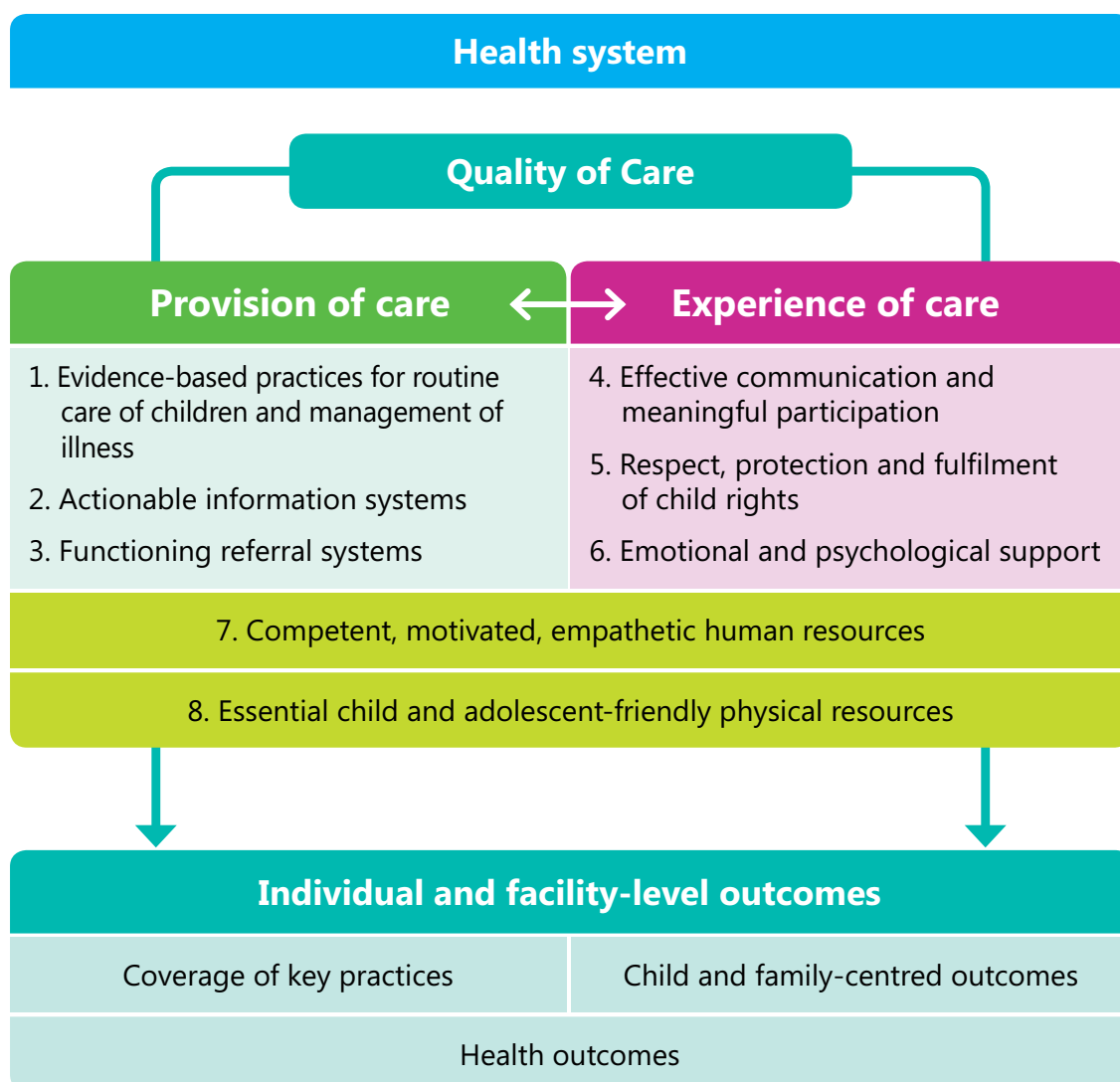


STANDARD 8.

The health facility has an appropriate, child-friendly physical environment, with adequate water, sanitation, waste management, energy supply, medicines, medical supplies and equipment for routine care and management of common childhood illnesses.

- Quality statement 8.1** Children are cared for in a well-maintained, safe, secure physical environment with an adequate energy supply and which is appropriately designed, furnished and decorated to meet their needs, preferences and developmental age.
- Quality statement 8.2** Child-friendly water, sanitation, hand hygiene and waste disposal facilities are easily accessible, functional, reliable, safe and sufficient to meet the needs of children, their carers and staff.
- Quality statement 8.3** Child-friendly, age-appropriate equipment designed to meet children's needs in medical care, learning, recreation and play are available at all times.
- Quality statement 8.4** Adequate stocks of child-friendly medicines and medical supplies are available for the routine care and management of acute and chronic childhood illnesses and conditions.

Fig. 1. Framework for improving the quality of paediatric care



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“Children are not small adults.”



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For more information, please contact:

Department of Maternal, Newborn, Child
and Adolescent Health (MCA)
World Health Organization
Avenue Appia 20, CH-1211 Geneva 27,
Switzerland

Fax: +41 22 791 4853
Email: mcah@who.int
Website: www.who.int