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**Draft Updated Operational
Guidance – Topic 3**

National BFHI implementation

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External assessments

- External assessment has traditionally been a key pillar of the BFHI
- External assessment is critical component of quality assurance
 - Identifies non-compliance to standards that internal workers don't see
 - Creates opportunity for feedback and correction
- Should operate alongside internal monitoring systems

External assessments

- Preferably embedded in other (existing) systems
 - Hospital certification/accreditation
 - Institutionalizes BFHI as standard for all facilities
 - Reduces costs

External assessments

- Needs to be feasible (time & money) – (many countries have found process cumbersome and costly)
- Streamlining may be needed
 - E.g. number of indicators, number of women or records reviewed, frequency
 - Focus on clinical standards and International Code
 - Examination of management procedures only necessary if clinical standards are not met

External assessments

- Elements of external assessment
 - Direct observation and maternal interviews most important
 - Document reviews, medical chart abstractions, health care worker interviews are useful, but less critical
- Regular re-assessment
 - At least every 5 years, preferably every 3

External assessments

- If standalone BFHI assessment is needed (i.e. hospital accreditation/certification systems won't work), vertical programme could be built in:
 - Ministry of Health
 - Professional organization
 - Well-functioning NGO
- Ministry of Health should provide oversight

Incentives and penalties

- Various ways to encourage facilities to align with BFHI
 - Mandatory standards for all facilities
 - Performance based financing
 - Recognition of excellence (designation)
 - Public reporting of quality indicators and outcomes
 - Education of facility administrators

Incentives and penalties

- Mandatory standards for all facilities
 - Strongest incentive
 - Benefits all families
 - But may need to limit the number or rigor of standards
 - Requires strong external monitoring system
 - Application of sanctions may be challenging

Incentives and penalties

- Performance based financing
 - Lower payment rates to facilities that are not in compliance or higher rates for those performing well
 - Requires strong external monitoring system
 - Can be costly if schema is to pay “extra” for meeting the standards

Incentives and penalties

- Recognition of excellence (designation)
 - Traditional focus in BFHI on this incentive
 - Meeting the standards would improve the image of the facility (publicly and professionally)
 - May drive more patients to the facility
 - Compliance must be monitored externally
 - Allows non-compliance with standards to be seen as “normal care”
 - NOTE: This is an option for countries, but not key focus of BFHI

Incentives and penalties

- Public reporting of quality indicators and outcomes
 - Holds facilities publicly accountable
 - Might not need external assessments
 - Reliance on self-reporting could be biased
 - Requires that public understands practices and outcomes are good

Incentives and penalties

- Education of facility administrators
 - BFHI standards typically do not cost more money
 - May be sufficient incentive to make changes
 - Resource intensive to reach all facilities
 - Facilities may choose not to adopt standards even after education

Scaling up to national implementation

- Scale up strategy and action plan is needed to ultimately reach all facilities
 - Start with teaching hospitals (helps establish standard of care)
 - Use geographic focus (role models within regions)
 - Start with larger hospitals (larger public health impact)
 - Work with groups of facilities for mutual support (effective component in quality improvement process)
 - Provide technical assistance where needed

Questions for discussion

1. How can BFHI standards be incorporated into facility accreditation procedures?
2. Is the traditional “BFHI designation” a critical part of a successful programme?
3. Which incentives/penalties are likely to be most feasible? Impactful?
4. How can adherence to standards be scaled up to reach 100% of facilities?
5. What is missing from this guidance?



Thank you!

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