National Health Care Quality and Patient Safety Policy

Ministry of Health and Sanitation

October 2020

TABLE OF CONTENTS

LIST OF ACRONYMS/ABBREVIATIONS

ADR	Adverse Drug Reporting
ANC	Antenatal Clinic
BPEHS	Basic Packages of Essential Health Services
CHC	Community Health Centres
CHP	Community Health Posts
CHW	Community Health Workers
CMO	Chief Medical Officer
CPD	Continuous Professional Development
DHS	Demographic Health Survey
DMO	District Medical Officer
DTCs	Drugs and Therapeutic Committees
HMIS	Hospital Management Information Systems
HRH	Human Resource for Health
IMR	Infant Mortality Rate
IPC	Infection Prevention and Control
ISO	International Standard Organization
ITNs	Insecticide Treated Nets
MCHP	Maternal and Child Health Posts
MDG	Millennium Development Goals
MDSR	Maternal Death Surveillance Report
MMR	Maternal Mortality Rate
MoHS	Ministry of Health and Sanitation
NGOs	Non-Governmental Organizations
NHSSP	National Health Sector Strategic Plan
NMR	Neonatal Mortality Rate
NQSC	National Quality Steering Committee
PHU	Peripheral Health Units
RMNCAH	Reproductive, Maternal, Neonatal, Child, and Adolescent Health
SDG	Sustainable Development Goals
TB	Tuberculosis
TWG	Technical Working Group
UK	United Kingdom
WHO	World health Organization

FOREWORD

The strategic and new direction of the health sector as envisioned by the President His Excellency Julius Maada Bio is to transform the under-resourced, ill-equipped, dysfunctional and inadequate health infrastructure and healthcare delivery and make it high-quality, efficient, reliable, cost-effective, affordable and sustainable. The main thrust of this new direction is to accelerate access to quality health service for all the population particularly mothers, children and the elderly. As a country we are mindful of the challenges confronting the health sector and are well aware that, our success in attaining the Universal Health Coverage (UHC) depends on all people having access to quality, safe, effective and person-centered care.

As a country, our health care aspirations is consistently in synch with the realization of the United Nations Sustainable Development Goals (Agenda 2030) and the development and adoption of the National Healthcare Quality and Patient Safety Strategy is one of those responses in ensuring that, no one is left behind.

This policy is inspired by the overall National Health Sector Strategic Plan (NHSSP, 2017-2021), the Health Sector Recovery Plan (HSRP, 2015-2020). It also recognizes and aligns with global, continental and regional policy frameworks such as the WHO National Quality Policy & Strategy (2018), the Quality of Care Network and the WHO Global Patient Safety Action Plan (2021-2030). The National Healthcare Quality and Patient Safety Policy has been developed through a collaborative and consultative approach led by the National QoC Steering Committee Chaired by the Chief Medical Officer Rev. Canon Dr. Thomas T Samba and other key stakeholders that represented various perspectives of the health sector. The process was managed by the National QoC Technical Working Group and the QoC Management Program of the Ministry of Health. Many in-depth interviews, multiple key stakeholder meetings fora to directly solicit inputs from patients, CSOs/NGOs, health experts and providers across the health system. This was done to ensure an appropriate design and effective implementation of the policy in a true spirit of partnership.

This National Healthcare Quality Strategy aims to coordinate health care quality at all levels of the health system, across both the public and private sectors, and all areas of health – with a particular focus on the following priority health areas: Reproductive, Maternal, Newborn, Infant, Child and Adolescent (RMNICA) health.

The Ministry will work closely with all its development partners and agencies and CSOs including patient groups through the established National Steering Committee and Technical Working Group to oversee successful and robust implementation of the policy using the prioritized interventions that will drive large-scale improvement in quality of care delivery over the next five years. This will ultimately move Sierra Leone towards our long-term goals of achieving the

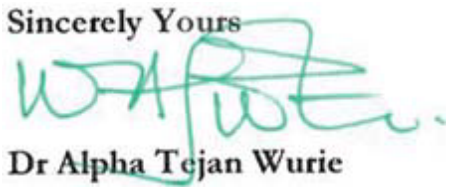
health outcomes of a lower-middle-income country by 2025 and of a middle-income country by 2035

Indeed, in implementing this National Healthcare Quality and Patient Safety Policy, we aim to partner with all stakeholders, including our development partners, NGOs, Academia, CSOs and the patients and providers and the larger Sierra Leonean community in our quest to improve the quality of care. Through the accompanying Coordination and Accountability framework, the Ministry at its highest levels plans to hold wholly accountable all stakeholders critical to the successful implementation of this policy.

The ultimate aim is to consistently improve the outcomes of clinical care, patient safety, and patient-centeredness, while increasing access and equity for all segments of the Sierra Leonean population, by 2024. This is done by ensuring reliable, excellent clinical care, protecting patients, staff, and attendants from harm, and improving the efficiency of the delivery of care, while increasing access, equity and dignity of care for all segments of the Sierra Leonean population

Finally, the Ministry recognizes that the finalization of this policy signifies a diligent attempt to improve the quality of care by harmonizing and building on previous efforts with a whole system approach under the proactive leadership of the Ministry itself. To this extent, we recognize and celebrate every identifiable organization and indeed everyone, both past and present, whose various and diverse roles have played no small part in bringing us this far. We look forward to improved health outcomes through integrated quality planning, quality assurance, control and continuous quality improvement functions that ensures better and more reliable care in a sustainable fashion.

Sincerely Yours



Minister of Ministry of Health and Sanitation

ACKNOWLEDGEMENTS

The National Quality and Patient Safety Policy (2020) was developed through a process of collaboration and partnership with inputs from experts and stakeholders.

The Ministry of Health and Sanitation (MoHS) acknowledges the leadership of the Honorable Minister of Health and Sanitation – Dr. Alpha T Wurie, Deputy Ministers I & II Dr. Anthony Sandi and Dr. Amara Jambai, Chief Medical Officer, Rev Canon Dr. TT Samba, and Director RCH, Dr. Sartie Kenneh under whose guidance this document was developed.

We would like to appreciate the dedication of the National Program Manager, Matron Margaret Titty Mannah and the staff of the National Quality Management Programme, MoHS for their tireless championing of Quality of Care (QoC) and Patient Safety. We acknowledge the valuable inputs, wealth of knowledge and expertise of the World Health Organization (WHO) International Consultant, Dr. Elom Otchi, the National Consultant WHO, Ernest Jabbie and colleagues at the WHO Country Office, Janet Kayita, James Bunn and Binyam Getachew Hailu, WHO AFRO, Nuhu Yaqub, and the Members of the QoC Technical Working Group (TWG) - PIH, CUAMM, IRC, ICAP, WHO, United Nations Population Fund (UNFPA) and United Nations Children's Fund (UNICEF), as well as technical support from the Global Quality, Equity and Dignity (QED) Network.

Funding for the development and implementation of the Quality of Care programme has come from many donors, notably Foreign Commonwealth and Development Office (FCDO) and to the Bill and Melinda Gates Foundation (BMGF). We are grateful for the continued support to the people of Sierra Leone

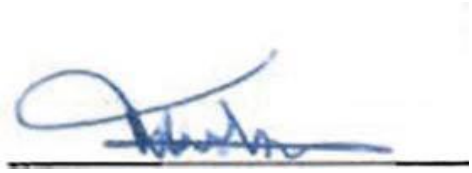
The MoHS is also indebted to the Directorates and Programs of the MoHS, regulatory bodies, private sector, health training institutions, professional associations and societies, Civil Society Organizations, Community members/representative's quality improvement focal persons and team members, and all other partner organizations and individuals who contributed to the development of this Policy through series of consultative meetings and working sessions over the period. The MoHS is pleased with their active participation, interest and support during the process.

Our special thanks and appreciation go to the all the frontline healthcare workers for their tireless efforts in ensuring the provision of quality and safe healthcare services across all the various levels of care in the country. We are most grateful to District Health Management Teams (DHMTs) and Hospitals currently implementing Quality Improvement initiatives in learning districts and facilities.

We are hopeful that this document will be used by all actors in the health sector to ensure harmonization of existing quality initiatives toward one common national aim of institutionalizing quality at all levels of the national health care system.

It is our hope that the efforts outlined throughout this Quality Management and Patient Safety Policy for the Ministry of Health and Sanitation will be given the necessary support by all the stakeholders to ensure improved quality of care outcomes for all people living in Sierra Leone.

Sincerely Yours



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Chief Medical Officer

Ministry of Health and Sanitation

GLOSSARY OF TERMS

Accreditation: A formal process by which a recognized body, usually a nongovernmental organization, assesses and recognizes that a health care organization meets applicable pre-determined and published standards. Accreditation standards are usually regarded as optimal and achievable and are designed to encourage continuous improvement efforts within accredited organizations. An accreditation decision about a specific health care organization is made following a periodic on-site evaluation by a team of peer reviewers, typically conducted every two to three years. Accreditation is often a voluntary process in which organizations choose to participate, rather than one required by law and regulation.

Licensing: This describes a government-endorsed regulatory process to grant permission and specify scope for the healthcare practice of an individual or organization usually preceding accreditation

Licensure: Licensure is a process by which a governmental authority grants permission to an individual practitioner or health care organization to operate or to engage in an occupation or profession. Licensure regulations are generally established to ensure that an organization or individual meets minimum standards to protect public health and safety. Licensure to individuals is usually granted after some form of examination or proof of education and may be renewed periodically through payment of a fee or proof of continuing education or professional competence. Organizational licensure is granted following an on-site inspection to determine if minimum health and safety standards have been met.

Certification: This provides recognition from state, private or non-governmental bodies- for organizations, people, processes or objects that meet defined conditions developed for the certification process

Quality: The degree to which health services for individuals and population increases the likelihood of desired health outcomes and is consistent with current professional knowledge. Six dimensions of healthcare defines its quality namely: safety, timeliness, effectiveness, efficiency, equity and patient centered care

Quality Assurance: All the planned and systematic activities implemented within the quality system, and demonstrated as needed to provide adequate confidence that an entity will fulfil requirements for quality

Quality Control: Operational techniques and activities that are used to fulfil requirements for quality

Quality Improvement: "An organizational strategy that formally involves the analysis of process and outcomes data and the application of systematic efforts to improve performance"

Quality Management: All activities of the overall management function that determine the quality policy, objectives, and responsibilities, and implement them by means such as quality planning, quality control, and quality improvement within the quality system

Quality Planning: Activities that establish the objectives and requirements for quality and for the application of quality system elements

Regulation: The imposition of external constraints upon the behavior of an individual or an organization to force a change from preferred or spontaneous behavior

Standard: An established, accepted and evidence-based technical specification or basis for comparison

1. INTRODUCTION

1.1. Background

Sierra Leone has an estimated population of seven (7) million[1]. The country is divided into five administrative regions (Northern Province, Eastern province, Southern province, Western area and North-western province). The regions are subdivided into sixteen (16) districts and 152 chiefdoms.

Sierra Leone endured and witnessed numerous hurdles in the last few decades with the civil war (1992-2002) having a devastating impact in the overall socio-economic development of the country followed by the onset of the deadly Ebola Virus Disease (EVD) outbreak in 2013 that ended in 2014. Before the country was hit by the deadly outbreak, the health sector was moving in the right direction through addressing vital and priority needs, development of plans, and improvement of investments. Despite these and other internal and external challenges, the health system had made numerous gains that include improvement in life expectancy, advancing health care infrastructures, production of health care workers, improvement in essential health service coverage and positive changes in some of the health and health related indices. (NHSSP, 2017)

Child mortality has shown marked reduction from 156/1000 live birth (DHS, 2013) to 94/1000 live births (IGME, 2018). Despite the significant reduction, Neonatal mortality and stillbirth rate remained to be high with little signs of decline in the last few years. Despite the gains around child mortality reduction, Sierra Leone is still one of the worst countries for women. Sierra Leone is having one of the highest maternal mortality in the world. Nearly 1,165 mothers die for every 100,000 live births every year. Marked improvements in health service delivery access (e.g. ANC visits, birth attended by skilled health worker and contraceptive prevalence) had also been registered. However, health outcomes indicators remained to be unacceptability high. Of the multitudes challenges of the health system, poor quality of care remained to be a major barrier to the attainment of quality universal health coverage.

Global reports published in 2018 revealed the existence of wide variation and defects with respect to the provision of quality and safe care in hospitals such as underuse, overuse and misuse of health services.[2,3,4]. These reports call for quality to be a core consideration at all levels of health systems and service delivery. In line with the global call, Sierra Leone has already committed to enshrine and meet numerous global agenda that includes achieving Universal Health Coverage of the 2030 Sustainable Development Goal that has the potential to play a key role at this pivotal moment in the health sector and overall development of the country.

With a vision of achieving the SDG goal and targets, the Ministry of Health and Sanitation (MoHS) has been working through the development of various policies and strategic plans, such as the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Policy, Human Resources for Health (HRH)

[1] Statistics Sierra Leone, National population census report, 2015

[2] WHO, Organization for Economic Co-operation and Development, the World Bank. Delivering quality health services: a global imperative for universal health coverage. Geneva: World Health Organization; 2018

[3] Crossing the global quality chasm: improving healthcare worldwide. Washingtong D.C.: The National Academies of Sciences, Engineering Medicine: 2018

[4] Kruk ME, Gage AD, Arsenault C, Jordan K, Leslie HH, order-DeWan S, et al. High-quality health systems in the sustainable development goals era: time for a revolution. Lancet Global Health. 2018 Nov. 6(11): e1196-252

Policy, National Health Sector Strategic Plan (NHSSP), Basic Package of Essential Health Services (BPEHS), Free Healthcare Initiative (FHI) and IPC, among others since its endorsement. However, there is still the need to further develop and update technical policies, guidelines and protocols to address the issues surrounding quality of care in health service delivery. In view of this, the MoHS initiated highly participatory stakeholder engagements to identify priority solutions towards institutionalizing quality within the health system of the country that led to the culmination into the development of this Quality of Care Policy.

The healthcare quality of care policy is designed to fundamentally ensure that the components of the health systems building blocks in the country are synergistic in supporting the provision of healthcare that is safe, timely, effective, efficient, equitable, person-centred, integrated and devoid of collusion and corruption. Ultimately, the policy seeks to ensure that the needs and expectations of patients/clients are either met or exceeded. The policy specifies the goal, objectives and statements. It further provides an implementation, a monitoring and evaluation framework that will guide the implementation of the policy.

1.2. Organization of Healthcare in Sierra Leone

The MOHS is the major healthcare provider in Sierra Leone operating all government facilities. The healthcare system is organized in two tiers of care namely: Peripheral Health Care Units (PHU) with an extended community health program, and Secondary Care which includes district and the referral Hospitals. The country has a total of 1,264 health facilities consisting of 623 MCHPs, 236 CHPs, 139 CHCs, 20 government hospitals, 138 private clinics and 31 private hospitals[5]. Other service providers include religious missions, local and international NGOs, traditional health care providers and the private sector. The private sector is relatively underdeveloped and involves mainly curative care for inpatients and outpatients on a fee-for-service basis. Population in the higher-income quintiles tend to use private health facilities more often than those in the lower-income quintiles6.

1.3. State of Quality in the Health Sector

Sierra Leone has made a significant improvement in making essential health care accessible to most of the population by expanding health care infrastructure and making them reachable within 5km radius in the last decades which attributed to marked improvement in the health-related coverage indicators. Over 90% of health facilities in the country provide maternal and child health services, and 76.7% of all births in the country are facility based. Of all the deliveries, 81% is attended by skilled health personnel. Furthermore, almost all women (97%) make at least one ANC visit by skilled health personnel while two-thirds (77.5%) make at least four (4) visits provided by any personnel[7]. Despite massive improvement in access; however, optimizing and ensuring the provision of quality of care remains a persistent challenge due to poor human resource for health, poor health care infrastructure with little or no basic amenities, poorly equipped health care facilities, weak regulatory regime, erratic supply of drugs and medical supplies, donor dependent health system, poor HMIS system, absence of quality improvement mechanisms, poor clinical audits, and lack of performance reviews in health facilities, among others[5].

[5] Ministry of Health and Sanitation, Service Availability Readiness Assessment Report, 2017.

[6] Ministry of Health and Sanitation, National Health Sector Strategic Plan, 2009

7 Ministry of Health and Sanitation and Statistics Sierra Leone, Multiple Indicator Cluster Survey Report, 2017

On the other hand, the leadership and governance arrangements of MOHS navigates a serious financial, technical and organizational-related hardship (staffing, structure, capacity, and competence) to execute their work and keep the health system running with an effective oversight and accountability. Despite having 11.2% (which is approaching the 15% target of the Abuja Declaration) government expenditure on health as a percentage of total government expenditure, the health system suffers serious financial constraints. Reports revealed that the total expenditure on health is approximately $95 per capita. Donors contribute about a quarter (24.4%) of financial support to the health sector budget while government and NGO contribution are less than 10% (6.8% and 7.2% respectively). More than half (61%) of the contribution to the total health expenditure comes from private-out-of-pocket household payments[5]. Affordability has continued to be one of the most significant barriers to health services due to absence of a health insurance system in the country.

Despite the leadership and financing that help to make health system robust to respond to the needs of the population, the ability of the system to deliver quality and safe care depends on the quality, quantity and mix of its health work force. Sierra Leone was ranked fourth from bottom of a list of 49 priority low-and-middle-income country for health worker-to-population ratio having only 2 skilled providers per 10,000 population as of 2010. There are serious shortages as well as inequitably distributed. Likewise, a third (36%) of the total workforce (9,900)[8] in the country were unsalaried and work as volunteers. Significant majority of the health workers were also demotivated due to no or poor remuneration, lack of remote and rural allowance including a lack of staff housing for some cadres of staff makes it difficult to the health system to cope with the growing needs and demands.

Creating an enabling environment to provide quality care is an essential component of the health system. However, challenges with availability, accessibility and affordability of medical equipment, medicines and lifesaving commodities in the country continued to be one of the major problems. Facilities lack standard equipment as set out in the national BPEHS guideline due to inadequate supply, wear and tear, poor replacement plan as well as lack of appropriate and effective scheduled equipment maintenance system. Most facilities lacked the requisite infrastructure and critical equipment *(such as blood pressure machines, delivery beds and neonatal equipment)* to provide quality healthcare services to the clients. Lack of piped borne water supply to service delivery points such as labour wards, theatres and lying-in wards was also a major problem. The same is true for drugs and medical supplies. The Free Health Care Initiative which was established to cater for such problems was also bedeviled with similar challenges. Likewise, most of the laboratories in the BeMONC and the hospitals were very basic, and most were not equipped to do basic laboratory investigations.

Having a system that regularly collects, analyses, reports and monitors the health system situation has paramount importance in making changes and improving systems. However, the health system is challenged with poor health management information system that includes technology, finance, staff capacity, poor data demand, inadequate data collection tools, poor filing, etc. Medical records systems were largely paper-based that is routinely affected by stock out of HMIS supplies and poor record keeping of clinicians. In addition, performance indicators are not strictly monitored for compliance at all levels. Where accurate, complete and timely data exists, health facilities do not make this available to the staff

[8] Ministry of Health and Sanitation, Human Resource for health Policy (2017-2021), 2017

to facilitate evidence-based decision making[9]. Health care facilities were also observed not to practice quality improvement practices that include DTCs, clinical reviews, ADR and death audits, etc.

Patients and communities play an integral role in helping service providers to identify gaps in service delivery and care through exit interviews, client's complaints systems and community engagements. However, there is very weak community involvement in the healthcare system and programs in the country except during outburst of deadly outbreaks. Community members are often passive consumers of healthcare services. Hence, most facilities hardly had any identifiable complaint management systems that can be used by the wider community.

It is evident that the health system had witnessed numerous opportunities for improvement that include the heavy presence of partners and donors across the health system in the country. The MoHS collaborates and works with its partners to ensure improvement in the health system. The mutual effort had made possible to have several facilities be built, old ones have been refurbished, equipment and logistics have been provided, capacity of staff have been built and public health interventions have been promoted. However, stakeholders' role in the quality of care space with respect to quality planning, quality improvement and quality assurance is not properly coordinated. Partners' adopt varied approaches which results in duplication of efforts and difficulty in harmonizing whenever necessary.

1.4. Regulation

Health regulation is a quality assurance/control function to healthcare institution and healthcare workers exercised through legally mandated regulatory bodies that prescribe general standards of practice and competences. Regulation involves continuous review of standards, inspection, monitoring of compliance, licensing and re-licensing of institutions and health workers, among others. Having strong regulators system helps to improve quality, consistency and performance.

However, weak regulation and licensing mechanisms for both public and private healthcare in the country impedes the attainment of overall vision enshrined in the health sector. Capacity, functionality and independence of these regulatory bodies are central to drive quality in the health care system in Sierra Leone.

Though regulatory function is expected to be performed by Nurses & Midwives Board, Medical & Dental Council and the Pharmacy Board, but they are poorly resourced and not independent. Likewise, there are neither available nor publicized minimum quality standards for licensing of healthcare facilities nor are there institutions (public or private) tasked with the mandate of accrediting or licensing or credentialing health facilities/organizations in the country. There is also no body that has the sole responsibility of regulating the importation, distribution, storage, wholesaling and retailing including quality control or testing of imported or locally manufactured pharmaceutical products. Medicines imported into the country do not go through the rigor of product importation mechanism, hence, the safety, efficacy and therapeutic effectiveness of such medicines cannot be guaranteed.

Likewise, weakness in regulation of all the categories of professionals in the health sector is one of the serious factors affecting quality in the health system. Even though professionals such as doctors/dentists

[9] Options Consultancy, Data Quality Assessment of HMIS and Improving Reproductive, Maternal and Newborn Health (IRMNH) Programme, Sierra Leone, Monitoring and Evaluation Data, 2015

and pharmacists are licensed to practice on annual basis; standards, processes and system for licensing health professionals are very weak and, in some instances, non-existent. There are also no accredited Continuous Professional Development (CPD) providers registered by any of the various professional bodies in the country. The CPD system available is also not well structured and coordinated. There is also no legal framework that requires all professionals to attend a CPD program prior to their re-licensing. There is also an absence of a minimum requirement to ensure their regulation. There is no accreditation program or external quality assurance systems for many programs.

The existing regulatory bodies are seriously challenged in the areas of human resources, financial and logistics capacity hindering their ability to discharge their responsibilities in a more structured, comprehensive and decentralized fashion. There is no identifiable agency or body responsible for the regulation of traditional medicine and traditional medicine practitioners in the country. Most of these practitioners were also not registered.

1.5. National Health Priorities

The health sector envisioned to build "A well-functioning national health system that delivers efficient and high-quality healthcare and ultimately contributes to the socioeconomic development of the country. This care must be of high quality, accessible, affordable and equitable to all Sierra Leoneans[5]". Poor quality of services is a significant hurdle in the country, linked to a variety of factors including absence of well qualified and trained staffs, lack of medical equipment and supplies, absence/poor dissemination of standards, guidelines and job aids, weak regulatory regime, weak supervision, mentorship and monitoring systems in health facilities and absence of quality improvement mechanisms including audits and regular reviews of performance in health facilities, among others.

The provision of equitable access to quality and affordable healthcare for all without undue financial hardship to achieve Universal Health Coverage (UHC by 2030), as defined in target 3.8 of the UN Sustainable Development Goal (SDG), is now a national priority for Sierra Leone. Hence, one of the strategic directions towards achieving UHC is improving the quality of care, which requires a focus on the performance across the entire health system. The National Health Policy strategic objectives in strengthening of health governance, supply chain management, human resource management, M&E and information management, sustainable health financing, as well as other health system blocks, are all driven by the ultimate call of improving quality of services. The government is committed to ensuring that all services meet basic standards of quality and safety, and that these are tailored to the health needs and priorities of patients in both public and private health facilities.

Improving the quality of services and care outcomes is a national priority for the health sector and this is evidenced in the various strategies and policies. Strategic Objective 3 of the NHSSP (2017-2021) seeks to "introduce quality assurance and quality improvement interventions to deliver better healthcare services". The plan envisions a well-functioning national health system that delivers efficient and high-quality healthcare and ultimately contributes to the socioeconomic development of the country. It also emphasizes that care must be of high quality, accessible, affordable and equitable to all Sierra Leoneans. The HSSP (2017- 2021) provides comprehensive guidance to revolutionizing the health system by addressing quality of care issues across the various levels

Even though the country does not have a clear framework on how and what an intensive QA and QI might look like and entail, there is a consensus among stakeholders that developing a quality management structure/system for the health sector is a critical next step towards efforts at improving

health care outcomes. Similarly, strategic objective 2 of the RMNCAH Strategy (2017 - 2021) also seeks to "improve the quality of RMNCAH services at all levels of service delivery". Two of the key strategies identified towards achieving these are to "develop and support the implementation of a national RMNCAH Quality Improvement program", and to "support implementation of proven systematic quality improvement procedures, approaches and practices for improving quality of RMNCAH services)".

2. Rationale

The deficiency of quality health care disproportionately affects the patients that entirely depends on the health system. Having inadequate provider and patient safety mechanisms often because of poor infection prevention and control practice, lack of a systematic recognition and management of medical errors, adverse event reporting, risky infrastructure and equipment, poor waste management practices and absence of danger alert signs in most health facilities put immense danger to the lives of the patient that depends on them.

Health practices that do not engage the patients due to inadequate person-centred *(respect, dignity and compassion)* care, physical and verbal abuses, inadequate communication between providers and patients/clients, absence of patients' rights and charter, inadequate client feedback mechanisms, limited participation of patients/clients in their care and a lack of an emotionally intelligent healthcare workforce seriously affect the efforts to build a stronger health system and achieve the universal health coverage by 2030.

The country's health sector continues to attract and witness massive efforts at increasing geographical and financial access. There is remarkable improvement in healthcare access since the introduction of the Free Health Care Initiative in 2010[10]. However, optimizing and ensuring the provision of quality of care remains a persistent challenge. The health sector is yet to see any significant impact on quality of care outcomes.

Quality improvement need to be incorporated into all national health plans and programs, and implementations are meticulously followed up through performance management or independent review. Creating an enabling environment like establishment of national associations/society for quality in healthcare in the country helps to move quality agenda forward. Having a resource centre or system that facilitates the allocation and dissemination of comprehensive information on the performance (i.e. quality, quantity and cost) of the health system in the country has crucial importance.

This policy has therefore been formulated to assist in providing the necessary guidance and direction to all the key actors in the provision of quality of care across all the levels of the healthcare system. This policy will reinforce existing best practices for quality of care as well as to facilitate alignment of all partners and stakeholders in the quality of care space and support the mobilization of resources for quality of care. It will also further provide a framework for integrating and coordinating quality planning, quality assurance/control and quality improvement initiatives and efforts across the health system. This integration will address the quality of care gaps and go a long way to contribute towards the attainment of quality UHC.

[10] MOHS, The Free Health Care Initiative in Sierra Leone: Evaluating a Health System Reform 2010-2015, 2015

3. POLICY FRAMEWORK

This policy represents the first step in the country's effort at providing a comprehensive guidance and direction for the integration of quality of care and safety dimensions in all health services, especially in essential health care services for the people of Sierra Leone. The Government of Sierra Leone has already developed a Roadmap for Universal Health Coverage with the vision of providing equitable access to quality health care services to all Sierra Leoneans by 2030. This policy is thus being developed in alignment with the vision and strategic goals of the UHC Roadmap and the National Health Policy. Its contents have also been guided and influenced by global and regional best practices in ensuring improved quality of care outcomes. This policy shall bear relevance to the existing policies, laws and their relevant regulations/provision all of which provide a common strategic direction and framework to interventions by all actors in the quality of care space in the country.

3.1. Scope of policy

The scope of this policy is to facilitate the creation of a health system that provides care that is safe, timely, equitable, efficient, effective and patient centered to all Sierra Leoneans. The policy shall be applicable in all health care delivery management systems at national, district, chiefdom, and in both public and private service delivery points (curative, preventive and rehabilitative). It is woven around the health systems building blocks and designed in a way that facilitates the attainment of the desired outcomes, providing a clear and actionable framework for oversight of all the healthcare quality dimensions (i.e. safety, timeliness, efficiency, effectiveness, equity, person-centered, integration and integrity) and improves the patient experience of care.

Quality of care is being defined as:

"Healthcare at all levels that is safe, efficient, timely, equitable, accessible, respectful, responsive and people-centered using evidence-based interventions that results in the best possible outcomes and provided by competent and compassionate workforce in an enabling environment in accordance with national standards."

4. POLICY FRAMEWORK

4.1. Vision

The vision of the National Healthcare Quality Policy is consistent with the vision of the health sector spelt out by the MoHS as: *"A well-functioning national health system that delivers efficient and high-quality healthcare and ultimately contributes to the socioeconomic development of the country. This care must be of high quality, accessible, affordable and equitable to all Sierra Leoneans"*.

4.2. Mission

To promote health and well-being through the implementation of high impact evidence-based interventions and creation of an enabling environment for effective delivery of quality health services at all levels of the health care delivery system.

4.3. Guiding Principles

These principles will guide behaviors of every healthcare providers (both clinical and non-clinical), managers and leaders:

a. **Universal Health Coverage:** As the country moves towards the achievement of the sustainable development goals, universal health coverage is critical. The policy identifies and proffers solutions to address bottlenecks to universal health coverage, particularly timely and equitable access to quality healthcare services.
b. **Evidence based interventions:** This policy will address bottlenecks for implementation of evidence-based and high impact interventions for ending preventable deaths and ensuring wellbeing
c. **Equity:** Healthcare will be provided on a fair and just basis. There will not be any discrimination based on gender, tribe, race, education, religion or any other criteria other than the patient's health needs in the provision of healthcare services to our clients.
d. **Professionalism and Ethics:** Healthcare providers will apply their best skills and knowledge as per standard operating procedures in the care of their clients and maintain effective communication. Providers will adhere to defined standards and principles; and demonstrate clinical reasoning and decision making; manage sensitive information; and consider complex ethical and moral standards.
e. **Dignity:** Every patient receives care in a safe environment in which they feel nurtured and secured, and their emotional well-being, privacy and personal preferences are respected. Patients have right to adequate information, informed consent and refusal, and respect for their choices and preferences.
f. **Integrity:** Maintains high ethical standards, takes clear ethical stand, keeps promises, immediately addresses untrustworthy or dishonest behavior, resists political pressure in decision-making, and does not abuse power or authority.
- **Accountability:** Individuals are ultimately responsible for making informed choices about the health care they and those under the age of consent receive, and health care providers are responsible for providing adequate evidence-based information to patients. Healthcare workers must be held responsible for their actions.

- **Multi-sectoral approach:** Access to health services is influenced by many "social determinants" outside the specific health sector. This policy will promote and strengthen multi-sectoral partnerships to ensure access to services by all particularly women, newborns, children and adolescents.

4.4. Goals

The goals of the policy are to ensure that the:

a) quality of healthcare services provided by both public and private health facilities meet set standards of safety, timeliness, effectiveness, efficiency, accessibility, equity, and compassion;
b) quality assurance system is in place and overall quality improvement activities are well implemented in all health facilities to fulfil consumers' needs;
c) quality of education and training provided for health care service providers in public and private healthcare facilities.

5. POLICY OUTCOMES

- Strong system for health care workers, health care infrastructure and health care services regulations, licensing and accreditation established and strengthened;
- All levels of healthcare have functional and effective leadership and governance structures and systems for quality of care
- All secondary and tertiary level health facilities have adequate number of staffs with right competencies required to oversee and deliver high quality care
- More than 50% of secondary and tertiary care facilities achieve national accreditation standard
- All teaching tertiary care facilities achieve regional accreditation standard
- All health care workers in the health care sectors are licensed, regularly evaluated and relicensed
- All health facilities have essential infrastructure including water, sanitation facilities, equipment, medicines and supplies, electricity and internet connectivity at all times
- Internal performance measures, practice and quality improvement processes and practices instituted in all health facilities
- All clients in the health system at all levels report being satisfied in all dimensions of health services rendered and received

6. STRATEGIC POLICY OBJECTIVES

Addressing quality of care is woven around the health systems building blocks and designed in a way that facilitates the attainment of the desired outcomes and provide a clear and actionable framework for oversight of all the healthcare quality dimensions and improves the patient experience of care. The followings are key strategic policy objectives that the country aims to achieve to improve quality of care:

- Build and strengthen the regulatory system in the health sector;
- Strengthen the health governance and accountability mechanisms for quality;
- Strengthening quality health care service delivery at point of care;
- Improve patient experience of care at health facilities;
- Ensure community participation and strong partnership in improving quality in the health sector.
- Strengthen monitoring and evaluation framework to ensure all public and private health facilities provide quality services that are integrated across the continuum of care;
- Ensure community participation and strong partnership in improving quality in the health sector

6.1. Strengthening Regulatory System in the Health Sector

In order to strengthen the regulatory system in the health sector, the MoHS shall implement the following strategies:

1. Facilitate the review and establishment of independent, autonomous and functional regulatory bodies for health sectors.
2. Develop appropriate guidelines, standards and tools for regulation, certification, quality assurance, quality control and accreditation of health care infrastructure, laboratory facilities, drugs importations and storage, medical equipment and health care professionals.
3. Strengthen and enforce public and private health care facilities inspection and licensing.
4. Enforce systems and processes for health care professional licensing and instituting of CPD system.
5. Institute national accreditation system, and work towards creating partnerships for regional and international accreditation of teaching hospitals and training institutions.
6. Ensure that the right legislative and regulatory environment is put in place for regulatory bodies, health care practitioners, health care facilities and the private sectors.

6.2. Strengthening Health Governance and Accountability Mechanisms for Quality

In order to strengthen health governance and accountability mechanism for quality, the MoHS shall implement the following strategies:

1. Ensure that leadership, governance and management structures necessary to support the planning, implementation and monitoring of quality of care work are established and strengthened across all levels of healthcare. This involves establishment of quality management unit at district and facility levels.
2. Ensure multi-sectoral approach to address the social determinants of health.
3. Facilitate and pursue the development of a harmonized content and training guideline in quality management that will be used for the training (both during pre-service and post-service) of all categories of healthcare workers in the country.
4. Establish a functional, effective and efficient national Biomedical Department/Unit that ensures the quantification, procurement, distribution, installation, maintenance, inventory and appropriate use of biomedical equipment across all health facilities in the country.
5. Establish robust and transparent recruitment, deployment, promotion, appraisal and transfer mechanisms that will be merit and competency based and guided by international best practice.
6. Ensure that QOC programs have a dedicated budget line for QoC initiatives which are released and disbursed on time and accounted for in a timely manner.
7. ensure that all professional associations/societies, academia, civil society organizations, private sector, traditional health practitioners, community members and partners (including NGOs) are well coordinated to champion QoC in health and support its implementation.

6.3. Strengthening Quality Health Care Service Delivery at Point of Care

In order to strengthen quality health care service delivery at point of care, the MoHS shall implement the following strategies:

1. Define the scope and referral pathways for health care services with their standards and prerequisites for the various tiers of the health care delivery system and enforcing adherence to the referral pathway and health care delivery system.
2. Develop and strengthen accountability mechanisms for effective implementation of national protocols, guidelines and policies at the various levels of the health system that ensure safety of health care workers and patients in health care settings.
3. Ensure the institutionalization of the culture of quality: monitoring, supervision, mentoring, coaching and preceptorship at all levels of health service delivery that further accelerate and sustain the implementation of QoC improvement packages.
4. Review, develop, distribute, train and monitor proper utilization of nationally approved standards of care for clinical service delivery and diagnostic procedures and enforce adherence to those standards of care in both public and private sectors.

6.4. Improve Patient Experience of Care at Health Facilities

In order to improve patient experience of care at health facilities, the MoHS shall implement the following strategies:

1. Develop and implement guideline for improving enabling environment for the provision of quality and safe healthcare that will ensure compassionate, respectful and dignified care; and promote accountability, openness and disclosure.
2. put measures in place to ensure that health service is provided in a manner that meets and exceeds the expectations, needs and preferences of the clients/patients, and is provided in a safe, timely, effective, efficient, equitable and person-centered manner *(respectfully, dignifying and compassionate)*.
3. Pursue efforts and initiatives that will reduce all forms of financial barriers to accessing quality health services, particularly MNCAH-N services across all health facilities *(i.e. both public and private)* in the country.
4. Ensure that all health facilities (both public and private) institute appropriate community/patient empowering mechanisms e.g. client's complaints/compliments systems to elicit feedback from the community/patient regarding service delivery.
5. Initiate social audit to assess client satisfaction and bring patient's perspective in design and improvement of health policies and programmes and health services.
6. Facilitate the development of a National Patient Rights Charter that is in line with national/international standards. It shall institute a mechanism to ensure that the rights of clients are respected according to good clinical practice.
7. Pursue efforts that prioritizes patient data protection and confidentiality.

6.5. Strengthening Monitoring and Evaluation Framework

In order to strengthen monitoring and evaluation framework, the MoHS shall implement the following strategies:

1. Work towards establishing standardized reporting and learning systems for all types of incidents and adverse events (such as medication, procedures, transfusion, surgery etc.).
2. Review performance of quality of care interventions/activities carried at different levels by integrating it with existing performance review system and monitored on regular basis.
3. Initiate quality improvement process (planning, implementation, problem-solving with team approach) at different levels of both public and private sector health facilities.
4. Develop and strengthen mechanisms that will facilitate learning and knowledge sharing across the health system, including ensuring the regular monitoring of the progress of the QoC efforts in the country.
5. Strengthen institutional structures for health research, information, monitoring and evaluation systems on quality to support evidence-based decision-making process.
6. Facilitate periodic publication of indicators that depicts the performance of various health facilities in the country. It shall pursue a system of ranking public and private health facilities and develop community scoreboards/dashboards, as a means of performance review on service delivery and the state of quality at the regional, district and facility levels in Sierra Leone

7. POLICY IMPLEMENTATION

7.1.Institutional framework

The MoHS will lead the implementation of the QoC policy by working collaboratively with other stakeholders and partners whose mandate covers various areas of this policy. The MoHS will also provide the overall political direction towards the execution and implementation of the policy by all stakeholders in the QoC space.

The Minister of Ministry of Health Sanitation will provide oversight, advocacy and resource mobilization, among others, in the overall implementation of the QOC policy as well as ensuring the mainstreaming of health in all policies within the line ministries. The minister will also facilitate the development and enacting of legal bills that help the successful implementation of the QOC policy in Sierra Leone.

The Chief Medical Officer (CMO) will ensure effective collaboration and coordination between all the directorates of the MoHS to facilitate their support towards successful implementation of the QOC framework, plan and targets. The CMO will provide overall leadership and management in the strategic planning, implementation, monitoring, and supervision of QOC work in the country. The CMO shall ensure that, the policy statements and the thematic strategies are optimized, and shall further ensure adequate resources are allocated to QOC through the annual budget system. The CMO shall lead and facilitate the creation of the enabling environment for collaboration with all the stakeholders in the QoC space for succinct guidance on how they can fit and align their interests and focus areas.

MoHS aspire to the creation of a Quality Management Directorate that oversee the implementation of the National Quality of Care Policy and report to the CMO on all healthcare quality related issues in the country. The Quality Management Directorate shall facilitate the establishment of appropriate quality governance structures, development of standard and ensuring accountability of all programs across all levels of the healthcare system *(including the private sector)*. The MoHS had already established a National Quality Management Program in the interim that sits within the Directorate of the Reproductive and Child Health (RCH).

There shall also be the established relevant governance structures such as National Quality Steering Committee (NQSC), National Quality Technical Working Group (NQTWG), national and district networks for quality of care, district and facility quality of care committees, among others. All relevant committees, networks and technical working groups shall operate and function within the remits of the QoC Policy. All stakeholders and partners shall adhere to the stated guiding principles and ensure that they plan according to the thematic areas.

There shall also be the establishment of quality of care committees and quality improvement teams in the DHMTs, hospitals and other health facilities *(in both public and private facilities).* There shall also be the identification and appointment of dedicated quality of care officers that oversee the planning, implementation, monitoring, coordination and reporting of QOC work at the district and facility level.

7.2. Resource Mobilization

The GOSL/MoHS shall lead in the mobilization of the requisite human, financial and all other resources necessary to ensure a successful implementation of the QOC policy. It shall be responsible for all the resource mobilization drive from local and international organizations to ensure a successful implementation of the policy. Districts and facility managers shall also explore innovative approaches and mechanisms consistent with domestic resource mobilization to augment the national MoHS efforts.

7.3. Monitoring and Evaluation

Monitoring and evaluation of the QoC will be done as part of the broader leadership and governance function of the MoHS to ensure consistency and alignment to the QoC policy by all stakeholders in the QoC space. The national monitoring and evaluation system will be responsible to strengthen and harmonize to ensure the QOC policy implementation is tracked and reported to the relevant bodies. The MoHS will ensure an integration of the data requirements of the quality of program into its existing data architecture which will enable users to do direct data entry of results and access for use whenever needed.

There will also be routine monitoring of the policy implementation process. This will be focused on determining the extent to which planned activities are being implemented and whether expected implementation milestones are being achieved. This will be the direct responsibility of the Directorate of Policy, Planning and Information (DPPI) supported by QoC Program and RCH Directorate. The National QoC policy is committed to the establishment of robust monitoring and evaluation system to track indicators and target for successful implementation of the QOC policy.

7.4. Policy Dissemination

The policy will be disseminated to all stakeholders to raise awareness in ensuring that, providers and all stakeholders in the QoC space appreciate the urgent need to improve care outcomes. Disseminating this product will form a very important milestone to serve as a major driver to motivate and inspire everyone in the health sector to take appropriate action in contributing towards the achievement of the shared vision.

8. ANNEXES

8.1.Implementation Plan

Policy Statement: Strengthening Regulatory System in the Health Sector	
Objective	**Key Strategic Action**
The MoHS shall facilitate the review and establishment of independent, autonomous and functional regulatory bodies for health sector and regularly capacitated	Reach consensus with exiting regulatory bodies and senior management team of MOHS to conduct thorough review of the existing system and processes
	Recruitment of national and international consultant to conduct review and proffer recommendations
	Thorough review of scope, mandate, capacity, and legal environment etc of the regulatory bodies will be conducted
	The MOHS establish an independent and functional regulatory body and execute regulatory function according to guideline and standard
The MoHS shall develop appropriate guidelines, standards and tools for regulation that include licensing, certification, quality assurance, national accreditation of health care infrastructure, laboratory facilities, drugs importations and storage, medical equipment's and health care professionals	Recruitment of national and international consultant to develop guideline, tools and standards
	Conduct consultative meetings to the development and validations of guideline, standards, tools
	Conduct dissemination workshop of the guideline, standards, and tools involving multiple stakeholders
	Print and distribute guidelines, standards and tools
	Conduct periodic review of the guidelines, standards and tools
The MOHS shall strengthen and enforce public and private health care facilities and health care infrastructures inspection and licensing	Conduct inspection of public health care infrastructures according to guideline
	Conduct inspection of private health care facilities including pharmacies and drug stores according to standard guideline
	Enforce registration and licensing of all health care facilities
The MOHS shall facilitate standardization, certification and quality assurance of medical equipment's, drugs and medical supplies	National and essential medical equipment's, drugs and medical supplies regularly updated
	Quality control system for drugs, supplies and medical equipment's importation, production, distribution and storage developed
	Conduct regular assessment on quality of priority drugs and medical supplies available in the market
The MOHS shall enforce systems and processes for health care professional licensing and instituting of CPD system	Conduct health care professional licensing and certification according to standard guideline
	Develop national guideline for CPD
	Institute CPD system in both private and public facilities
The MoHS shall work to institute national accreditation system and work towards creating partnership to regional and international	Develop national accreditation standard for hospitals
	Conduct periodic assessment of hospitals for accreditation
	Provide technical and financial support to ensure accreditation of hospitals

accreditation of teaching hospital and training institutions	Forge partnership with regional and international accreditation bodies
	Support assessment of national accredited hospitals for international accreditation
The MoHS shall ensure that the right legislative and regulatory environment is put in place for regulatory bodies, health care practitioners, health care facilities and the private sectors.	Draft bills for ensuring appropriate legislative environment for regulation of health care system and improvement of quality
	Engage parliamentarians and cabinet for enactment of the bill
	Conduct advocacy for improved government financing for regulatory work and quality improvement
	Conduct regular stakeholder engagement for sensitization and resource mobilization
Policy Statement: Strengthening Leadership, Management and Accountability for Quality	
The MoHS shall ensure that leadership, governance and management structure necessary to support the planning, implementation and monitoring of quality of care work established and strengthened across all levels of healthcare.	Establish appropriate governance and management structure for quality management at national district and facility level
	Capacitate the governance and management structure on quality improvement approaches and methodologies
	Equip and finance the quality management structures to plan and execute quality of care work at national, district and facility level
The MoHS shall facilitate and pursue the development of a harmonized content and training guideline in quality management that will be used for the training *(both during pre-service and post-service)* of all categories of healthcare workers in the country.	Develop national standard guideline training manual on quality improvement for health workers
	Develop national coaching and mentoring guideline on quality improvement
	Support training institution in the development of national training curriculum for training institutions
	Institute quality improvement training in training institutions and put in place enabling environment for delivering the training
The MoHS shall establish a functional, effective and efficient national Biomedical Department/Unit that ensures the quantification, procurement, distribution, installation, maintenance, inventory and appropriate use of biomedical equipment across all health facilities in the country	Advocate for the establishment of biomedical unit in the MOHS structure
	Advocate for inclusion of biomedical engineers training in the training institutions in partnership regional and international schools
	Advocate for hiring trained biomedical engineers for every tertiary and secondary hospital
	Ensure availability of essential medical equipment's and laboratory facilities in tertiary, secondary and PHUs according to national standards
	Support periodic preventive maintenance of medical equipment's
The MoHS shall establish robust and transparent recruitment, deployment, promotion, appraisal and transfer mechanisms that will be merit and competency based and guided by international best practice.	Ensure every tertiary, secondary and PHUs have the right and competent staffs to deliver essential health services
	Develop national guideline for standardization of recruitment, deployment, promotion, appraisal and transfer health care workers
	Establish performance appraisal and recognition scheme for health care workers, health care facilities, and District Health Management Team
	Strengthen training institutions produce cadres based on national HRH plan

	Ensure annual health sector planning budget for recruitment and deployment of health care workers are based on prioritized need
The MoHS shall ensure that QOC Programs/Directorate have a dedicated budget line for QoC efforts and initiatives which are released and disbursed on time and accounted for in a timely manner.	Advocate with GOSL to put aside a dedicated budget to Quality Management as percentage from the national health budget
	Ensure timely disbursement of funds to Quality Management Unit for improved efficiency and effectiveness
	Develop resource mobilization strategy for Quality of Care initiatives
The MoHS shall ensure that all professional associations/societies, academia, civil society organizations, private sector, traditional health practitioners, community members and partners (including NGOs) are well coordinated to champion QoC in health and support its implementation.	Mobilize professional associations, civil societies, private sectors and traditional healers to mainstream and champion quality of care
	Organize national movement for Quality of Care
	Commemoration of global and national events on quality
Policy Statement: Strengthening Quality Health Care Services at Point of Care	
The MOHS shall define the scope and referral pathways for health care services with their standards and prerequisite for the various tiers of the health care delivery system and enforcing adherence to the referral pathway and health care delivery system.	Develop and disseminate referral guideline
	Establish Clear referral pathways between different layers of health facilities
	Establish remote support and learning system between facilities
	Establish learning network between hospitals, and between PHUs
The MoHS shall develop and strengthen accountability mechanisms for effective implementation of national policies and strategies	Maintain an inventory of national protocols, guideline and policies
	Conduct regular assessment to monitor implementation status
	Conduct periodic review of implementation status of national plan, guideline and policies – mainstreamed in the health sector review
	Establish accountability system for monitoring and reporting
The MoHS shall ensure the institutionalization of the culture of quality: monitoring, supervision, mentoring, coaching and preceptorship at all levels of health service delivery that further accelerate and sustain the implementation of QoC improvement packages.	Train National and District QOC coaches and mentors to support QOC initiatives
	Constitute QI teams at every service delivery point
	Develop tools for coaches, mentors and supportive supervision
	Conduct national and district supportive supervision
	Conduct orientations to coaches, mentors and QI teams on change packages and standards
The MOHS shall review, develop, distribute, train and monitor proper utilization of nationally approved standards of care for clinical service delivery and diagnostic procedures and enforce adherence to	Conduct quality assurance visits to all diagnostic facilities
	Develop and ensure availability of national protocols in the facilities
	Develop and monitor tracer indicators that measures adherence to protocols
	Conduct periodic assessment on patient and health care workers safety

those standards of care in both public and private sectors.	Ensure training and mentorship of health workers on national protocols
Policy Statement: Strengthening Improved Patient Experience of Care	
The MoHS shall develop and implement guideline for improving enabling environment for the provision of quality and safe healthcare that will ensure compassionate, respectful and dignified care; and promote accountability, openness and disclosure.	Support the development of training guideline for compassionate communication and respectful care
	Conduct training and mobilizations of health workers to introduction and strengthening compassionate communication and respectful care
	Develop and disseminate communication and advocacy tool for respectful care and compassionate communication
	Support the development of minimum standards/guideline for compassionate, respectful and dignified care
	Mobilize communities to know and demand their rights and reports complaints
The MoHS shall put measures in place to ensure that health service is provided in a manner that meets and exceeds the expectations, needs and preferences of the clients/patients and is provided in a safe, timely, effective, efficient, equitable and person-centered manner (respectfully, dignifying and compassionate).	Ensure clients/patients are involved in choosing and decision making for the care they receive from health care facilities at every point of care
	Develop accountability framework for health care facilities
	Ensure health care facilities put in place a structure that support, advocate, monitor, and report accountability framework of health care facilities for clients and patients
The MoHS shall pursue efforts and initiatives that will reduce all forms of financial barriers to accessing quality health services, particularly MNCAH-N services across all health facilities (i.e. both public and private) in the country	Review, monitor and report status, gaps and opportunities in the implementation of free health care initiatives
	Support the development and implementation of health care financing scheme that reduce burden on patients
	Develop policy and legal framework for free health care services in Sierra Leone
	Ensure reporting of RMNCAH-N and QOC expenditure in the national health account
The MoHS shall ensure that all health facilities (both public and private) institute appropriate community/client empowering mechanisms e.g. client's complaints/compliments systems to elicit feedback from the community regarding service delivery	Institute facility and community-based community/client feedback collection mechanism about care provided in the facility suited to literacy level of the client/communities
	Conduct monthly analysis and dissemination of findings to facility management, DHMT and national MOHS
	Ensure inclusion of activities/programs that improves patient/client satisfaction in annual facility, DHMT and national plan
	Ensure communities/clients/patients are included in the facility management board particularly hospitals
	Conduct regular stakeholder engagement of patients, clients, communities, civic societies and other stakeholders
	Ensure the formation of national patient associations
The MoHS shall facilitate the development of a National Patient Charter that is in line with national/international standards. It shall institute a mechanism to ensure that the rights	Develop patient charter in line with national and international standard
	Ensure patient charters are displayed in all health care facilities
	Ensure right of patients are promoted and respected in all health care facilities
	Empower patients and communities on the patient charter through advocacy, training and IEC/BCC

of clients are respected according to good clinical practice.	Develop monitoring and evaluation framework for the successful implementation of the patient charter
	Develop legal framework for the patient charter
The MoHS should pursue efforts that prioritizes Patient Data protection and Confidentiality	Develop/Mainstream data protection and confidentiality policy for the health system
	Ensure existing legislations reviewed to ensure data protection and confidentiality
Policy Statement: Strengthening Improved Monitoring, Evaluation and Learning for Quality	
The MoHS shall work towards establishing standardized reporting and learning systems for all types of incidents and adverse events (such as medication, procedures, transfusion, surgery etc).	Ensure establishment and strengthening of standard reporting mechanism for adverse events in facilities
	Publish periodic reports on adverse events
	Organize national learning summit on patient safety focusing on safe surgery, safe blood transfusion, safe medication etc
The MoHS shall develop and strengthen mechanisms that will facilitate learning and knowledge sharing across the health system, including ensuring the regular monitoring of the progress of the QoC efforts in the country.	Establish a national hospital learning network that include public and private facilities
	Develop performance indicators for hospitals and PHU's and facilitate monthly performance review meetings
	Support national biannual learning meetings among learning, and non-learning facilities
	Facilitate quarterly district-based learning meetings amongst learning and non-learning facilities
	Support biannual publication of QOC efforts and achievements
The MoHS shall strengthen institutional structures for health research, information, monitoring and evaluation systems on quality to support evidence-based decision.	Strengthen national, district and facility capacities for conduct of monitoring, supervision and operational researches
	Conduct national baseline and follow up assessment on QOC standards
	Conduct periodic assessment on status of patient and health care safety in health care facilities
	Conduct periodic monitoring and supervision to learning and non-learning facilities
	Conduct operational research on prioritized QOC agenda
The MoHS shall facilitate periodic publication of indicators that depicts the performance of various health facilities in the country.	Identify key performance indicators for publication by MOHS
	Develop reporting template for key performance indicators
	Support district develop and analyses key performance indicators for their districts
	Publish key indicators performance on yearly basis
	Conduct national performance review meeting involving key stakeholders

8.2.Monitoring and Evaluation Framework for QOC Policy (Prioritized)

S.no	Indicators	Target	Baseline	Data Source	Frequency	Means of Verification
Input						
1	Existing regulatory bodies mandate, strengths, gaps, functionality and legal environment reviewed	all	TBD	Report	Every 5 years	Meeting minute
2	National autonomous and functional regular bodies established (no and type of regulatory body to be determined)	TBD	TBD	Report		Meeting minute
3	Guideline, standards and tools for regulatory functions developed	TBD	TBD	Report	Every 3 years	Meeting minute
4	Right legislative and regulatory environment for regulatory body developed			Report	Every five year	Bill
5	National, districts and hospital have a dedicated and functional quality management unit	100%		Report	Quarterly	Supervision
6	National, districts and hospitals have assigned a dedicated quality management officers to oversee quality management work	100%	0	Report	Yearly	Supervision/Payroll
7	MOHS established a biomedical unit to support standardization, quantification, installation, maintenance and inventory of medical equipment's in health facilities	1	0	Report	Yearly	Audit
8	Percentage of quality program budget allocated from national, district, and hospital health budget	1	0	Report	Every five years	National health account
9	National and district stakeholder/network for coordination of quality of care established and strengthened	100%	TBD	Report	Quarterly	Supervision
10	Quality management module for preservice curriculum for nurses, midwives, CHO and medical officers developed	100%	0	Report	Yearly	Audit
11	A standard reporting system for reporting incidents and adverse events established	100%	TBD	Report	Quarterly	Supervision
12	Patient/client feedback mechanism instituted at national, district and facility level	100%	TBD	Report	Quarterly	Supervision
13	National patient charter developed and disseminated	1	TBD	Report	Yearly	Audit
14	Community score card for QOC developed	1	TBD	Report	Yearly	Audit
Process						

1	Number of national and district stakeholder/network meeting/learning conducted	100%	TBD	Report	Biannually	Workshop Proceeding
2	Number of guidelines, standard and tools developed for regulatory functions	TBD	TBD	Report	Every five years	Audit
3	Number of national level health care facility inspection conducted	100%	TBD	Report	Yearly	Audit
4	Number of hospital and CHC medical equipment inventories conducted	100%	TBD	Report	Yearly	Audit
5	Number of national and district QOC supportive supervision visits conducted	100%	TBD	Report	Quarterly	Supervision Report
6	Number of QOC performance review meeting conducted	100%	TBD	Report	Yearly	Workshop proceeding
7	Number of health facilities assessed for international accreditation	4	0	Report	Every three year	Audit
8	Number of national QOC steering committee conducted	4	1	Report	Quarterly	Meeting Minute
9	Number of national and district QOC TWG meeting held	12	5	Report	Monthly	Meeting Minute
10	Number of QOC meeting held by QOC committee in health facilities in the learning district	100%	TBD	Report	Monthly	Meeting Minute
11	Number of annual events/commemorations on QOC celebrated	5	TBD	Report	Yearly	Audit
12	Number of national and district level QOC learning meetings conducted	2 4	TBD	Report	Quarterly	Workshop Proceeding
13	Number of assessments on QOC standard conducted	2	TBD	Report	Biannually	Audit
14	Number of patient safety assessment conducted	2	TBD	Report	Biannually	Audit
15	MoHS Health worker density and distribution (nurse/midwife, CHO, doctor to population ratio) published	4	0	HRIS	Quarterly	Audit
Output						
1	National and district annual operational plan for quality of care developed, reviewed, and updated	100%	0	Report	Yearly	Audit
2	Number of training institution that incorporated quality improvement in their training curriculum	100%	0	Report	Yearly	Supervision
3	Percent of health facilities with documentation of a recent QI activity in past 3 months	100%	TBD	report	Quarterly	Supervision

4	Percent of health care facilities inspected for licensing and accreditation	100%	TBD	Report	Yearly	Audit
5	Percent of health care workers professional license reviewed/audited for licensing	100%	TBD	Report	Yearly	Audit
6	Percent of health facilities inspected for licensing and accreditation (disaggregated by district, type of facility)	TBD	TBD	Report	Yearly	Audit
7	Number of facilities with community score card updated	TBD	TBD	Report	Quarterly	Audit
8	Percent of health facilities with functional facility management committee (Any management meetings with community participation held at least once every month)	TBD	TBD	Report	Quarterly	Audit
9	Percent of facilities having nationally approved standards and guidelines for clinical managements (tracer guideline)	100%	TBD	Report	Yearly	Supportive Supervision
10	Percent of health facilities with functioning equipment in line with standard equipment list	100%	TBD	Report	Yearly	Inventory
11	Percent of health facilities with an ambulance or regular ambulance access	100%	TBD	Report	Quarterly	Audit
12	Percent of ambulances fully equipped according to national standard	100%	TBD	Report	Quarterly	Supervision
13	Percent of health facility staff trained in Quality Improvement	40%	TBD	Report	Yearly	Audit
14	Percent of health facilities having at least one trained staff on QI	100%	TBD	Report	Yearly	Audit
15	Number of health facilities assessed based on QOC standard	36	TBD	Report	Biannually	Audit
16	Number of health facilities assessed for patient safety	TBD	TBD	Report	Biannually	Audit
17	Percent of facilities with monthly QOC meeting conducted	100%	TBD	Report	Quarterly	Meeting Minute
18	Percent of health facilities with adequate IPC and WASH facilities	100%	TBD	Report	Yearly	Audit
19	Percent of facilities with functional QOC committee	100%	TBD	Report	Yearly	Supportive Supervision
20	Percent of health facilities with service charters	100%	TBD	Report	Yearly	Supportive Supervision
21	Percent of district with learning network established	100%	TBD	Report	Quarterly	Supportive Supervision

22	Percent of hospitals involved in national learning meetings	100%	TBD	Report	Quarterly	Supportive Supervision
23	Percent of health facilities that participated at least in one of national and district learning meetings	80%	TBD	Report	Quarterly	Audit
24	Percent of health Facilities with functional client feedback mechanisms (suggestion boxes, surveys, interviews, community leader meetings, letters, email, etc.)	100%	TBD	Report	Quarterly	Supportive Supervision
25	Number of hospitals with established unit for receiving client complaint	100%	TBD	Report	Quarterly	Supportive Supervision
26	Percent of health facilities that use data for decision making - internal performance reviews	30%	TBD	Report	Yearly	Audit
27	Percent of health facilities with QI learning circles	100%	TBD	Report	Yearly	Audit
28	Percent of hospitals with CPD programs	100%	TBD	Report	Yearly	Audit
29	Number of operational researches on quality conducted	5	TBD	Report	Yearly	Audit
30	Number of periodic publications on quality printed and disseminated	5	TBD	Publication	Yearly	Audit
Outcome						
1	Percent of health facilities licensed	TBD	TBD	Report	Yearly	Audit
2	Percent of health worker vacancy rate (by cadre) for hospitals	TBD	TBD	Report	Yearly	Audit
3	Percent of health care facilities adhering to clinical guidelines – tracer conditions	TBD	TBD	Report	Yearly	Audit
4	Medical Error Rate /1000 inpatient days	TBD	TBD	Report	Yearly	Audit
5	Surgical site infection rate	TBD	TBD	Report	Yearly	Audit
6	Percent of clients surveyed reporting health worker involved them in decisions on treatment/care	TBD	TBD	Report	Biannually	Audit
7	Percent of pregnant women in labour and delivery allowed to have companion of their choice during labour and childbirth	TBD	TBD	Report	Biannually	Audit
8	Percent of pregnant women reporting abuse during labour and child birth	TBD	TBD	Report	Biannually	Audit
9	Bed occupancy rate (maternity and under five)	TBD	TBD	Report	Quarterly	Audit
10	Percent of health facilities with stock outs of tracer medicines	TBD	TBD	Report	Quarterly	Audit

11	Average length of stay for hospital (disaggregated)	TBD	TBD	Report	Quarterly	Audit
12	Caesarian section rate	TBD	TBD	Report	Quarterly	Audit
13	Unmet demand for EmONC	TBD	TBD	Report	Quarterly	Audit
14	Skilled health worker to population ratio	TBD	TBD	Report	Quarterly	Audit
Impact						
1	Strong regulatory system put in place					
2	Out of pocket contribution to the national health expenditure	TBD	TBD	National Health Account	Yearly	Audit
3	Percent of health facilities nationally accredited	TBD	TBD	Report	Yearly	Audit
4	Percent of health facilities internationally accredited	TBD	TBD	Report	Every three year	Audit
5	Percent of clients visiting health facilities that are satisfied with health services	TBD	TBD	Report	Quarterly	Audit
6	Percent of health care workers satisfied	TBD	TBD	Report	Quarterly	Audit
7	Institutional maternal mortality rate	TBD	TBD	Report	Quarterly	Audit
8	Institutional neonatal mortality rate	TBD	TBD	Report	Quarterly	Audit
9	Institutional under-five mortality rate	TBD	TBD	Report	Quarterly	Audit
10	Referral Rate (maternity and under-five)	TBD	TBD	Report	Quarterly	Audit