

Perspectives on Quality

The COVID-19 pandemic: A call to action for health systems in Latin America to strengthen quality of care

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Abstract

The Covid-19 and other recent pandemics has highlighted existing weakness in health systems across the Latin-America and the Caribbean (LAC) region to effectively prepare for and respond to Public Health Emergencies. It has been stated that quality of care will be among the most influential factors on Covid 19 mortality rates and low systems performance is the common case in these countries. More comprehensive and system level strategies are required to address the challenges. These must focus on redesigning and strengthening health systems to make them more resilient to the changing needs of populations and based on quality improvement methods that have shown rigorously evaluated positive effects in previous local and regional experiences. A call to action is being made by the Latin American Consortium for Quality, Patient Safety and Innovation (CLICSS) and they provide specific recommendations for decision makers.

Key words: Latin America, COVID19, quality improvement

The problem

The experience in the Latin American and Caribbean (LAC) region with public health emergencies (PHEs), such as the current coronavirus disease 2019 (COVID-19) pandemic and the previous Zika and H1N1 Influenza, has highlighted existing weakness in health systems across the region to effectively prepare for and respond to PHEs [1, 2]. Furthermore, PHEs have underscored preexisting gaps

and heterogenous behaviors in access to and quality of care (QoC). Learning had been limited and there is an opportunity for change.

The background

Based on data from 2016, Latin America has high percentage of mortality amenable to poor QoC [3]. It has been projected that

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countries or regions with lower levels of QoC will have higher COVID-19 mortality rates [4]. In the LAC region, the failures of health systems to prevent and adequately control chronic diseases is likely to result in a greater percentage of the population at risk of developing complications related to COVID-19. Furthermore, in addition to the response specific, PHEs present significant challenges for health systems to meet the essential health needs of the population and QoC gaps tend to be wider.

The solution

More comprehensive and system level strategies are required across the LAC region to address the challenges that we face now. These must focus on redesigning and strengthening health systems to make them more resilient to the changing needs of populations affected by the short- and long-term consequences of the COVID-19 and future PHFs

QoC approaches have been shown to improve health outcomes, to achieve public confidence in the healthcare system and to obtain a better return on investment [5], quality improvement (QI) methods based on implementation science that enable the effective use of limited resources by focusing on systematically improving care processes and care delivery systems. These will be critical elements of the response and recovery phases of the COVID-19 pandemic.

The evidence in the region

Several examples highlight the feasibility and effectiveness of using QI methods for a myriad of clinical topics at a large scale across the LAC region [6, 7]. In 2010, a group of individuals and institutions founded the Latin American Consortium for Quality, Patient Safety and Innovation (CLICSS for its initials in Spanish) to promote and galvanize the widespread adoption and institutionalization of QI and patient safety methodology to improve healthcare processes and outcomes. For the past decade, CLICSS has promoted awareness and knowledge-sharing activities and led the successful implementation of two multicountry quality improvement collaboratives aimed at reducing hospital-acquired infections in Latin American intensive care units [8]. Since then, there has been more commitment for QI and policy-level activities to improve QoC in different settings [9].

The current COVID-19 pandemic presents an opportunity to adopt a comprehensive approach to QoC that integrates quality planning, quality control and quality assurance with improvement science to achieve sustainable, large-scale adoption. We make a call to action to all stakeholders in the LAC region to incorporate quality and patient safety policies and implementation strategies into national health sector plans as part of the response to the COVID-19 pandemic. This will enable the systematic use of QI methods, measurement activities and redesign of care to impact health outcomes. Particular attention should be paid to strengthening care processes for vulnerable populations, reorganizing patient flow, strengthening supply chain systems, promoting self-protection, taking care of the well-being of healthcare providers including second victims and

ensuring person-centered care with appropriate communication between providers, patients and families. This will facilitate health systems become more resilient to shocks from the current and potential future waves of the COVID-19 pandemic, as well as PHEs in the future. In addition, it will make health systems to be more responsive to preexisting unmet demands for essential services [10].

As health systems start or continue to adopt these methods, it is important to assess their effectiveness rigorously, accompanied by proper management, accountability and governance systems and structures. This will guarantee their impact, institutionalization and sustainability over time. The time has come for the LAC region to incorporate learnings from past experiences and to leverage QI methods to close QoC gaps and improve outcomes for all.

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References

- Seid M, Lotstein D, Williams VL et al. Quality improvement in public health emergency preparedness. Annu Rev Public Health 2007;28: 19, 31
- Abrampah NM, Syed SB, Hirschhorn LR et al. Quality improvement and emerging global health priorities. Int J Qual Heal Care 2018;30: 5-9
- Kruk ME, Gage AD, Joseph NT et al. Mortality due to low-quality health systems in the universal health coverage era: a systematic analysis of amenable deaths in 137 countries. Lancet 2018;392:2203–12.
- Kirby T. South America Prepares for the Impact of COVID-19. https:// linkinghub.elsevier.com/retrieve/pii/S2213260020302186 (3 May 2020, date last accessed).
- Kruk ME, Gage AD, Arsenault C et al. High-quality health systems in the sustainable development goals era: time for a revolution. Lancet Glob Health 2018;6:e1196–252.
- Garcia-Elorrio E, Rowe SY, Teijeiro ME et al. The effectiveness of the quality improvement collaborative strategy in low- and middleincome countries: a systematic review and meta-analysis. PLoS One 2019;14:e0221919. doi: 10.1371/journal.pone0221919.
- Borem P, de Cássia Sanchez R, Torres J et al. A quality improvement initiative to increase the frequency of vaginal delivery in Brazilian hospitals.
 Obstet Gynecol 2020;135:415–25. http://journals.lww.com/10.1097/AOG.00000000000003619.
- Arrieta J, Orrego C, Macchiavello D et al. 'Adiós Bacteriemias': a multi-country quality improvement collaborative project to reduce the incidence of CLABSI in Latin American ICUs. Int J Qual Heal Care 2019;31:704–11. doi: 10.1093/intqhc/mzz051.
- PAHO. Strategy and Plan of Action to Improve Quality of Care in Health Service Delivery. https://iris.paho.org/handle/10665.2/51621 (22 April 2020, date last accessed).
- WHO. Maintaining Essential Health Services and Systems. https://www. who.int/emergencies/diseases/novel-coronavirus-2019/technical-guida nce/maintaining-essential-health-services-and-systems (7 May 2020, date last accessed).