



GOVERNMENT OF SAINT LUCIA

DEPARTMENT OF HEALTH AND WELLNESS

Health System Strengthening Project

**Terms of Reference for the Design and Implementation of
Continuous Quality Improvement System
Department of Health and Wellness in Saint Lucia**

I. Introduction

The Government of Saint Lucia (GOSL) has obtained financing from the World Bank (WB) for the financing of Health System Strengthening Project (HSSP) to support the Government of Saint Lucia's initiative to improve the accessibility, efficiency, and responsiveness of health service delivery.

The financing supports the GOSL in achieving National Health Insurance. In addition to the implementation of an Essential Benefits Package, the Project will use financial incentives to enhance service delivery at the primary health care level, improve health infrastructure at the primary health care level, and improve preparedness and response for public health emergencies. Activities conducted under the Project will take place alongside ongoing developments, such as the rollout of the Essential Benefits Package, which is expected to be conducted in phases, will take upcoming transitions and expenditure pressures into consideration.

The Project in the amount of US \$20 million will strengthen Saint Lucia's health system, focusing on the establishment of an Essential Benefits Package, strengthening institutional readiness and performance particularly at the primary care level, and improving public health emergency preparedness and response. An essential benefits package has been drafted, and will be refined and rolled out using a phased approach. Specifically, it would begin with a minimum, essential benefits package which fits in the government's fiscal space, with benefits added over time as efficiency gains are made and administrative systems (and revenue collection) improve.

The Financing Agreements establish that the Government of Saint Lucia will design and implement several activities oriented to improve the health services access and to introduce the performance based financing system as a proven method to improve the quality of health care services and its productivity.

II. Background

The World Health Organisation reported that a majority of medical errors result from faulty systems and processes, not necessarily individuals. Therefore the obligation for quality and safety improvement initiatives has become more prominent in health care. Quality health care is defined as “the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge”¹. Conditions and processes that are inefficient and versatile, patients’ needs, health insurance, differences in health care provider education and experience, are just some of factors that contribute to the complexity of health care. With these factors in mind, the health care sector functions at a lower level than it can and should, and yet it put forth the following six goals of health care to be effective, safe, patient-centred, timely, efficient, and equitable. The aims of effectiveness and safety are targeted through process-of-care measures, assessing whether healthcare providers perform processes that have been demonstrated to achieve the desired aims and avoid those processes that are predisposed toward harm.

To enable a culture of CQI in health care delivery is to cultivate improvement for clients, the service, and the population by identifying problems, implementing and monitoring corrective action and studying its effectiveness. It is important that quality improvement be addressed in the performances of the care and services provided within Saint Lucia’s healthcare sector and by its’ healthcare professionals. Failures in the standards of care and services will be detected through complaints, audit, untoward incidents, and routine surveillance. These involve an organisation-wide approach to quality improvement with emphasis on preventing adverse outcomes through simplifying and improving the process of care. Leadership and commitment from the top of the organisation, team work, consumer focus, and good data are also important. The ideal situation is to encourage people who are working directly with patients to make more decisions for them and work as a team. Three principles of quality to build on are to focus on achieving patient satisfaction, to seek continuous improvement, and to fully involve the entire work force. An “involving organization” comprises a work force in cross-functional teams and natural working groups; they share information, knowledge, skills, abilities, rewards, recognition, authority, and accountability at every level of the structure.

Because errors are caused by system or process failures, there is acknowledgement in the importance to adopt various process improvement techniques to identify inefficiencies, ineffective care, and preventable errors to then influence changes associated with systems. Each of these techniques must involve assessing performance and using findings to inform change through the means of strategies and tools; including failure modes and effects analysis, and Plan-Do-Check-Act, which have been used to improve the quality and safety of health care. Although Saint Lucia health sector has yet to fully establish an implement a CQI system, considerable CQI work has already begun under the 10th European Development Funding project. To date the Department of Health has trained fifty (50) quality focal points, and there are training and other CQI materials which can be built on through evaluation and strengthening for implementation of the CQI system.

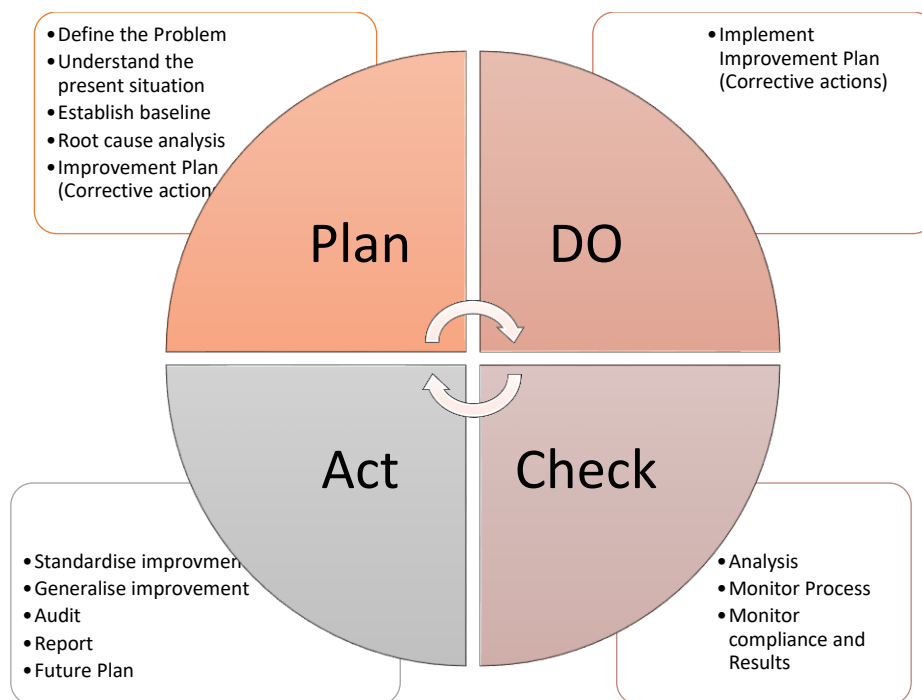
¹ World Health Organisation, Delivering Quality Health Services: A Global Imperative For Universal Health Coverage

III. Conceptual Framework

Quality improvement is an approach to improving service quality, efficiency, and morale simultaneously. This is done by systematically enabling staff and leaders in the continuous study of the improvement of their work, anchored in methodologies and tools from improvement science and best practices. The repeated process of improving quality hence gives way to the term of Continuous Quality Improvement (CQI). Critically, CQI requires staff, operational managers and senior leaders to work together, with problem solving and decision-making happening as close to the issues being experienced as possible. An important ingredient in successful and sustained improvement is the way in which the change is introduced and implemented. This therefore requires the integration of ideas, concepts, and best practices to develop robust improvement models, tools, and techniques with a focus on practical application and problem solving.

As a National Quality Management System (NQMS) cannot be effective on its own, it is imperative to examine all the components of the health system that support or affect quality, and seek to strengthen them. The Plan-Do-Check-Act cycle is the scientific method that has been adopted within the Saint Lucia's healthcare NQMS for continuous improvement in the different processes of care delivery and services². The elements of the Plan-Do-Check-Act Cycle and must be practiced for planning, monitoring and improving activities, care, services, and programmes (etc.) base on the scope, vision, mission and objectives of quality in healthcare.

Figure 1. Continuous Improvement Model - Plan-Do-Check-Act



² Position Paper, National Quality Management System for the Health Sector, pg. 15

Objectives

The main objective of the consultancy is as follows:

1. General objective:

To fully establish and operationalize effective Continuous Quality Improvement (CQI) system that meets internationally recognized best practices for Quality Management Systems for Saint Lucia health care sector.

2. Specific objectives

- i. Design a CQI system to support Saint Lucia's National Quality Management which will include but will not be limited to the Licensing and Certification system of the public and private health sector.
- ii. Design a Road-map to facilitate the implementation and sustainability of the CQI system within the health sector, to include the certification and accreditation phases.
- iii. Create relevant tools for the implementation of CQI, including but not limited to, the relevant health technologies, quality circles, and reminder systems.
- iv. Provide capacity building for health care provider and patients to ensure execution of the CQI system and models to achieve improvements unto accreditation.
- v. Establish and improve the Data Management System to include CQI areas, including the integration of processes for performance measurement and the Monitoring and Evaluation system of the healthcare sector.

IV. Scope of Work:

1. Activities

- i. Evaluate and assess existing CQI system Framework and initiatives to determine relevancy, gaps, strengths and weaknesses.
- ii. Conduct stakeholder consultation to determine and document the essential processes and procedures of care and services offered daily, and are expected from patients and stakeholders.
- iii. Strengthen or create a CQI system Framework with its logic framework and all the tools and instruments required (includes the redefining and strengthening of standards and protocols for Licensing and Certification, for Health facilities at the first level of care, including Wellness Centres and Polyclinics) public and privately owned, using the best international practices adapted to the national context and in line with the National Quality Policy and Framework of Saint Lucia.
- iv. Design the Road map for the establishment of the CQI system of the Department of Health and Wellness (DoHW), taking into account the process of Change Management and its execution, and its execution, the licensing and certification system and accreditation.
- v. Create Action plan for the implementation of the CQI system, complete with the required indicators to monitor and evaluate the process outputs and

results of the CQI system in collaboration with the Corporate Planning Unit and the Quality Management unit of the DoHW.

- vi. Strengthen, develop, and facilitate the conditions and tools for implementing the CQI system within health facilities and organizations should include, but is not limited to the following:
 - Development of the Quality Circles and means for Peer reviews.
 - Support the existing and planned programmes, projects, and initiatives by ensuring that managers and teams adopt and integrate the CQI strategies.
 - Provide a mechanism for learning from the improvements made, promoting individuals, and teams, while demonstrating new ways of working in a modern progressive workforce; taking into account occupational health and safety and infection control and prevention strategies.
 - Establish and facilitate the use of the Complaint and Conciliation mechanism for both the public and private sector.
 - Publish and promote the Communications and Engagement Plan to support the embedding of the CQI Strategy.
 - Development of patient satisfaction surveys, questionnaires, and guides for processes of health facilities for the Wellness Centres and Polyclinics.
 - Training of DoHW's personnel as well as other relevant stakeholders in the CQI model, processes, and tools (includes the development of full training plan).
 - Develop the monitoring and evaluation framework and the required instruments/tools for collecting information, detecting compliance to the CQI processes, auditing, and reporting. These mechanisms should take into account the infection control and prevention strategies.
 - Ensure the CQI Implementation Plan is programmed and managed alongside annual planning and support the DoHW health strategies.
- vii. Design the required structure of the Information Technology system to optimize the use of Saint Lucia's Health Information Management system to facilitate the collection data CQI indicators for reporting, generate user feedback, and patient satisfaction tools.

V. Deliverables

1. Inception Report: Document containing the international and regional literature review on the matter and the detailed methodology for the design and implementation of the CQI system its work/implementation plan as well as the proposed timeline/ chronogram, the inception report should include opinions and criteria of the officials of the Department of Health, as well as other relevant stakeholders.
2. Report No. 1: Document containing the survey/assessment tool to establish the baseline of CQI system in the health sector.

3. Report No. 2: Document containing the results of the Baseline survey/assessment Report.
4. Report No. 3: Document and a presentation of the CQI system presented to the DoHW. With the Road map for the implementation of Saint Lucia's CQI system from the licensing to accreditation of the health sector.
5. Report No. 4: Document containing the CQI system Framework for Saint Lucia's health sector with its logic framework and all the required indicators (process, outputs, results, and tracer indicators). As well as the Action Plan for the implementation of the CQI system.
6. Report No. 5: Document containing the training curricula based on the results of the baseline survey/assessment and in the conceptual framework for the training.
7. Report No. 6: Document containing the results and evidences of the training for health care providers, managers, stakeholders and other relevant and Department of Health staff. The document must also contain the results and evidences of the tests for developed tools and improvement initiatives.
8. Report No. 7: Document containing Communications and Engagement Plan for the CQI system, taking into account the licensing and certification system.
9. Report No. 8: Document containing the CQI Monitoring and Evaluation framework including all the indicators and required tools for implementation, auditing and reporting from both the public and private health sector. Must take into account the infection control and prevention strategies.

VI. Required Qualifications

For the Firm

The firm must have not less than ten (10) years of experience in the health sector in developing countries and not less than seven (7) years specific experience in Quality Systems (Quality management, Quality Assurance or similar) design and implementation in developing countries and not less than two (2) experiences in Continuous Quality Improvement Systems design and implementation in Latin America and the Caribbean Region (LAC).

For the Team

Team Leader: Bachelor's degree; preferably in the field of Health, Engineering or Business OR equivalent, with a minimum of ten (10) years of experience in the health sector in developing countries and five (5) plus years of demonstrated Continuous Quality Improvement experience OR equivalent and not less than to (2) experiences experience in CQI or Quality Assurance (QA) or equivalent in development countries including Latin America and the Caribbean Region.

Expert in Health Services Organization and Delivery: Professional of the health sector with a bachelor degree in Medicine, Nursing, health economics or equivalent with a master's degree in public health or health management, health administration or health services organization and delivery or equivalent, with not less than seven (7) years of experience in the health sector, especially in Primary Health Care in developing countries, and not less than two (2) experiences

in CQI, QA, or equivalent in the health sector in developing countries, specifically in Latin America and the Caribbean Region.

Expert in Quality Audit: a Health professional with a bachelor degree (medicine, nursing or similar) with a formal training as Quality Auditor (either ISO, or similar) with not less than five (5) years of experience in Continuous Quality Improvement AND in Quality auditing in health systems in developing countries including Latin America and the Caribbean Region.

Expert in Clinical Nursing: a Registered Nurse with a Master's degree in Nursing or Public Health, or similar with not less than seven (7) years of experience in nursing supervision and quality of care, with training in CQI, and experience of not less than five (5) years in developing countries including Latin America and the Caribbean Region.

Duration and Characteristics of the Consultancy

- a. **Type of consultancy:** the consultancy will be done by a Firm
- b. **Duration:** The expected duration of the contract will be twelve (12) months.
- c. **Assignment Location:** The assignment requires some extensive field work across Saint Lucia and therefore the consultants are required to ensure presence in Saint Lucia especially at critical periods, including the identification of the available data, the implementation of the readiness survey/assessment, the collection of available data from various sources, conducting the DoHW and relevant stakeholders training workshops.

Execution of this Terms of Reference requires the following:

- Excellent communication skills and excellent knowledge of the English language (both spoken and written). It is important to note that Stakeholder engagement is critical to this consultancy.
- The consultant's team is expected to engage the Health Sector Stakeholders throughout the entire process from inception.
- Ability to interface with government officials, and other stakeholders.
- Ability to travel and conduct site visits to field (health facilities) as well as to the various ministries across Saint Lucia.

VII. REPORTING/COORDINATION

The Consultant will report to the Project Manager of the Health System Strengthening Project (HSSP), and will coordinate their work with the Corporate Planning Unit of the Department of Health and Wellness, in close collaboration with the Quality Assurance Manager and quality team. Formal meetings and presentations will be scheduled for the Consultant to discuss the progress of the assignment.