



Create a Culture, not a Checklist

Practical approaches to improving health care quality
in emerging markets

MARCH 2019

IN PARTNERSHIP WITH



Creating Markets, Creating Opportunities

ABOUT IFC

IFC – a sister organization of the World Bank and member of the World Bank Group – is the largest global development institution focused on the private sector in emerging markets. We work with more than 2,000 businesses worldwide, using our capital, expertise, and influence to create markets and opportunities in the toughest areas of the world. In FY18, we delivered more than \$23 billion in long-term financing for developing countries, leveraging the power of the private sector to help end poverty and boost shared prosperity.

ABOUT THE PUBLICATION

Expanding access to quality and affordable health care is a central element to eliminating extreme poverty and promoting shared prosperity. The World Bank Group has a goal to end preventable deaths and disability through Universal Health Coverage (UHC). In many developing countries, governments do not have the capacity to serve the entire population, and private health care providers often play a critical role in meeting societal needs. IFC is developing a series of publications that demonstrate the private sector's ability to support the achievement of global and national health care goals. By focusing on efficiency and innovation, certain business models can provide better outcomes at a lower overall cost to society. Quality is a key requirement, and IFC places significant focus on this for all of its investments. This publication outlines our approach and includes client perspectives.

WRITTEN BY

This report was authored by Elizabeth Oakes Minchew, with valuable insights provided by the IFC Health Quality team: Yana Gorbatenko, Iuliia Khalimova, and Charles Dalton.

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ACRONYMS

COHSASA	Council of Health Service Accreditation of South Africa
HMO	Health Maintenance Organization
IFC	International Finance Corporation
JCI	Joint Commission International
NABH	National Accreditation Board for Hospitals & Healthcare Providers
NHS	National Health Service
QA	Quality assurance
SDG	UN Sustainable Development Goals
SQHN	Society for Quality in Health Care in Nigeria
UHC	Universal health coverage
WHO	World Health Organization

FOREWORD

For centuries, physicians have taken a pledge to “do no harm.” Ensuring that health service providers are taking every possible step to promote highest quality is central to fulfilling this pledge.

The World Health Organization cites patient safety as a serious global public health issue in both developed and developing nations. Worldwide, low-quality health care causes more deaths annually than lack of access, according to recent Lancet research. Unclear regulatory requirements and scarce resources are a feature of health systems in many emerging markets.

As a development institution and one of the world’s largest investors in private sector health in emerging markets, IFC recognizes that quality improvement is essential for risk management and sustainable investment in human capital. Over the last 15 years, IFC has become increasingly active in the private health care sectors of developing countries. IFC financed nearly \$5 billion in over 210 projects as of June 30, 2018. Supported private health care institutions in 57 countries are treating over 41 million patients.

Since 2010, IFC has been working with advisors to develop a self-assessment quality tool to help clients evaluate their standing on quality management. IFC recently completed a comprehensive update of this tool to align with the latest thinking in best practices. The revised tool has already been used with 10 hospitals in seven countries. This year, IFC launched a new advisory program to offer the assessment to clients as a “full service” advisory product helping them implement best-practice processes and protocols.

Our goal is to work with hospitals and clinics in emerging markets to improve patient safety and to embed quality in the culture of the organization. This is not a hospital accreditation, but a systematic independent evaluation to help management understand existing gaps and advice on how to bridge them. Enhanced quality and patient safety help hospitals and clinics become more reliable partners to investors and insurance companies, making it easier to grow, and—most importantly—become more attractive to patients. When ready, entities will be encouraged to pursue accreditation options.

We are pleased to share with you this report examining our early insights and the experience of three IFC clients who have achieved remarkable results in “living quality every day.” We hope that health care service providers in emerging markets can learn from their leadership in creating a culture of continuous quality improvement.

Going forward, IFC will roll out the health care quality advisory to its existing and prospective clients and will share knowledge and good practices relevant to emerging markets through events, webinars, and publications. We hope that you will find this report and our other work in health care quality useful. We will be happy to discuss with you how to strengthen quality culture in your operations any time.



Tania Lozansky
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WHY DOES HEALTH CARE QUALITY MATTER?

5m
deaths

Poor quality of health services contributed to more amenable deaths (5 million) than **non-utilization of services** (3.6 million) across Lower Middle Income Countries

3.6m
deaths

Imagine you are diagnosed with renal cancer. The recommended treatment is removal of a kidney. You check into the hospital and have the operation. You wake up assuming you're cured, only to be told that the surgeon mistakenly removed the healthy kidney and left the diseased one inside. This may sound like something out of a horror movie, but it can and does happen.

When we visit a health care facility, whether for routine primary care or a complex surgical procedure, we trust that we're in good hands. Unfortunately, this is not always true. Medical professionals are human; mistakes happen. In the United States alone, so-called "wrong-site" surgery occurs about 40 times a week. Most instances – 71 percent – have fatal consequences for the patient.¹ In developing countries, reliable figures are harder to find but the rate is likely much higher.

QUALITY HEALTH CARE IS A GLOBAL HEALTH ISSUE

The World Health Organization (WHO) recognizes patient safety as a serious global public health issue in both developed and developing nations. Worldwide, low-quality health care causes more annual deaths than lack of access.² Estimates show that in high-income developed countries, about one in 10 patients is

harmed while receiving hospital care.³ In the United States, some estimates show that medical errors account for more annual deaths than road accidents, breast cancer, or AIDS.⁴

THE MOST VULNERABLE SUFFER MOST

Achieving health care quality is particularly challenging in low- and middle-income countries.⁵ Recent research looking at 137 low- and middle-income countries found that at least 5 million deaths were due to use of poor-quality services, compared with 3.6 million deaths due to lack of access to services.⁶ In fact, 15 percent of all deaths in low- and middle-income countries are attributable to low-quality health care, accounting for 66 percent of the global burden of adverse events stemming from unsafe care.⁷ Deaths from low-quality health care in low- and middle-income countries are five times higher than all global deaths from HIV/AIDS and over three times higher than all deaths from diabetes.⁸

“Even if the movement toward UHC succeeds, billions of people will have access to care of such low quality that it will not help them, and indeed often will harm them.”

US National Academy of Sciences,
Engineering & Medicine (2018)

The rate of surgical site infections in low- and middle-income countries is 6.1 percent, compared with 0.9 percent in the United States.⁹ In Africa, a shocking one in 10 surgical patients dies after an operation, and one in five develops a complication.¹⁰ Emergency rooms in low- and middle-income countries have a median mortality rate of 1.8 percent, 45 times higher than in the United States.¹¹ A mother having a Caesarean-section (C-section) in a low- or middle-income country is 10 times more likely to die than in the Netherlands. Popular opinion is aligned with these statistics: only a quarter of people in low- and middle-income countries believe their health care systems meet their needs.¹²

Achieving universal health coverage (UHC) – access to quality health services for everyone without undue financial burden – is an important goal for governments around the world.¹³ But the effort to promote access must be matched with an effort to promote quality. According to the United States National Academy of Medicine, “Even if the movement toward UHC succeeds, billions of people will have access to care of such low quality that it will not help them, and indeed often will harm them.”¹⁴ “Health

“Health Systems without quality are like cars without engines; they look like the real thing but do not generate motion.”

Dr. Margaret Kruk, Chair of the Lancet
Global Health Commission
on High Quality Health Systems

systems without quality are like cars without engines,” says Dr. Margaret Kruk, Chair of the Lancet Global Health Commission. “They look like the real thing but do not generate motion.”¹⁵

Lack of quality health care also carries a financial burden. According to the United States National Academy of Medicine, low-quality care costs developing countries between \$1.4 trillion and \$1.6 trillion each year in lost productivity.¹⁶ Medication errors alone cost an estimated \$42 billion per year.¹⁷



HEALTH CARE QUALITY FROM THE INVESTOR'S PERSPECTIVE

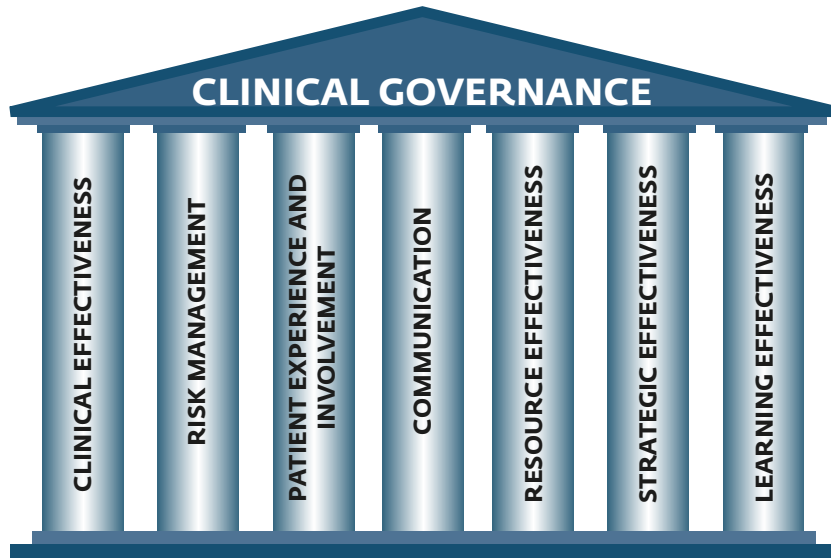
HOW CAN WE CREATE A CULTURE OF QUALITY?

High-quality health care is core to IFC's development mission. We believe that patients everywhere have a right to receive affordable high-quality health care in a safe environment. IFC works directly with health service providers to help them implement best practices and expand the use of protocols required for high quality. Importantly, the quest for quality is not a tick-the-box exercise. It is a culture. To create such a culture, institutions must put the patient's needs at the center of the entire system.

Quality is not a tick-the-box exercise – it's a culture.

Achieving a culture of quality is incredibly challenging. Fortunately, the world is increasingly recognizing the importance of improving health care quality. As a result, more resources are available to help institutions achieve their goals than ever before. Among those are internationally accepted approaches to "Clinical Governance" that include quality assurance (QA) and patient safety. Clinical Governance is a widely recognized framework encompassing seven pillars: clinical effectiveness, risk management, patient experience and involvement, communication, resource effectiveness, strategic effectiveness, and learning effectiveness. In short, it implies that an institution is doing everything it can to provide a patient with the right medical professional to deliver the right kind of care at the right time.

Figure 1. Seven pillars of Clinical Governance



THE BUSINESS CASE IS STRONG

When IFC invests in health care organizations, we stake our reputation on our clients' commercial performance, and most importantly, their values and operational standards. We have seen that there is a strong business case for providing high standards of quality, a view increasingly shared by commercial investors.

IFC's experience confirms that companies with strong quality systems are better positioned to sustain growth, enhance financial performance, and gain strategic partners. Specific advantages flow from several dimensions of operations below.

Figure 2. Advantages of quality improvement in health care systems



"IFC's experience is that there is a compelling business case for investing in health care quality"

Chris McCahan, Global Health
Sector Lead, IFC

1. Risk management: An essential aspect of risk management is quality assurance and patient safety. Patient risk is a concern for multiple stakeholders including payors, providers, patients and their families, regulators, and investors. Managing risk is especially important for inpatient facilities, particularly those providing higher-risk services such as complex surgery, maternity, oncology, and pediatrics.

- 2. Reputation enhancement:** A good reputation is critical for attracting patients. The consequences of poor-quality standards can be catastrophic for public trust in an institution. The proliferation of social media and appetite for drama means that stories of medical failings can now more easily "go viral," with potentially disastrous consequences for the organization involved. No hospital executive wants to find their hospital or one of their staff in the news because of a patient experiencing serious injury or death due to an avoidable mistake.
- 3. Staff recruitment and motivation:** Supportive management who work closely with their staff to improve standards also find that patient satisfaction increases. These outcomes create a sense of achievement and pride for staff. Such organizations often benefit from lower recruitment requirements and orientation costs, as staff retention is high, and the most qualified and ambitious professionals tend to seek jobs with them. This can be a key success factor in low- and middle-income countries where skilled medical practitioners are especially scarce.
- 4. Improved efficiency:** Quality improvement can enhance performance and overall efficiency. IFC's experience confirms that improving quality by standardizing processes can help manage costs. For example, when clinicians are unsure about the best course of action, they tend to do more – more tests, more procedures, and more observation. Health care organizations that promote evidence-based medicine and eliminate process flaws are more likely to reduce ineffective spending.
- 5. Quality brand recognition:** From a commercial perspective health care institutions have much to gain by investing in quality-boosting initiatives. Entities that can build "quality" into their brand attract more patients and corporate clients, bringing higher revenues.
- 6. Meeting evolving regulatory requirements:** The rising number of regulations and the development of private and social health insurance in many markets is driving a greater emphasis on defined quality standards. IFC anticipates a trend toward greater emphasis on quality standards by national regulatory authorities, who are eager to maximize the value of health spending amid reforms to support UHC and new government health programs, specifically for the poor.
- 7. Attracting international investors:** International investors increasingly include quality assessment as part of their due diligence, especially in countries with weak regulation. Commonly, investors employ professional quality-assessment specialists to benchmark an institution's systems and standards against international norms. Organizations that meet or exceed these norms achieve higher valuations. Health care without quality is essentially meaningless, and quality health care is a good investment.



IFC'S HEALTH CARE QUALITY ADVISORY

IFC, as a prominent investor in health care providers in emerging markets, recognized that international health care accreditation is an important desired endeavor for hospitals and clinics, but is often out of reach for many of them because of cost, capacity, or other considerations. Health care providers, particularly those in challenging environments, need a practical approach that can be implemented in contexts where they operate. They require clear guidance on both what needs to be done and how to do it.

In response to this need, IFC now offers a Health Care Quality Assessment Service. This service includes an international specialist in Health care quality and patient safety who administers a specially developed Quality Assessment Tool and provides specific recommendations for improvements.

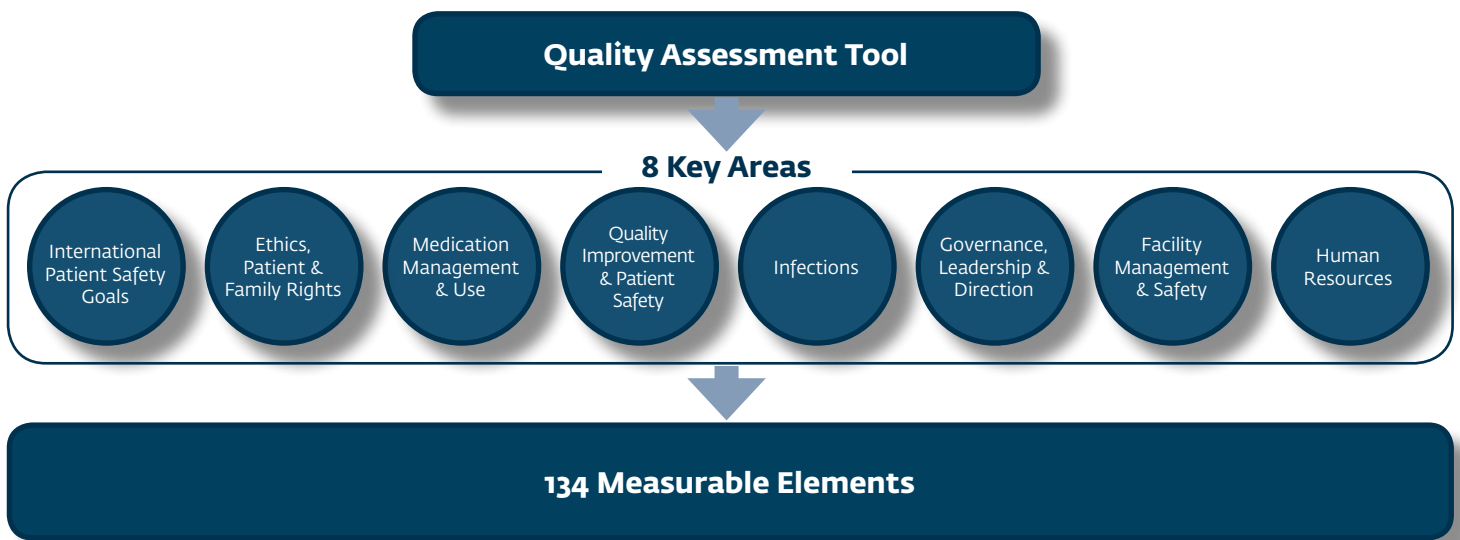
WHAT IS THE IFC QUALITY ASSESSMENT TOOL?

The tool is an IFC-developed assessment framework designed to apply internationally recognized standards to health care organizations in emerging markets. The standards are based on those of the WHO and Joint Commission International (JCI), which developed an earlier version in 2010. To date, the tool has been piloted and refined in Africa, Asia, Europe, and Latin America and is available to both clients and non-clients.

"We recently acquired a new hospital and the IFC Quality Assessment Tool helped us identify important gaps and understand what we needed to do to move to improve our service quality and, most importantly, how to do it."

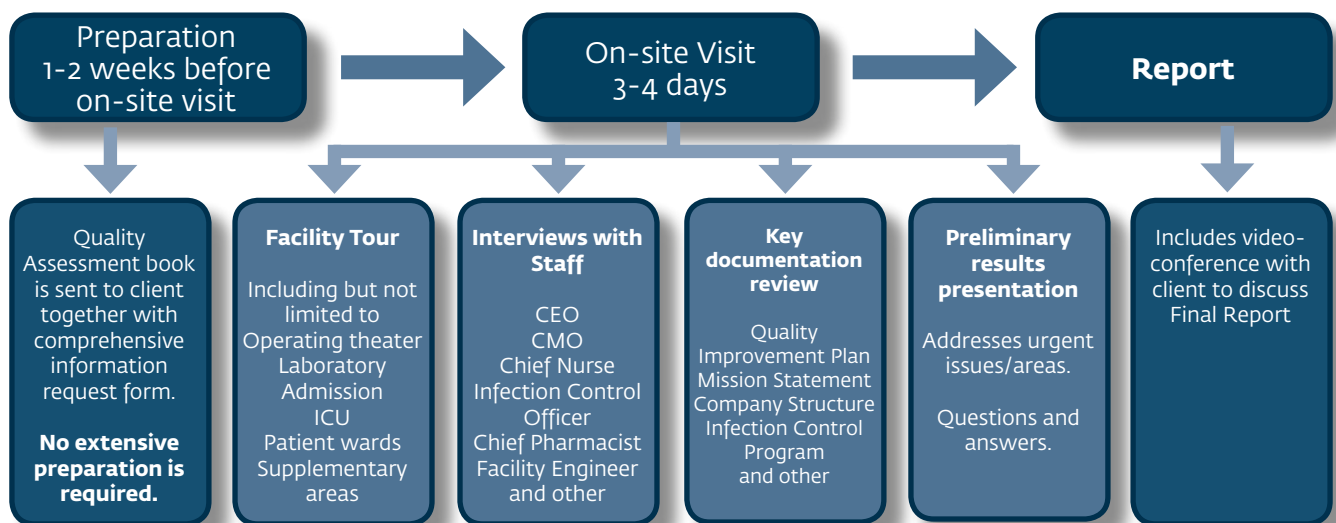
Indren Poovan, CEO,
AAR Health care, East Africa

Figure 3. Structure of Quality Assessment Tool



The tool has three levels based around eight key areas (see Figure 3, Structure of Quality Assessment Tool). A total of 34 core international standards are grouped into each of the eight key areas. As with JCI, the standards are broken down into 134 “measurable elements” that can be assessed as fully compliant, mostly compliant, partially compliant, or non-compliant. The resulting full assessment report will confirm scoring, observations on what led to that score, and recommendations for corrective action.

Figure 4. IFC Health care Quality Assessment Process



HOW DOES IFC CONDUCT AN ASSESSMENT?

The assessment process is summarized in Figure 3 below. Each assessment includes a facility tour, review of documentation, and meetings with key staff. Importantly, we include an on-site presentation of preliminary results to staff with time to ask questions. Clients receive the tool and logistical requirements in advance of the visit. Upon conclusion, they receive a detailed report. The entire process usually takes about four to five weeks.

WHAT ARE THE ADVANTAGES OF THE APPROACH?

- Evidence-based: The approach is based on the experience of internationally-recognized health care quality organizations including JCI, WHO, and IFC's environmental and social governance standards.
- Practical and easy to use: The approach is intuitive, clearly defined, and easy to navigate.
- Time-efficient: Staff do not have to do much preparation.
- Relevant: The approach is specifically designed to consider the challenges faced by health care organizations operating in low- and middle-income countries.
- Collaborative approach and skills transfer: The tool's on-site interactive nature allows skills transfer between visiting and local staff, including feedback on preliminary results and interaction.
- Action-oriented outputs: The outputs not only identify quality assessment gaps, they include actions required to address them. Recommended actions can easily be converted into a corporate Quality Improvement Plan.
- High value for money: Compared with the cost of implementation, the process achieves high-value impact. The process is condensed and targeted to reflect what steps are most important for the institution.
- Consistently positive client feedback: The approach has demonstrated successful results across diverse organizations and geographies.
- Environment for working together: The tool aims to create a transparent environment that brings together staff to solve problems in a collaborative manner. If staff believe that the organization must achieve a certain result or score, they may feel tempted to hide problems, which further hinders a successful outcome.
- Foundation for international accreditation: While the tool does not offer formal accreditation, it can be used as a starting point for achieving one. The process of implementing the tool and its resulting outputs can inform interested organizations of the time and effort required to achieve international accreditation (e.g. JCI or COHSASA).

"Quality improvement doesn't always need spending on expensive equipment and staff. Significant improvements can be achieved through relatively low-cost interventions."

Iuliia Khalimova, Specialist in Health Care Quality & Patient Safety, IFC



EARLY INSIGHTS

MANY EMERGING-MARKET HEALTH INSTITUTIONS SHOW COMMON FINDINGS

We have used our tool to assess diverse health care organizations across Eastern Europe, Asia, and Latin America, including hospitals, polyclinics, and specialist care centers. Local challenges and the results of our assessment are wide-ranging. However, we have captured some important general trends:

- Organizations tend to achieve their highest scores in the areas of Governance & Leadership and Staff Qualifications & Education. One explanation is that IFC's clients tend to have better-than-average governance and are dedicated to attracting well-qualified personnel.
- However, organizations overall tend to fare less well in the areas of Ethics, Patients' & Family Rights; Facility Management & Safety; and Prevention & Control of Infections. Reasons can include other perceived priorities, lack of knowledge, and local cultural norms and medical practices.

Interestingly, many corrective measures needed to improve "low-scoring" areas involve inexpensive interventions. Common areas and relevant examples of low-cost solutions include:

International Patient Safety Goals

- Hand Hygiene Programs: While most organizations have some form of hand hygiene guidelines, there is rarely a system in place to track compliance. Conservative estimates indicate that at any given time there are over 1.4 million patients with health care acquired infections, mostly in low- and middle-income countries. When staff – even those who do not conduct surgery – fail to practice adequate hand hygiene, patients can acquire bloodstream infections, surgical site infections, urinary tract infections, chest or respiratory infections, or gastrointestinal infections.¹⁸ While it is a simple, low-cost action that prevents the spread of harmful microbes, compliance is frequently low.
- WHO Safe Surgical Checklist: The WHO's Safe Surgical Checklist is well-recognized for its role in developing a quality assessment culture. However, in interviews surgeons repeatedly stated that while they reviewed the checklist "in their heads," they rarely used a physical checklist.
- Patient Fall Prevention Program: Many patients in health care facilities are mentally or physically disoriented because of their condition or various medications. Simply identifying and addressing risk areas can reduce falls, as can installation of physical factors including non-slippery floors, marked slopes, handrails, and specific bathroom design. Ongoing assessment and reassessment of in-patients using a fall-risk assessment checklist can also help keep patients safe.

Governance, Leadership and Direction

- Clinical protocols: Thanks to the internet, internationally recognized and evidence-based clinical protocols are now easily accessible. Even in the poorest countries, it is hard to find a clinician without an internet-enabled smartphone. Yet such protocols are often not followed. Studies of primary care clinics in low- and middle-income countries show just 35 to 54 percent adherence to clinical guidelines for treatment of common childhood conditions.

Ethics and Patient's Rights

- Confidentiality of patient information: To be admitted to a health care institution, patients must provide a substantial amount of personal information. Confidentiality of such documentation is often compromised, with potentially severe institutional consequences should the patient decide to act against a privacy violation.

Prevention and Control of Infections

- Instrument sterilization procedures: Procedures for sterilizing surgical or examination instruments are usually in place, but often incorrectly implemented due to a lack of understanding of best practices.



- Medical waste management: Many health care facilities store materials that can harm patients, staff, and the environment. Such hazardous waste is not always properly stored, collected, or disposed of, typically due to lack of local waste-management regulations that are consistent with international best practices.

Facility Management and Safety

- Fire Safety: Fire safety is often approached as a “tick-the-box” exercise, although in most countries local legislation is present, and some system of supervision exists. Staff may be unaware of correct procedures, and practice drills may be rarely carried out.

Such problems are all relatively inexpensive to solve. Quality improvement does not always need spending on expensive equipment and staff. Significant improvement can be achieved through relatively low-cost interventions.

10%

10% of hospitalized patients can expect to acquire infections during their stay

45%

Clinical guidelines followed in less than 45% cases on average

15%

Harmful medical errors & preventable complications account for 15% of hospital costs

14

Unintended or unnecessary harm in a medical setting is the 14th leading cause of ill health globally



CLIENT CASE STUDIES





© Nepal Medicit

MEDICITI

BHAISEPATI LALITPUR, NEPAL



- Founded in 2017, implemented Quality Assessment Tool in 2018
- Number of centers: One centralized hospital (over 600,000 square feet)
- Capacity: 750 beds
- Services: World-class quaternary care facility with 15 specialty centers of excellence
- Target market: Local population and medical tourism
- Special features: State of the art operation theatres and equipment, with vehicular and helicopter ambulance
- For more information: nepalmediciti.com

CONTEXT

Nepal is a low-income country with an underdeveloped healthcare sector. In 1991, Nepal's first National Health Policy increased the public sector's involvement in primary care and formally enabled private sector participation.¹⁹ By 2014, there were 301 registered private hospitals in the country compared to just 16 in 1990.²⁰ Unfortunately, this increase in access to healthcare did not imply quality – to date, there are no internationally accredited hospitals in Nepal.

Private hospitals are typically located in urban areas, catering to a wealthier population and excluding the rural poor. For secondary, tertiary, and quaternary care, people act as medical tourists abroad in locations like India, Thailand, and Singapore. While Nepal's healthcare system today is in many ways a fragmented patchwork of

disease-centered programs, there is significant potential and motivation to focus on strengthening the overall system and attracting foreign talent, particularly through public-private partnerships.

CREATING A DATA-DRIVEN MEDICAL CITY

In 2017, Medicit's founders launched what they envisioned as a world-class healthcare "medical city" recognized for its quality at an international level. To build their reputation both at home and abroad, Medicit's founders knew they needed proof.

"The assessment was very useful and timely for us, because we are planning significant growth - so it's better to get our QA systems in order right from the very beginning."

Sudhakar Jayaram, CEO, Medicit

IFC's Quality Assessment Tool was a good fit. When Medicit implemented the tool in 2018, it received a high score. The tool's action-oriented feedback helped prioritize next steps, such as ongoing efforts to create and implement a Quality Program. Since the tool is a collaborative exercise, staff felt more empowered to address issues and improve quality. Getting Medicit's staff on the same page is particularly important as they enter a period of significant growth. Sudhakar Jayaram, Medicit's CEO, believes that high-quality healthcare should be based on patient-defined outcomes: there must be a closer connection between how physician and patient perceive success.

LATEST DEVELOPMENTS

Now that Medicit has baseline performance data, they can better track progress. As a next step, Medicit hopes to incorporate patient-defined indicators within their system. Medicit's leadership hopes to continue pursuing ambitious goals and lead the way for Nepal's burgeoning healthcare industry. A goal since the beginning has been to pursue an "One Hospital, One Doctor" model whereby doctors work full-time on a fixed-fee basis, with a focus on outcomes rather than volume.²¹ Medicit would also like to house a medical college, health facilities, and an international medical team. Patients could come to Medicit with a multitude of problems and receive treatments for a variety of conditions under one roof. Doctors would work together, reducing risk and increasing positive outcomes. Medicit leadership also wants to develop a chain of hospitals beyond Kathmandu Valley, and it already uses telemedicine, giving smaller hospitals access to Medicit's specialists.²² The goal is both to be profitable and to improve social indicators. To achieve this, Medicit publishes its costs and emphasizes preventive healthcare.

"Nepal has an opportunity to leapfrog traditional pathways towards quality healthcare that we've seen in other countries, and Medicit is using a data-driven approach to achieve this."

Sudhakar Jayaram, CEO, Medicit

Mr. Jayaram acknowledges that Medicit and Nepal still have some way to go, but his team and the Nepalese government are continually making progress. Medicit achieved comprehensive accreditation from the National Accreditation Board for Hospitals & Healthcare Providers (NABH), India's accreditation system, and may pursue JCI accreditation. Medicit staff also contribute to developing stronger health policies, working directly with policymakers on how to encourage public-private partnerships and reduce restrictions on international doctors who can share expertise.²³



© Salauno

SALAUNO

STATE OF MEXICO & MEXICO CITY, MEXICO



- Founded in 2011, implemented Quality Assessment Tool in 2018
- Number of centers: 14 mid-size Diagnostic Centers and one surgical hub; plans to open 12 additional Diagnostic Centers in 2019
- Capacity: 50,000 surgeries and treatments per year
- Services: Both surgical and non-surgical treatment for conditions including retina, cornea, cataract, glaucoma, strabismus, myopia, and astigmatism; refractive surgery; eye exams and imaging tests; laboratory studies; a pharmacy; and optics
- Target market: All income levels, with focus on reaching lower income brackets via community outreach programs
- Special features: Low-cost, tele-diagnostics, online scheduling, mobile applications for patients, partnerships with NGOs and government to set up outreach camps, academic fellowship programs for cataract, cornea and retina specialists and nurses
- For more information: salauno.com.mx

CONTEXT

Cataract surgery is the most frequently performed type of surgery in the world. It is also one of the safest, with success rates over 95 percent and a recovery time of less than one week.²⁴ But in Mexico, affordable, quality providers are scarce. With over 2 million Mexicans suffering from cataracts and few affordable treatment options, untreated cataracts are the chief cause of blindness.²⁵ In 2011, public hospitals performed free cataract surgeries but could not keep up with demand. Some patients waited up to a year for treatment. Treatments for other pathologies, like diabetic retinopathy and glaucoma, were even harder to get. In fact, 70 percent of glaucoma cases went undiagnosed and up to 7 percent of diabetic patients were blind.²⁶ With an aging population and high incidence of diabetes, these troubling numbers will likely become worse.

A VISION FOR CHANGE

In 2011 two engineers turned investment bankers, Carlos Orellana and Javier Okhuysen, decided to try a different approach to eyecare. When they heard about Aravind Eye Care System²⁷, an Indian non-profit acclaimed for its ability to drastically cut the cost of cataract surgery, they decided to bring the model across the world to Latin America's second-largest economy.

Eight years have passed since the two founded Salauno, a network of one surgical center and 14 ophthalmology diagnostic centers located throughout the Valley of Mexico. Starting with one surgery center in 2011, in 2013 they switched to a hub-and-spoke model that allowed them to decentralize at the clinic level and reach more patients. By the end of 2016, Salauno had served 180,000 patients.

Carlos attributes their success in quality assurance to the two pillars of the Aravind and Salauno model: health care that is evidence-based and consistent. Salauno places a higher value on metrics and outcomes than traditional health care institutions, which tend to look only at qualitative indicators, and ensures consistency of outcomes and processes. Other important components also contribute to the model's success.

"We want to eliminate variability for all patients whether they are the first of the day or the last and all doctors whether they're new to Salauno or have been with us from the start. Whether it's Monday or Friday or in different locations, the quality of care must be consistent."

Carlos Orellana, Co-Founder, Salauno

Emphasis on quality is at the core of Salauno's culture and guides all employees. Each month staff hold a meeting to discuss complications. Doctors present the facts, explain how they addressed the problem, what could have been done differently, and suggest supportive literature on the subject. Providing a space and framework for handling complications has made doctors more comfortable admitting mistakes while allowing others to learn in the process.

Given the rapid pace of growth, the quest for quality was not always smooth. When Salauno faced an unexpected breach in their infection control system, the "root cause analysis" technique enabled them to identify potential sources and quickly develop targeted solutions. When they implemented the Quality Assessment Tool in 2018, Salauno demonstrated their dedication to quality and to preserving their patient base.

LATEST DEVELOPMENTS

Salauno continues to "live" a culture of quality. All staff learn about basic communication strategies, time management, and team leadership. Everyone from purchasing to management participates in service-quality meetings and an internal leadership-skills program modeled on what the National Health Service (NHS) uses in the United Kingdom.

Salauno has successfully created a system that places its patients at the center of its development as an institution. By combining this with a staff who understand their role in the system, and how to leverage this for self-improvement, Carlos and Javier have figured out how to incentivize quality assurance, not through economic rewards but fostering a sense of pride and accomplishment in achieving the highest standards. While they've endured challenges like any other medical provider, they have learned to act quickly and develop preventive mechanisms for the future.



© Lagoon Hospitals

HYGEIA

LAGOS, NIGERIA



- Founded in 1986, received JCI accreditation in 2011
- Number of centers: 6
- Capacity: 90 beds
- Services: Focused on preventive care, with specialties in orthopedics & trauma, general surgery, critical care, medical & surgical oncology, urology, cardiology, obstetrics & gynecology, and pediatrics. Recently expanded to offer tertiary services, including neurosciences, advanced urology, nephrology, gastroenterology, and orthopedics
- Target market: High quality care within Nigeria at affordable rates
- Special features: Only Nigerian hospital with JCI accreditation
- For more information: lagoonhospitals.com

CONTEXT

Nigeria's healthcare sector struggles to effectively deliver essential health services to combat high instances of HIV/AIDS, malaria, and tuberculosis.²⁸ One explanation is that healthcare centers and professionals are mostly located in urban areas,²⁹ excluding large portions of the half of all Nigerians who live in rural areas.³⁰ Lack of access is exacerbated by a high poverty rate, high incidence of infectious and non-communicable diseases, and a chronically underfunded public health system strained to meet demand.³¹ Public funding is stretched to provide basic services like access to water, sanitation, and electricity.

The Nigerian private health market is extremely price-sensitive given the low maturity and utilization of health insurance. Even with health insurance, providers often focus on price rather than quality of care. However, there are national initiatives that focus on quality healthcare. Founded in 2006, the Society for Quality in Healthcare in Nigeria (SQHN) leads, advocates, and facilitates quality improvement and safety in the Nigerian healthcare system through education, collaboration, training, and accreditation efforts.³²

IN PURSUIT OF QUALITY HEALTH CARE

From the same team that is behind SQHN came Hygeia Group, whose five Lagoon Hospitals are synonymous with quality advanced medical care. The first hospital opened in Lagos in 1986, and today Hygeia is one of the first providers in Nigeria to hire a range of in-house specialists who work together under the same mission and protocols to provide the highest quality care regardless of expertise.

In 2004, Hygeia decided to pursue JCI accreditation. “Interpreting the steps required to achieve each standard was difficult. We did a lot of self-teaching,” says Dr. Ajibike Oyewumi, Director of Clinical Programs and Quality at Lagoon. Beyond sourcing required building materials and machinery, they had to work out how to build a culture of quality within the staff. “Eventually, we created an entirely new mindset driven by quality, and part of that was convincing our staff it was worth the extra work,” recalls Dr. Oyewumi. With support from IFC financing since 2009, Hygeia restructured their hospitals to include new equipment, expand their buildings, and install infection control, fire, safety, and water systems that met international standards.

“We don’t view our investment in quality improvement as a sacrifice, because in the long run it supports our bottom line.”

Dr. Jimi Coker, Chief Medical Director,
Lagoon Hospitals, Hygeia

In 2011, Hygeia became the first medical institution in sub-Saharan Africa to receive JCI accreditation, allowing them to perform many procedures for which patients typically traveled abroad. By singlehandedly improving access to quality surgical options in Nigeria, Hygeia captured a new market of patients, including corporate clients like Shell, Mobil, and Bupa Insurance. While corporate clients are good for business, Hygeia is still focused on providing much-needed care to ordinary people in Nigeria, and works with local insurance providers to increase coverage.

Each Hygeia hospital has a quality unit that conducts data analysis quarterly and provides feedback into the broader network. The hospital board also has a quality sub-committee that is regularly briefed by senior management. Hygeia relies on this framework to identify problems such as medication errors, concerns with surgical safety, and infection control. The company addresses these problems thoroughly: after identifying the issue, they develop a response and new metrics to monitor progress. Hygeia now has an electronic system for prescriptions, strategically placed hand sanitizer stations, and a significantly smaller number of temporary case notes that remain open. The company has also successfully adopted and implemented the WHO surgical safety checklist.

LATEST DEVELOPMENTS

Dr. Jimi Coker, Chief Medical Director at the Hygeia Group Lagoon Hospital, was one of the previously expatriated staff that Lagoon drew back to Nigeria in 2011. At the time of his return, there was a large gap between public and private healthcare in Nigeria, and quality was not high on either of their agendas. In part due to Hygeia’s demonstration effect, four Nigerian hospitals are accredited by the Council of Health Service Accreditation of South Africa (COHSASA).

To continue pushing the bar up for themselves and the region, Hygeia consistently shares outcomes and lectures on the benefits of specific quality-assurance tools. By demonstrating how a culture of quality and accountability can be good for business, Hygeia is helping to create economies of scale and increase demand for quality services in Nigeria.



LOOKING AHEAD

IFC is committed to promoting improvements in the quality of health care service delivery as the foundation of better risk management and stronger performance. We are rolling out the health care quality advisory and making the service available to our existing and prospective clients. In select countries we plan to work together with the World Bank to help assess and enhance national requirements on quality and patient safety, so that hospitals and clinics have clear understanding of how they can comply. IFC will also share knowledge and good practices relevant to emerging markets through events, webinars, and publications with a wide range of market participants.

We are striving to spread the view that “living quality” every day is not just managing by checklists, but nurturing a quality culture.

IFC will be happy to work with you to help grow your business through our investment and advisory offerings. Please contact us for further information at:

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