

Factsheet | Quality of Institutional Care

rapid data informing action

Improving quality of care is essential to reducing maternal and neonatal mortality. Yet, monitoring all aspects of quality of care can be challenging, expensive and time-consuming. The time lag between data collection and broad access to results for traditional facility-based or population-based surveys is lengthy, making it difficult to undertake timely responses to improve services.

The Quality of Institutional Care (QuIC) approach was designed by Evidence for Action to fill the gap for fast, frequent, low-cost and scalable collection of context-specific quality of care data. In summary, QuIC provides:

- 🕒 Fast collection of data
- 🕒 Fast analysis
- 🕒 Fast presentation of easy to interpret results

QuIC is being piloted in Ghana, Sierra Leone, Tanzania, Malawi, Nigeria and Ethiopia. Questionnaires vary across countries, but typically focus on monitoring of facility readiness to provide emergency obstetric and newborn care services (including availability of staff, equipment, drugs, electricity, water and sanitation, blood and laboratory services) over a 24 hour period.

Data are collected from pre-identified facility staff on a quarterly basis, via short telephone interviews, a maximum of 20 minutes. In some countries, such as Tanzania, data is collected by district managers, empowering them to take action themselves to improve quality across emergency obstetric and newborn care services in their districts. In others, like Sierra Leone, data is collected centrally on behalf of the Ministry of Health and Sanitation, supporting performance monitoring of district level quality of care.

In all places where the QuIC approach is used, a supportive approach encourages accurate reporting, although verification questions and spot checks are sometimes used to corroborate data.

QuIC data can be entered and analysed through a QuIC mobile phone app which can be used on any android device. To ensure feedback of results is rapid, the QuIC App auto-generates traffic-light scores on the device. These results can be shared with health workers at the end of the data collection call, so health facility staff are the first to know how well their facility performed.

Scorecard formats are used to present QuIC results as traffic-light scores and disseminate results at facility, district and national level. Scorecards are tested with stakeholders to ensure results are quick and easy to interpret and that issues requiring immediate action can be identified at a glance, catalysing action to improve service quality.

The Quality of Institutional Care (QuIC) approach is designed to generate and disseminate regular quality of care data using a fast, low-cost and scalable approach that will enable decision makers to implement quick, informed measures to improve quality of care.

