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Minimum Service Standard: A Hospital Strengthening Program that Facilitates Hospitals' Attainment of Quality-of-Care Standards

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INTRODUCTION

Achieving universal health coverage by 2030 can be a daunting challenge for most health systems and an optimal health care cannot be delivered by simply ensuring coexistence of infrastructure, medical supplies and health care providers. Therefore, improvement in health care delivery requires a focus on quality of health services, which involves providing effective, safe, people-centered care that is timely, equitable, integrated and efficient.¹ Any hospital's efforts to achieve continuous quality improvements must involve applying various quality related programs and tools. Such efforts are important for improving quality of products and/or services and increasing performance and outcome. As healthcare organizations strive to improve care quality and affordability, it is especially important for them as quality of care and service are top priorities.

Data show that quality of care in most countries, particularly low- and middle-income countries, is suboptimal. Adherence to clinical practice guidelines in eight low- and middle-income countries was below 50% in several instances, resulting in low-quality antenatal and child care and deficient family planning. Suboptimal clinical practice and therefore a poor quality of care is common in both private and public primary health care facilities in several low and middle-income countries.² The five foundational elements critical to delivering quality health care services are health care workers; health care facilities; medicines, devices and other technologies; information systems; and financing. The governments, policy-makers, health system leaders, patients and clinicians should work together to: ensure a high-quality health workforce; ensure excellence across all health care facilities; ensure safe and effective use of medicines, devices and other technologies; ensure effective use of health information

systems; and develop financing mechanisms that support continuous quality improvement.¹

NEPAL INITIATIVE

The Government of Nepal is committed to providing quality health services, which is reflected in its' published documents such as the Policy on Quality Assurance in Health Care Services 2007, the National Health Policy 2014, the Nepal Health Sector Strategy (NHSS) 2015-20 and the Public Health Service Act 2018.³⁻⁵ Quality improvement cannot happen without constant measurement and evaluation. Therefore, Government of Nepal developed the Minimum Service Standards (MSS) along with the tools and standards to ensure quality of care for all level of health facilities in order to ensure and assess the readiness of health facilities and service availability to deliver quality services. High quality services require well-functioning health system. The MSS focuses on strengthening the overall management of these health facilities to improve service availability and readiness. In order to assess this, the MSS looks at governance and management, clinical service management and support service and main features of 'Minimum Service Standards Checklist' are: governance, organizational management, human resources management, financial management, information management, quality management, clinical management and hospital support services management.⁶

Nepal commits to ensure access to quality health services by placing a central emphasis on the importance of improving quality at the point of care. However, many district hospitals in Nepal end up referring to the simplest of cases. Nick Simons Institute and others, in collaboration with the ministry of health and population of Nepal, devised the hospital strengthening program (HSP) to improve the quality of hospital services by

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establishing a tool 'Minimum Service Standards' and with an alternative goal to establish a 'National Hospital Standardization System' in 2014.⁶ This program is designed to identify existing gaps in readiness towards the quality improvement of hospital services through self and joint assessment using the MSS tool and develop an action plan scientifically. The gaps and issues need to be addressed through appropriate remedial actions. After the implementation of the District Hospital MSS for 4 years, the district hospital MSS tool was revised in 2018 with the name MSS for Primary hospital, and at the same time, new MSS tools were developed for other hospitals and health facility which include Secondary A, Secondary B, Tertiary level Hospitals and Health Post as well. The MSS consists of eight domains (governance, organizational management, human resource management, financial management, information management, and medical records, quality management, clinical management, hospital support services) which are framed as the three broad areas: management and governance (20%), clinical services (60%), and hospital support services (20%).⁷

The program is based on two components, first is strengthening the capacity of the hospital management committee (HMC) and concerned stakeholders; and second is monitoring the status of hospital readiness. System strengthening is being done by involving HMC and concerned stakeholders at the workshops to energize and sensitize regarding the importance of hospital readiness, providing MSS Resource Person orientation, providing technical and financial support to conduct hospital management capacity development workshops for the hospital team; and Technical and financial support to conduct MSS review workshops in provinces; and initiative to establish an MSS implementation unit in the ministry of health and provincial health office in seven provinces. HSP/ MSS program has been implemented in primary, secondary, and tertiary level hospitals across Nepal. As of 2078, MSS has been implemented in 119 different levels of public hospitals. Among these, 30 are local level hospitals, 78 are Province level hospitals and 11 are federal level hospitals.⁸

There has been an encouraging progress in three dimensions of MSS; namely governance and management, clinical service management and hospital support service management. Hospital service quality is on high priority of federal, provincial and local government, allocating budget for its improvement. HMC is taking ownership of overall service improvement and expansion of hospital services and most of the HMC leaders consider MSS as a guiding document for quality health services. The

program has initiated a positive competition among hospitals, leading to improved MSS scores and quality health services from hospitals. Similarly, considerable improvements in diagnostic services- like digital X-ray service, improvement in laboratory services with auto and semi-auto analyzers, and expansion of its range of tests. Some hospitals have started surgeries with a new setup of operation theater, and few Lastly, hospital support service is a highly neglected part of a hospital before MSS and very few hospitals were aware of its importance and use. Now they are giving priority to it. The establishment and upgrading of laundry, CSSD, housekeeping, placenta pit with bio-gas plant, water treatment plant, and autoclaving of contaminated waste, are the novel achievements of many hospitals. Besides the routine service advocacy by MSS, hospitals are motivated to establish additional services as reported by the managers of hospitals during assessments. Remarkable milestones are extended hospital services with specialized doctors and electronic hospital record services at some of these hospitals.⁹ However, there are limitations of MSS implementation program in Nepal and they are: less experience and exposure as MSS is a new program, frequent turnover of officials and a limited number of technical resource persons and limited budget allocation. Additionally, unclear role and responsibilities and unclear channel of MSS reporting system/minimum use of data of government's federal and provincial units are the issues still to be addressed.

THE WAY FORWARD

Given the complicated nature of quality improvement and the numerous requirements for building and maintaining an effective and continuous quality improvement program with sustained outcomes, it is no surprise health systems feel overwhelmed. Successfully sustaining quality improvement in healthcare is a daunting task. Successful quality improvement programs should focus on activities that improve population health, ensure healthcare's affordability, and deliver the best patient experience to improve the patient experience. The Minimum Service Standard is an important tool for assessing the readiness of health facilities. The government could use the evidence generated through the MSS to address the gaps identified and strengthen the quality of care at all levels. The MSS scores could also form the basis for federal/provincial governments to provide performance-based grants to the local government. The HSP/MSS implementation is a low-cost, sustainable program that enables an increase in readiness of different level hospitals by identifying the gaps and support to address gaps. HSP -a system

strengthening program - is a one-time intervention that intends to enhance the capacity of government structure in the initial phase of establishment. Whereas, MSS is an ideal monitoring and supportive program which improve hospital readiness and increase social accountability and the quality of care. The allocation of the government budget for the MSS implementation and follow-up program indicates that the government has taken ownership and is serious. Recommendations to the concerned authorities are development of a national MSS database system, continued development of pool of MSS resource persons, development of MSS tools for specialized hospitals and health facilities related to alternative medicines/ private and non-governmental hospitals. It should also be linked with the health insurance system of the country.

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