

Improving the quality of Healthcare in the Caribbean

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Introduction to the Caribbean Healthcare Gaps

LEADING CAUSES OF
DEATH IS DIABETES,
STROKE, &
CARDIOVASCULAR
DISEASE

LIMITED ACCESS
TO HEALTHCARE

LACK IN
ECONOMIC
DEVELOPMENT &
RESOURCES

Area of Advancements



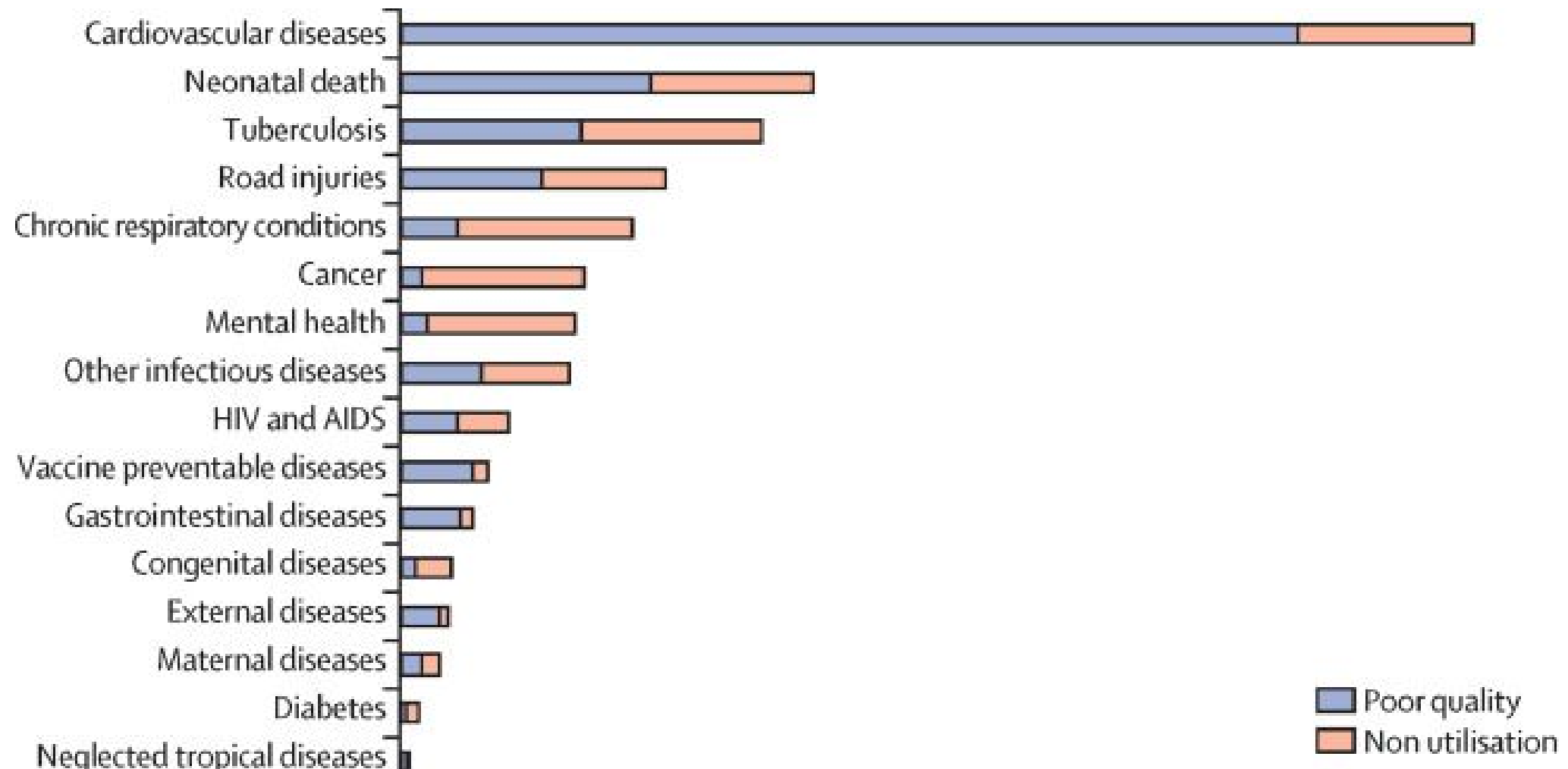


Figure 1. Death sensitive to health care quality. From “*High-quality health systems in the Sustainable Development Goals era: time for a revolution*”. By Kruk et al. 2018, *The Lancet Global Health* Volume 6 Issue 11 Pages. Copyright © 2018 The Author(s). Published by Elsevier Ltd

Quality of care across health system platforms in low-income and middle-income countries [LMICs]

Key Points:

- Lack in user experience
- Lack of Community Health
- Lack of Systems- Telehealth EHR and Diagnostics
- Lack of Timely and Continuous Care
- Lack of Referral Systems & integration in the Region
- High mortality rate in live births and low birth rates
- Higher mortality rate from diabetes, heart attacks, and stroke in low-income states
- Higher rate of substitution to herbal medicines then traditional

Figure 2. Quality of care across health system platforms in low-income and middle-income countries (LMICs). From “*High-quality health systems in the Sustainable Development Goals era: time for a revolution*”. By Kruk et al. 2018, *The Lancet Global Health* Volume 6 Issue 11 Pages.

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Community outreach

Evidence-based care



- 52–78% of child pneumonia cases correctly managed by community health workers in studies in Ethiopia, Zambia, and Malawi.^{A11–A13}

- 1.4 to 13 times higher likelihood of correct management of paediatric diarrhoea among community providers compared with children not taken to a provider for care across five LMICs.^{A14}

- Competent systems: safety
- 45%: Ethiopia's Health Extension Worker programme appropriate infection prevention score.^{A15}

- User experience
- 82%: community health workers interpersonal treatment score, compared with 65% for facility-based workers, in western Kenya.^{A16}



Primary care

Evidence-based care

- 35% and 54% average adherence to clinical guidelines for the management of childhood illnesses and the provision of antenatal care across primary care facilities in nine LMICs (appendix 2).

Competent systems: safety

- 32% mean compliance with appropriate infection prevention practices in primary care facilities in Kenya, ranging from 2% for hand hygiene to 87% for injection and blood sampling safety.^{A18}

Competent systems: prevention and detection

- 48% of adults across six LMICs are up to date with preventive exams (blood pressure and cholesterol check).^{A19}
- 20% of women aged 50–69 years across six LMICs had a mammogram in the past 3 years (appendix 2).^{A20}

Competent systems: continuity

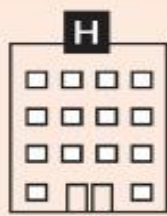
- 66% of respondents across six LMICs report that their regular doctor knows important information about their medical history (appendix 2).^{A19}
- 40% of patients across six LMICs report assistance from their primary care doctors in coordinating their care (appendix 2).^{A19}

User experience

- 23% effective access to primary care in Haiti, defined as the proportion of the population living within 5 km of a primary care facility of good quality.^{A21}
- 49 min average waiting time in primary care facilities in a simulated patient study in Nairobi, Kenya.^{A22}
- <5 min mean primary care physician consultation length across studies in 18 LMICs, covering about 50% of the world's population.^{A23}

Impacts: bypassing

- 44% of patients across six LMICs used emergency rooms for conditions that could have been treated at the primary care level (appendix 2).^{A19}
- 40% of people in a study in Ethiopia sought routine maternal and child care (including antenatal care, family planning, and vaccinations) from hospitals.^{A24}



Hospitals

Evidence-based care

- 55% of small and sick newborn babies in a study in Nairobi hospitals received appropriate evidence-based treatments during inpatient care.^{A25}
- 50% of ideal candidates for reperfusion therapy across Chinese hospitals received the treatment among patients admitted for acute myocardial infarctions.^{A26}

Competent systems: safety

- 66% of the global burden of adverse events from unsafe care, and the DALYs lost from them, occur in LMICs.^{A27}
- 6.1 per 100 surgical procedures: rate of surgical site infections in LMICs, compared with 0.9 per 100 surgical procedures in the USA.^{A28}

Competent systems: timely care

- 11.7 days: mean time from hospital admission to surgery for femur fractures in four African LMIC hospitals, compared with 0.6 day in the USA.^{A29}

Impacts: mortality and morbidity

- 1.8%: median mortality in emergency departments across 65 LMIC hospitals, 45 times higher than mortality in US emergency departments.^{A30}
- 7.8%: perioperative mortality after emergency peripartum hysterectomies in LMIC studies, compared with 0.76% in high-income countries.^{A31}
- 22.2: relative risk of death after caesarean sections in LMICs, compared with the Netherlands (2.4 for appendectomy, and 1.8 for groin hernia repair).^{A32}
- Number of perioperative cardiac arrests is two times higher in low-HDI countries than in high-HDI countries.^{A33}
- Anaesthetic-related mortality and perioperative mortality of emergency abdominal surgery is three times higher in low-HDI countries than in high-HDI countries.^{A34}
- One in ten surgical patients in Africa dies and one in five develops a postoperative complication, according to the African Surgical Outcomes Study done in 25 LMICs for all in-patient surgeries.^{A35}
- 164 per 100 000 livebirths: intrahospital maternal mortality ratio across 27 LMICs, ranging from zero maternal deaths in sampled facilities in China, Jordan, occupied Palestinian territory, and Vietnam, to 620 deaths per 100 000 women in Nigerian hospitals.^{A36}

Emergency medical services



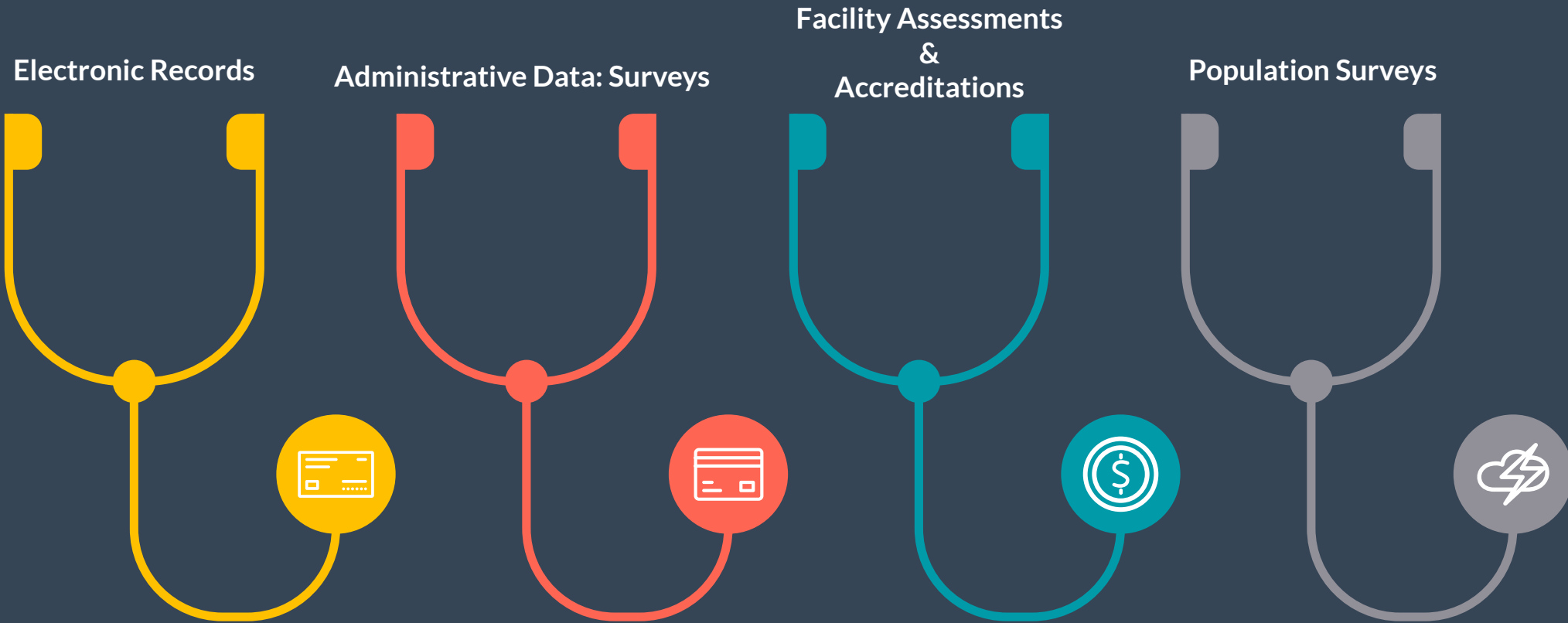
- 54% of LMICs have a national universal access phone number for pre-hospital care.^{A17}
- 37% of LMICs are able to transport the majority of seriously injured patients by ambulance after road traffic crashes.^{A17}

Referral systems



- 55% of respondents across six LMICs reported that specialists did not have basic medical information from their regular doctor and 54% reported that their regular doctor did not subsequently receive up-to-date information after the specialist visit (appendix 2).^{A19}
- 10% of patients in a study in Ethiopia used the referral system.^{A24}
- 5% of simulated patients in a study in Nairobi, Kenya, were correctly referred in primary care facilities.^{A22}
- 51%: Ethiopia's national health extension worker programme score on referral linkage, including availability and means of transport, facility feedback mechanisms, and willingness of patients to go to the referral facilities.^{A15}

Health System Measures:



Conclusion & Key Takeaways

There is room for improvement in Global Health

We are on the move to universal healthcare globally

Cost Structure is a huge gap between the different states in the Caribbean and Globally

Chronic Disease Management is our most important goal to keep the population healthy



Thank you!

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