Wilton Park

Image: Tiane Kneerim, Metrics for Management

Report

Advancing measurement of abortion quality

Monday 15 – Wednesday 17 May 2017 | WP1547

In association with:

METRICS FOR MANAGEMENT

Ibis Reproductive Health

Ipas Health. Access. Rights.

Wilton Park

Report

Advancing measurement of abortion quality

Monday 15 – Wednesday 17 May 2017 | WP1547

Participants at the "Advancing measurement of abortion quality" meeting gave support for the following consensus sentiment:

Abortion providers and others are assessing safety and other key clinical issues in similar, but not completely identical ways. Work is needed to improve indicators and consistency of measurement of some key topics, such as pain management and complications. It is desirable and feasible that existing measures could be improved to create a set of simple, valid, indicators.

Measuring women's experiences and client-centered abortion quality is important; ideally a measure would be applicable to the variety of ways people access abortion. Collective work is needed to develop a valid, actionable and useful way of measuring this aspect of quality.

Introduction

Millions of women worldwide need access to safe, high-quality abortion care. Recent estimates indicate that more than 56 million abortions are performed per year, with nearly 88% occurring in developing countries. Despite progress in the provision of safe abortion, significant disparities remain in access to and quality of abortion services around the world. Currently, no consistent, valid, and reliable method exists to measure quality in abortion care, learn from the results, and/or use that information to improve quality of care. There is a growing desire for a common suite of measures that prioritise women's needs, preferences, and experiences in order to evaluate quality of abortion care. These measures could be used by governments and policy makers who wish to strengthen quality in healthcare, providers who wish to strengthen their quality of service, and donors who seek to support evidence-based interventions in abortion care.

Metrics for Management (M4M), Ibis Reproductive Health (Ibis), and Ipas, together with Wilton Park, convened the meeting to address these measurement needs.

Meeting purpose

'Advancing measurement of abortion quality' brought together a broad cross-section of stakeholders for a participatory discussion in the first critical step of a process to build, pilot, validate and promote a suite of common measures of abortion service quality for widespread use and formal adoption. The purpose of the discussion was to seek support for the idea that common measures of abortion service quality are useful, and to reach agreement on the quality dimensions and outcomes of interest to prioritise in the development of a standardised suite of metrics.

Discussion on context

Building on background materials prepared in advance by many of the participating organisations, meeting facilitators used a mix of activities including panel discussions, small group breakouts, interactive brainstorming, and prioritisation exercises to advance toward agreement on the dimensions of quality and outcomes of interest to measure in a suite of abortion service quality metrics. The content below summarises the context and dynamics in the field that must be considered as we move forward.

Medical abortion[1] rates are drastically increasing. This offers an opportunity to expand the range of abortion services that are available and to broaden the spectrum of abortion providers in and outside the form health system. Medical abortion engages a new set of actors, including pharmacists, drug sellers, and even women themselves, but also introduces new challenges in quality measurement.

Key points

- **Rise in MA and new actors in provision** – The rapid rise of medical abortion (MA) has changed how abortions are carried out. This represents a huge opportunity for task-sharing and task-shifting towards new groups of actors, resulting in abortions that are more accessible. Quality measurement should consider the growing role of pharmacists, drug sellers, community-based distributors, internet services, and women, if quality measures are to include MA obtained outside of a clinical setting. This may be a difficult audience to engage with, particularly due to the required self-reporting to capture quality outside a clinical setting.
- **Difficulty in measuring MA quality** – In order to assess quality, outcomes, and safety among women who access MA outside clinic settings, we will need to adjust typical indicators such as wait time or technical skill to reflect the various ways women access MA. In addition, capturing the total number of women who are using MA through various sources is difficult.
- **Choice** - While increasing use of MA may be empowering for some women to access abortions, promoting MA (in terms of information-sharing, messaging and resource investment) over surgical can also result in a lack of choice for women. Ideally, all women should be able to choose her abortion method. We understand that practical considerations such as cost, time, or location of services can impact availability and/or a woman or a provider's decision.

Data collected should be useful for a provider and care team to assess and improve services, and also for a client to make informed choices about where to seek care. Data needs to go beyond sheer counting exercises to give providers and clients meaningful and actionable information to address quality challenges.

- **Provider-focused** - Making large data sets simple to access, timely, and relevant to the individual provider was emphasised by participants. If data are relevant to the individual manager, quality is likely to improve because providers

[1] We use the term 'medical abortion' throughout this report as it was the common term used during the meeting. We recognise that 'medication abortion' is a more correct technical term.

and managers are more invested in the process of data collection and use of data to improve services.

- **Client-focused –** In line with the theme of a client-centred approach, data that clients can use was emphasised as an important aspect of quality abortion. Uniquely client-oriented data would be new for the sector. The adaptation of online marketing or feedback platforms such as a 'TripAdvisor', WhatsApp, or Yelp could provide women with an anonymous means of rating the quality of their abortion care. It could also help to reduce the stigma associated with abortion by making discussion about abortion more mainstream through social media.
- **Making data useful –** Data collected and client feedback are insufficient to change organisational culture unless it can meet a number of requirements, including being: timely, actionable, easily interpretable for providers, and focused on the most important aspects of quality. Data should be available, meaningful, and *used* at the local level. While it is important to also aggregate this data for headquarters staff or national-level ministry of health staff, for example, meeting participants emphasised that data collected must be used locally to improve service delivery. To ensure data are both meaningful and used, all personnel need to be involved in the process of quality assessment and regular quality reviews, particularly celebrating improvements and high quality results.
- **The utility of counting abortions** was questioned, with some arguing that a quantity approach based on abortion rates leads to a focus on preventing or stopping abortions rather than addressing the quality of care provision. On the other hand, it was noted that whilst the counting itself might not be important, and is likely to be inaccurate, reporting and acknowledging total numbers of abortion can be useful to demonstrate the importance of quality care provision and to provide support for the development of quality indicators of abortion. Counting total numbers of abortions may help to reduce abortion stigma by demonstrating that many women seek abortions across the globe.

It is important to consider the legal, political, and social context of abortion service quality measurement.

- **Legal context** - The legal context needs to be taken into consideration when promoting particular measures of quality. Several legal contexts may put women at risk, such as woman who may face legal prosecution for attempting to induce an abortion on her own, legal considerations that result in limited service choices or access to services, or fear for the woman or provider who seek care if complications arise. We will need to engage with women's health and reproductive justice advocates, including legal experts, to ensure attempts to measure quality are not harmful.
- **Political context** - There is a need to balance between ideal evidence-based standards and barriers in different political contexts. Measures will work best when a political commitment to improving quality exists, but need to function in a range of political circumstances in order to be maximally effective.
- **Stigma** – In measuring the quality of abortion services, one must also recognise existing stigma around providing or accessing an abortion. Stigma was an important topic that ran throughout the meeting's discussions. It impacts the legal, political, social, and medical marginalisation of abortion service provision. Stigma can make it difficult for women to identify where to receive abortion care, cause delays in care seeking, encourage women to utilise unsafe methods, and, overall, it disempowers women. In addition, providers may be discouraged from providing care or discussing options or referral locations with women. Stigma can be difficult to overcome and how it impacts quality care provision and measurement of quality should be considered.

Discussion toward next steps

The content below summarises the key points and decisions that emerged during the meeting.

There is a great deal of work already in place to measure clinical quality, but more still needs to be done. Although many measures exist, there is a need to align existing indicators to identify areas that are already being consistently measured across organisations and to correlate those shared indicators to outcomes of interest.

- **Range of measures** - It was recognised that a wide range of measures exists regarding clinical and safety issues in abortion provision, including WHO guidelines and provider metrics. Nevertheless, there remains a gap in alignment across countries, health systems, organisations and individual providers. These clinical quality related issues include, among others, staff competency, infection prevention, pain management, and drug safety. Abortion providers and others are assessing safety and other key clinical issues in similar, but not completely consistent ways. As a result, identifying a set of simple, valid, feasible existing measures that are correlated to quality is possible and desirable.

Client experience emerged as a critical element of quality that must be at the core of any common set of measures. Existing measures of quality of abortion care do not effectively consider quality from the woman's perspective. Recognising the challenges of measuring client satisfaction, stigma, or self-reported respectful-care, it was agreed that innovative approaches will be needed in order to reliably assess interpersonal aspects of care delivery to understand client experience. The results of such client-centred outcomes assessment must be incorporated into service provision in order to improve quality.

- **Person-centred care -** The significance of patient-centeredness was a constant focus throughout the meeting. At present, no set of quality indicators are able to effectively, consistently, or accurately reflect the perspective of the woman seeking abortion care, meaning that measurements of abortion quality are not responsive to the needs of individual patients. Specific aspects of a client-driven approach will include respectful care, taking women's opinions into consideration, and creating an actionable feedback loop to providers. We can learn from elements of the World Health Organisation (WHO) and Institute of Medicine (IOM) quality frameworks that include a patient-centred approach.
- **Client feedback** - More research needs to be done into the aspects of care that matter most to women seeking abortion in order to ensure quality measurement that reflects women's priorities.
- **Measuring client satisfaction -** Existing measures of client satisfaction are insufficient. If a woman is able to successfully terminate her pregnancy, satisfaction rates are often high and vary little from one service provider to another. There was consensus that this is reflective more of immediate post-procedure relief than a true measure of the experience. More work is needed to explore different methods to measure client satisfaction that can provide useful information for providers to adjust and improve services.
- **Structure & process aspects of care -** The body of literature on the quality of reproductive health services identifies several common elements of quality that are important to women. While structural elements (such as cleanliness or availability of services) and process (such as technical skill or interpersonal relationships) both impact patient experience, women more frequently identify interpersonal relationships and respectful treatment as important elements of quality[2]. Given the importance of client experience in quality care provision,

[2] See for example: https://kaiserfamilyfoundation.files.wordpress.com/1999/04/ppqofabortioncare.pdf

measures need to incorporate interpersonal interactions and the woman's experience of care to complement the structural elements and technical process measures to fully understand quality.

- **Culture of quality -** Linked to the idea of client empowerment and patient experience is a rights-based culture of quality, meaning an acknowledgement of the value and primacy of the client in decision-making, which should permeate across all levels of facility service and staff. There was agreement in the meeting that organisations could promote and institutionalise a culture of quality. Participants shared a belief that the majority of providers who offer abortion services have a desire to improve; and quality measures can be used to support this aim. The goal would be to empower care teams to have more decision-making authority to improve quality.
- **Challenges of developing client-centred measures -** Continued collective work will be of particular importance in developing a valid, actionable, and useful way of measuring this aspect of quality. The process will need to explore existing and on-going research on client-centred care, to identify, develop, and test indicators that will reflect a woman's priorities when seeking abortion services.

By identifying commonalities in how different providers measure quality, as well as including new measures of client-experience, we can work to achieve shared global quality goals. Standardised measures allow providers to employ a common definition, common assessment process, and a common vision of what it means to provide quality abortion services. Standardised measures should be linked to desired outcomes, allowing providers to focus routine measurement on the most actionable aspects of care provision.

- **Standardised measures are important** – Organisations and abortion providers define and measure quality in many different ways. Standardised measures ensure that we share common definitions, assessment methods, and goals in providing quality abortion services. They create global benchmarks, giving providers a clear understanding of how their performance changes over time or compares to peers. These standardised measures help understand and improve quality services amongst the wide variety of actors involved in abortion services. Standardised measurement also helps to identify strong performance (and what we can learn from those achieving high levels of quality) and those who may need assistance.
- **Smart simplification** – Smart simplification is key to standardisation by reducing the total burden of measurement in order to focus on the factors that most strongly impact desired outcomes. Simplifying the data collection and analysis will make it easier, and thus encourage providers, to act and can also lead to better evidence-based decision-making. Furthermore, smart simplification seeks to understand whether what we are measuring is linked to the outcomes we most want to change. The vast amounts of data available need to be narrowed down to a small set of indicators that can have the greatest impact on quality improvement.
- **Indicators are linked to outcomes** – Standardisation through smart simplification ensures that the selected indicators are linked to outcomes of interest. Thus, providers are able to collect planned routine data on fewer indicators. This does not mean, however, that this reduced set of indicators is the only data that service providers should ever collect. Participants recognise the importance of the variety of data already collected as part of existing quality monitoring processes.
- **Reduced cost** – A reduced set of quality indicators can decrease total data collection and analysis time, resulting in cost savings. Planned routine data collection can also help providers to quickly identify and focus on immediate

opportunities to adjust and improve service quality, adjusting and responding to client needs in near real-time.

Attributes of abortion quality metrics

Participants engaged in a series of interactive exercises to develop a structure to examine abortion service quality (see Annex 1) and to identify which dimensions of quality would be prioritised in a suite of metrics. Using a combination of the WHO and IOM definitions of quality of care, participants were tasked to discuss and prioritise the dimensions most relevant for abortion quality. Dimensions considered were: patient safety, effectiveness, patient-centred/patient experience, timely, efficient, and equitable. The prioritisation activity produced rich debate about the importance of selecting one or more quality dimensions to focus on above others in order to develop abortion service quality metrics. Recognising the interconnectedness of these different dimensions and therefore the difficulty to prioritise a limited set of dimensions, participants then divided into small groups to discuss and revise each quality dimension's definition and components as they relate to measuring abortion service quality. Effectiveness and efficiency were combined for this exercise. Where possible, the components were divided into Donabedian quality categories of structure, process, and outcome (see Annex 2). Participants agreed that equity was integral to all quality dimensions, and measures that consider equity should be integrated wherever possible.

After examining the dimensions of quality, participants engaged in an exercise to select the attributes of a useful measure. Participants broke into groups to brainstorm important metric attributes and then combined and voted on the resulting aspects (see Annex 3).

After the vote, the attributes of a useful measure were prioritised as:

- actionable
- simple
- timely
- valid
- minimally burdensome, and
- accurate

The same process led the group to commit to metric development through a patient-centred and human rights lens. Participants agreed that a variety of stakeholders, including providers and women, should be consulted during metric development.

Conclusions

Participants agreed that in measuring abortion quality a range of stakeholders need to be taken into consideration, including patients, providers, care teams, policymakers, government leadership, and donors. There is a need to develop common measures of abortion service quality that can be used to consistently measure quality across organisations and sectors. A common suite of measures will most effectively allow our global community to understand and improve quality, as well as to influence the wide range of stakeholders who impact the quality of abortion service provision. Consensus was reached on the importance of measuring quality through a human rights and person-centred perspective.

There was substantial discussion around whether to divide services by the procedure type, gestational age, and/or location where care is sought. Although these divisions may be helpful to establish a structure to examine abortion service quality, participants decided these divisions would not be useful for a standardised suite of metrics.

The meeting conclusions represent a starting place for work to refine and test specific measures related to areas of abortion quality.

Two key project activities were identified:

1. **Align existing abortion service quality indicators** – Service providers measure quality of care through a variety of methods. There are similarities, and even overlap, in how aspects such as clinical care provision, staff competency, infection prevention, pain management, and drug safety are currently measured. But work is needed to align existing indicators and identify which most highly correlate with outcomes of interest and meet the identified criteria for a useful metric (actionable, simple, timely, valid, minimally burdensome, and accurate).
2. **Develop actionable indicators of patient-centred quality** – Participants identified a gap in the ability to measure woman's experience in a client-centred manner that includes aspects of care that are most important to the consumer. While globally recognized as important, measures do not currently exist to fully assess and understand the intricacies of client experience in the way that measures of clinical service provision are assessed. Useful indicators are needed to assess and understand the experience of care from a human rights and client-centred lens.

Ways forward

The meeting has shaped the beginning of a way forward for the experts assembled to develop quality indicators, divided into two project areas described above.

- The alignment project will draw upon work from WHO, national health ministries, and a variety of service delivery and technical assistance agencies. This work will focus on alignment of a reduced set of measures.
- The patient-centered indicators project will focus on new, shared, client-centered measures. A technical group will be convened from researchers present in the meeting, with additional stakeholders invited to participate and support outreach to women's groups, advocates, ministry of health representatives, and other stakeholder organisations.
- The meeting co-organisers, M4M, Ibis, and Ipas have committed to ongoing updates, dialogue, and feedback as the work progresses to develop common metrics, and to move towards their implementation, dissemination, and wide-scale uptake.

Summarised by:

Sophie Smith
Wilton Park | July 2017

With input from: Andrea Sprockett, Nirali Chakraborty, Dominic Montagu, Nathalie Kapp, Sarah Baum, Caitlin Gerdts, Kelly Blanchard, and Bill Powell

Annex

1. Structure to measure abortion service quality

<table>
<tr><td colspan="3">Choice
Timeliness/availability
Stigma</td><td>System level issues</td></tr>
<tr><td></td><td>MA
Provider/ Self</td><td>Surgical
Provider</td><td rowspan="4">↑
Client experience
↓</td></tr>
<tr><td>Structure</td><td>Drug quality
Drug supply</td><td>Trained staff
Supplies (quality and availability)
Shared values among staff</td></tr>
<tr><td>Process</td><td colspan="2">Pain management
Information provided
Continuum of care
Infection prevention
Technical skills</td></tr>
<tr><td>Outcomes</td><td colspan="2">Complications
Failure</td></tr>
</table>

2. Dimensions

<table>
<tr><th colspan="2">1. Effectiveness</th></tr>
<tr><td>Structure</td><td>Human resource
Facility
Quality of drugs
Drug seller – ensure stock
Supply chain
Equipment and supplies
Evidence-based regimens and procedures
Data collation and IT</td></tr>
<tr><td>Process</td><td>Responsive schedule (client-centred)
Careful re coercion for cont being efficient
Target demand creation (comms)
Same day/ outpatient care
Quality info
Data collection and validation
Current info pre
Appropriate pain management
Appropriate = evidence based and client-based
Appropriate care for failed MAB
Contraception counselling/
Non-judgemental approach
Task sharing
Appropriate after care
Effective referrals
Efficient referrals</td></tr>
<tr><td>Outcomes</td><td>↑ access clients served
Alive</td></tr>
</table>

	Minimized side effects Refer record No stock outs Un-needed services not provided Complication rates = lower than accepted Family planning information Protected confidential client data Cost effectiveness, value for money Not pregnant Provider confid/ motivation Minimizes waste of supplies Minimizes waste of equipment Minimizing clinic visits

2. Efficiency

Definition: optimises resources, care provided is systematically sound, services based on best science

3. Patient-centred experience

Structure	Affordable – never turn a woman away Information about and easy access to contraception #integration Accessible and available (proximity to services and availability of services) ●● Availability of services offered Safe space to wait/ recover culturally appropriate Providing confidential care Privacy- details and contact
Process	Choice – what do women really want? Do we know? Client/provider interactions – free from coercion Responsive to patient preferences, needs, values Patient values guide clinical decisions Privacy Staff provide clients the opportunity to express concerns, ask questions, and receive accurate, understandable answers Client/provider interactions non-abusive Dignity Clients given opportunity to explore views on abortion options and method What happens when evidence in conflict with client values/needs? Respectful across team Throughout clients provided high-quality supportive counselling and information pre-during-post Withholding judgement Pain management – expectation and perception management
Outcomes	Minimal delay in care Satisfaction Referrals Recommendation rates Responsiveness: client feedback; international communication systems; complaints reporting

	systems Reducing stigma

4. Patient safety	
Structure	Trained staff (technical competence), client centred Guidelines and protocols available Appropriate pain management options Clean environment Drug safety/ quality storage Referral options
Process	Guidelines and protocols followed Staff used appropriate technologies Accurate info * MA Appropriate pain management Patient/provider interactions Infection prevention Info security Risk injury Medical histories taken Clients screened- procedure and facility Physical assessments of sexual and RH Gestational age screening Follow-up care provided
Outcomes	Risk of adverse events Legal adverse events
Not put into any category: Guidelines and protocols; Drug safety; and Identify drug safety Following legal standards	

3. Attributes of a measure

Actionable	Simple	Timely
Valid	Minimally burdensome	Accurate
Approach		
Client-centred	Rights-based	