

Día Mundial Seguridad del Paciente 2021 – un parto seguro y respetuoso

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GRACIAS



Mortality due to low-quality health systems in the universal health coverage era: a systematic analysis of amenable deaths in 137 countries

THE LANCET

Margaret E Kruk, Anna D Gage, Naima T Joseph, Goodarz Danaei, Sebastián García-Saisó, Joshua A Salomon

www.thelancet.com Published online September 5, 2018 [http://dx.doi.org/10.1016/S0140-6736\(18\)31668-4](http://dx.doi.org/10.1016/S0140-6736(18)31668-4)

5,000,000 por baja calidad
3,600,000 por no utilización

Acceso universal - Calidad universal

La calidad como determinante de la salud



Perspectives on Quality

The COVID-19 pandemic: A call to action for health systems in Latin America to strengthen quality of care

GARCIA ELORRIO EZEQUIEL^{1,†}, ARRIETA JAFET^{2,†}, ARCE HUGO³, DELGADO PEDRO², MALIK ANA MARIA⁴, ORREGO VILLAGRAN CAROLA⁵, RINCON SOFIA⁶, SARABIA ODET⁷, TONO TERESA⁶, HERMIDA JORGE⁸, and RUELAS BARAJAS ENRIQUE⁹

<https://academic.oup.com/intqhc/advance-article/doi/10.1093/intqhc/mzaa062/5848602>

QUALITY IMPROVEMENT

Accelerating population health improvement

Pedro Delgado and colleagues describe how applying improvement methods to working with populations could help close equity gaps

As the covid-19 pandemic shines a bright light on longstanding health equity gaps,¹ concerted action around social determinants of health to close these gaps continues to increase. Improvement methods (including shared tools and language) traditionally used in healthcare are agnostic in nature and can also be used in sectors such as education, local government, law enforcement, and others to improve social determinants of health. Such adoption could catalyse population health improvement efforts with and for the populations they serve.

Three related concepts are core to this article. "Population health" is defined as the health outcomes of a group of individuals in a specified population.

(including citizens, healthcare providers at all levels, councils or municipalities, businesses, schools, fire services, voluntary sectors, housing associations, social services, and police) will benefit from having a shared method that includes a common language and tools and can be applied across four areas: defining the system, describing shared aims and the work required to achieve them, measuring systematically over time, and acknowledging that change happens. These four components form the foundation of the improvement method, and their systematic application¹ can bring health economy actors together in pursuit of better population health.

A common method to tackle shared challenges

contribution of health systems as anchor institutions.⁸

Building on these trends, governments have been promoting strategies to pursue better care and better health at sustainable costs.¹²⁻¹⁴ Health economies are therefore formally and informally fostering hands-on collaboration among traditional partners, such as healthcare institutions, and non-traditional partners, such as sectors related to the social determinants of health, to serve their local populations. In England, for example, the NHS is leading efforts to formalise collaboration by moving Integrated Care Partnerships into legislation by April 2022.¹⁵

As these partnerships form and evolve over time, a common improvement method (tools and language) provides a

BMJ: first published as 10.1136/bmj.n966 on 8 June 2021. Downloaded from

Organizational Development

10 Lessons From Health Care on Quality Improvement

Pitfalls and promising practices drawn from experimentation with quality-improvement methods and performance management in health care.

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By Joe McCannon, Pedro Delgado & Maureen Bisognano | Aug. 23, 2019

https://ssir.org/articles/entry/10_lessons_from_health_care_on_quality_improvement



Modelo de mejora



Un método
Ciencia de la
Mejora



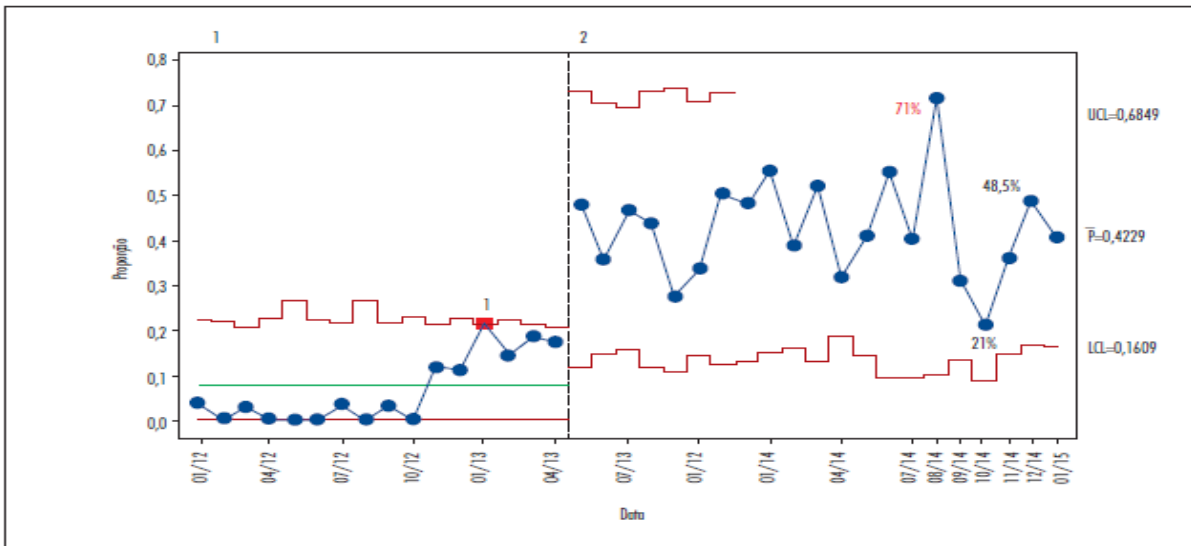


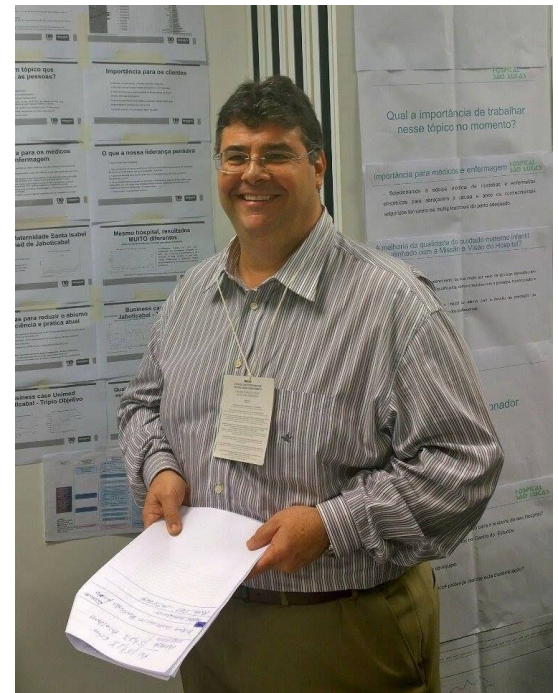
Figura 3. Percentual de partos vaginais entre gestantes UNIMED atendidas no Hospital e Maternidade Santa Isabel, Jaboticabal (SP), de outubro de 2012 a agosto de 2014

RBGO

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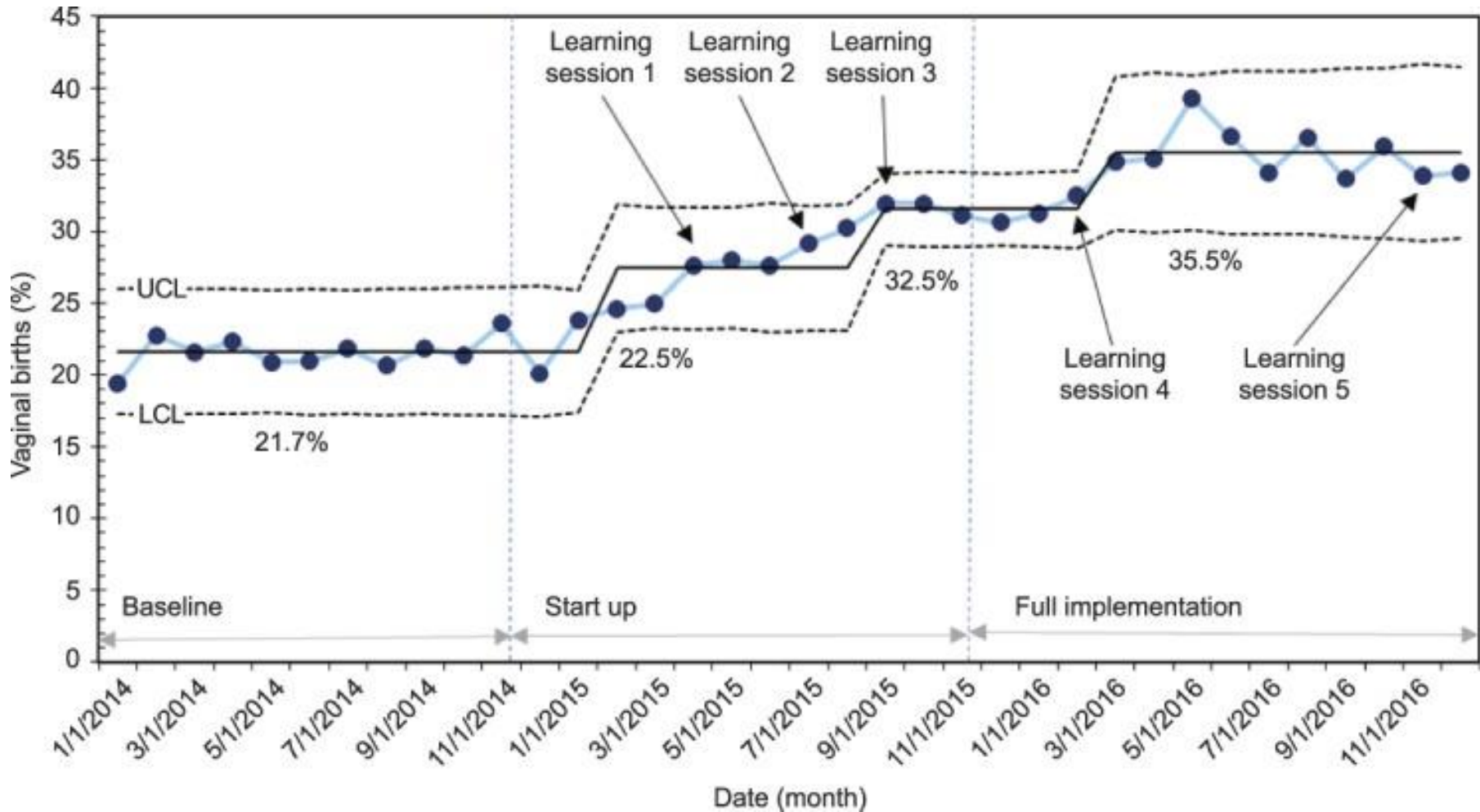
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A Quality Improvement Initiative to Increase the Frequency of Vaginal Delivery in Brazilian Hospitals

Paulo Borem, MD, Rita de Cássia Sanchez, MD, Jacqueline Torres, PhD, Pedro Delgado, MS, Ademir Jose Petenate, PhD, Daniel Peres, BA, Gareth Parry, PhD, Ana Pilar Betrán, PhD, and Pierre Barker, MD, MBChB







Abraço de Madre

Abril 2019-Março 2021

Meta: Reduzir mortalidade materna
em 30% al 30 Março 2021

24 maternidades; todas trabalhando
em prevenção de hemorragias

07 Brazilian states:

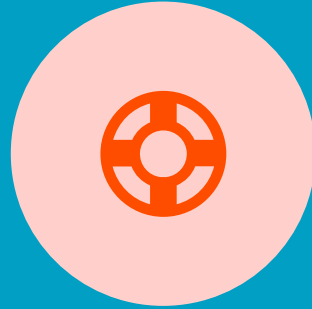
- Ceará
- Minas Gerais
- Pernambuco
- Stop
- Rondonia
- Rio de Janeiro
- Sao Paulo
-



4 R's



RECOGNISE
(MODIFIED
EARLY
OBSTETRIC
WARNING
SCORE)



RESCUE



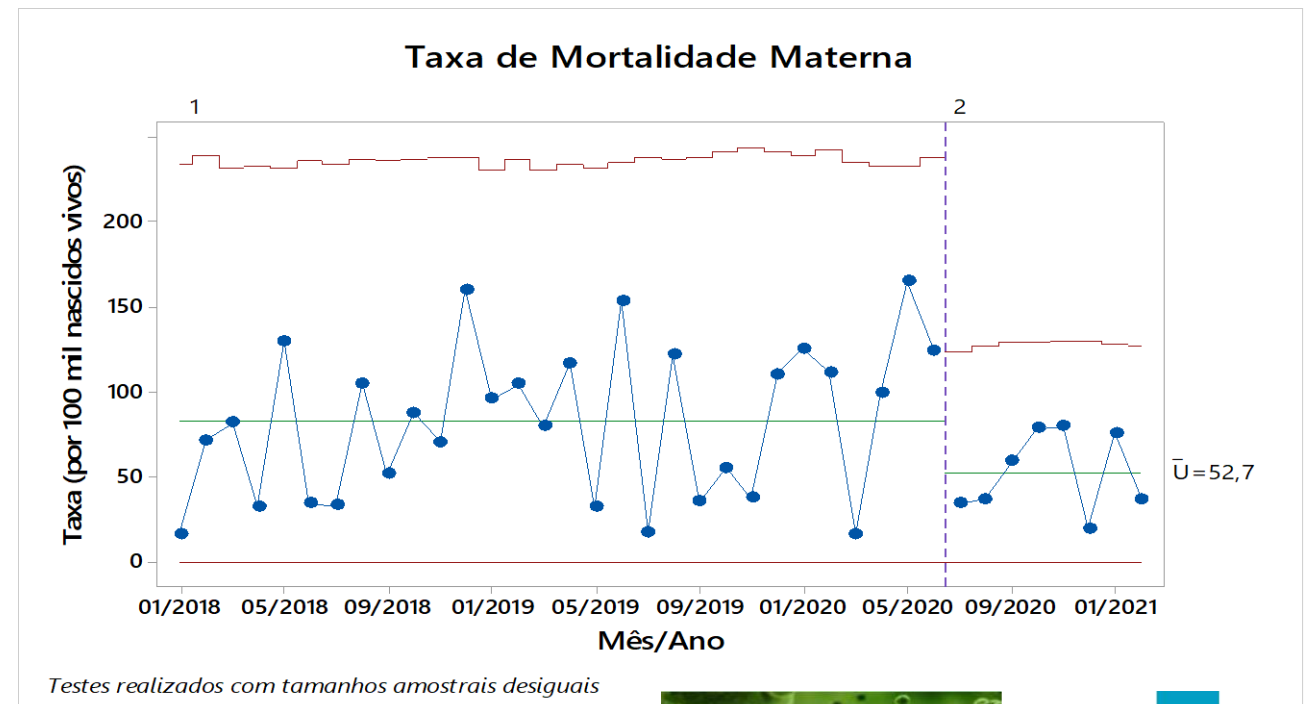
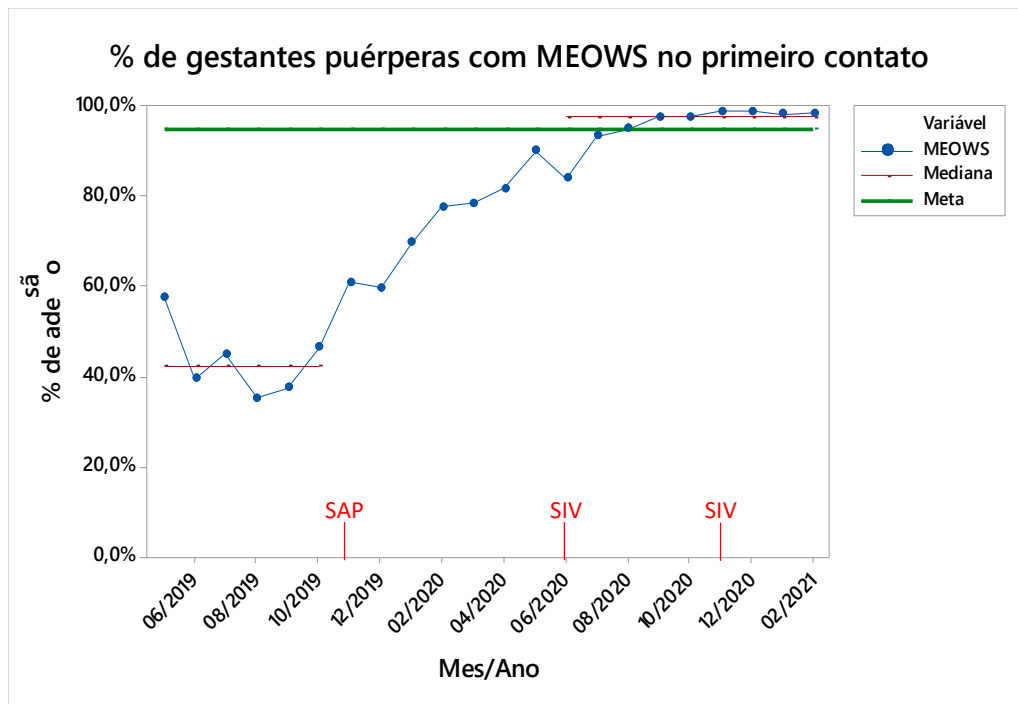
RE-ASSESS



REFER

1st hour

Process: MEOWS Results: Mortality



71%



80%



3 CLAVES

1. La voz de la mujer





3 CLAVES HACIA EL NUEVO PARADIGMA

1. La voz de la mujer (co-diseño, co-producción)
2. El como, no el que (y la mejora continua)



Toda mejora es...

3 CLAVES HACIA EL NUEVO PARADIGMA

1. La voz de la mujer (co-diseño, co-producción)
2. El como, no el que (y la mejora continua)
3. Equidad (no hay calidad sin equidad)





Gracias...

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